QAIHC SUBMISSION TO THE Productivity Commission

SUBMISSION

Mental Health Draft Inquiry Report

February 2020

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QAIHC receives funding support from the Australian and Queensland Governments

SUBMISSION

Mental Health Draft Inquiry Report

About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector in Queensland at both a state and national level. Its membership comprises of ATSICCHO's located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHO's of Queensland, wish to express the collective views on behalf of our state-wide members, on the Productivity Commission's Draft Mental Health Report.

The purpose of this submission paper is to ensure the Productivity Commission's Mental Health Report embraces and incorporates the unique cultural and socio-economic issues of Aboriginal and Torres Strait Islander peoples to tackle mental health and disparity in health outcomes.

QAIHC would like to thank the Productivity Commission for the opportunity to comment on the draft mental health report.

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1. Opening statement

QAIHC believes that all Aboriginal and Torres Strait Islander peoples should have the same opportunity to be healthy and well as other Australians and deserve equitable access to the health system.

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[1]. In 2018, Aboriginal and Torres Strait Islander communities face some of the highest suicide rates in the world, and it is the fifth leading cause of death compared to 13th for non-Indigenous Australians[2].

QAIHC acknowledges the Productivity Commission's effort on leading a Mental Health Inquiry and drafting a list of key recommendations for the government, in consultation with the public. QAIHC supports the Productivity Commission's draft recommendations on setting a path for maintainable, long-term reform of the current mental health system, to improve mental health outcomes.

QAIHC is pleased to see that the Productivity Commission recognises the value of the ATSICCHO sector in providing mental health services to Aboriginal and Torres Strait Islander communities, as well as the need to resource and support the ATSICCHO sector to strengthen its capacity to continue to meet community need (chapter 21 and 24). It is QAIHC's position that ATSICCHOs leading, commissioning and delivering mental health services will significantly improve the overall health outcomes of Aboriginal and Torres Strait Islander peoples, due to the expertise and experience of the ATSICCHO sector.

Whilst there are a number of positive recommendations explored by the Productivity Commission, QAIHC and its Member Services have identified some key concerns with the draft report:

1. Institutional racism is not sufficiently addressed.
2. Self-determination is not upheld adequately.
3. There is a lack of focus on 'sustainability of ATSICCHOs' to deliver culturally safe community-based mental health and suicide prevention services.

In order to resolve these issues, a number of solutions and recommendations are proposed:

Ref	Solutions	Recommendation
1	Eliminate "institutional racism"	1. Mandate representation of Aboriginal and Torres Strait Islander peoples on the board of the National Mental Health Commission and Queensland Mental Health Commission. 2. Engage the COAG Joint Council on Closing the Gap in discussions on the proposed policy reforms; and the new proposed role for the National Mental Health Council. 3. Conduct a thorough internal review of systems to understand where institutional racism is present in the system, and address failings in a timely manner. 4. Mandate that all Aboriginal and Torres Strait Islander specific funding must be made available to ATSICCHOs through either a restrictive selection process or a non-competitive restrictive selection process.

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

[2] ABS. Causes of Death, Australia, 2018. Cat. no. 3303.0, released on 25/09/2019. Accessed on 11/02/2020

Ref	Solutions	Recommendation
		5. Establish a national Aboriginal and Torres Strait Islander mental health workforce target and support the development of new and existing workforce to advise and deliver culturally safe services.
2	Mandate partnership with ATSICCHO's to deliver culturally safe mental health services as preferred providers	6. Mandate partnership and engagement of ATSICCHOs and their representative bodies to lead the co-design and delivery of a range of mental health, social and emotional wellbeing, cultural and suicide prevention services/programs for Aboriginal and Torres Strait Islander peoples. 7. Provide extended funding arrangements of at least five years for ATSICCHOs to deliver community-based holistic health care services. 8. Transfer Aboriginal and Torres Strait Islander mental health funding from the Primary Health Networks (PHN) to the ATSICCHO sector. 9. Return social and emotional wellbeing funding currently administered by the National Indigenous Australians Agency to the Department of Health. 10. Increase funding and extend scope of the Indigenous Australians' Health Program (IAHP) funding to cover social and emotional wellbeing and mental health services in recognition that mental and spiritual health is the centre of holistic health care provided by ATSICCHOs. 11. Expand existing recommendation 21.2 to include social and emotional wellbeing, and mental health services to address broader social determinants of mental health. 12. Fund and support the expansion of ATSICCHOs to coordinate and deliver local Traditional Healing services. 13. Include Traditional Healing as an MBS item to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.
3	Support improved service integration for sustainable mental health outcomes	14. Invest in capacity development of ATSICCHOs to build a sustainable mental health workforce and community care mechanism for efficient transition from institutional care to community-based care to improve overall health outcomes. 15. Legislate for developing meaningful and sustainable inter-sectoral partnerships including Peak bodies at each level (national, state, regional and community) of service planning and delivery. 16. Involve and support ATSICCHOs to provide culturally safe community-based mental health care for Aboriginal and Torres Strait Islander peoples before their transition from institutional care to the community-based care. 17. Fund an Aboriginal and Torres Strait Islander identified Community Link position in all ATSICCHOs and Qld Health Hospital and Health Services with the responsibility to collaborate together and with local providers to connect clients with social and cultural determinants of health support. 18. Develop partnerships and practical ways of working together between the ATSICCHO sector and Hospitals to ensure continuity of care and use of quality services, including referral pathways.

Ref	Solutions	Recommendation
		19. Mandate requirements so that all Aboriginal and Torres Strait Islander people who are in custody, receive culturally safe mental health assessments. 20. Increase Aboriginal and Torres Strait Islander specific mental health hospitalisation/treatment programs and facilities that are culturally safe and tailored to ensure a healing and educational process.
4	Put greater focus on developing rural remote health workforce adopting a place-based approach	21. Standardise credit recognition across all universities for Aboriginal Health Worker/VET qualifications into university studies. 22. Involve National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) in all stages of discussions related to Aboriginal Health Workforce development and recognition of career progression pathways. 23. Increase funding for developing Aboriginal and Torres Strait Islander mental health worker (ongoing traineeship opportunities). 24. Develop further relationships and capacity of the ATSICCHOs as employment and training sites to develop the Aboriginal and Torres Strait Islander health workforce. 25. ATSICCHOs must be involved in the planning and delivery of the Individual Placement and Support (IPS) model targeted for Aboriginal and Torres Strait peoples. 26. Ensure the Patient Transport Scheme, including accommodation is culturally safe and an effective service. 27. Support ATSICCHOs with the coordination and use of tele-supervision for supervision of Aboriginal Health Workers, GP registrars and other key clinical staff that cannot recruit supervision staff.
5	Effective monitoring and evaluation; and data sharing mechanism	28. Ensure Aboriginal and Torres Strait Islander people's participation at each level of decision making and implementation of monitoring, evaluation and research framework. 29. Ensure the collection, reporting, sharing and release of Aboriginal and Torres Strait Islander peoples' data is designed in collaboration with Aboriginal and Torres Strait Islander peoples to ensure it is culturally appropriate, safe, competent and in the best interests of Aboriginal and Torres Strait Islander peoples, and the benefits outweigh any harms. 30. Underpin evaluation activities in line with the core values identified with the Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities (NHMRC, 2018) and the Australian Institute of Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Indigenous Research (2012). 31. Evaluate mental health and suicide prevention activities and interventions systematically using multiple and convergent methodology and focus on the following indicators: effectiveness, program quality and efficiency.

2. Strengths of the draft report

QAIHC notes that the strategic points and recommendations incorporated in the draft report are comprehensive in addressing current issues of the Australian mental health system. The principles of the reform agenda will set a strong foundation for the mental health system in the future, to improve health and wellbeing outcomes.

The following key proposals from the draft report directly support QAIHC's recommendations and will support the needs of Aboriginal and Torres Strait Islander peoples:

- Assessment and referral practices in line with consumer treatment needs (Draft Recommendation 5.2)
- The Australian, State and Territory Governments should reconfigure the mental health system to give all Australians access to mental healthcare, at a level of care that most suits their treatment needs (in line with the stepped care model), and that is timely and culturally appropriate (Draft Recommendation 5.9).
- MBS-rebated and regionally commissioned allied mental healthcare should be funded from a single pool, and commissioning agencies should be able to co-fund MBS-rebated allied mental health professionals. State and Territory Government agencies should be permitted to co-fund MBS-rebated out-of-hours GP services where this will reduce mental health-related emergency department presentations (Draft Recommendation 24.1).
- MBS-rebated psychological therapy should be evaluated, and additional sessions trialled (Draft Recommendation 5.4).
- Encourage more group psychological therapy. Changes should be made to MBS rules to encourage more group therapy (Draft Recommendation 5.5).
- The Australian, State and Territory Governments should make working in rural and remote areas a more attractive option for health professionals by reducing professional isolation, increasing opportunities for professional development, and improving the scope to take leave (Draft Recommendation 11.7).
- Governments should support the development of single care plans for consumers with moderate to severe mental illness who are receiving services across multiple clinical providers (Draft Recommendation 10.3).
- The Australian, State and Territory Governments should collectively develop a national plan to increase the number of psychiatrists in clinical practice, particularly outside major cities and in sub-specialities with significant shortages, such as child and adolescent psychiatry (Draft Recommendation 11.2).
- Expanding initiatives such as the Rural Locum Assistance Program to fund visiting health professionals to temporarily stand in for rural and remote health workers, including psychiatrists, while they attend professional development activities, meetings and conferences with peers, and take leave (Draft Recommendation 11.7).
- Australian, State and Territory Governments should offer effective aftercare to anyone who presents to a hospital, GP or other government service following a suicide attempt. Aftercare should be directly provided or referred, and include support prior to discharge or leaving the service, as well as proactive follow-up support within the first day, week and three months of discharge, when the individual is most vulnerable (Draft Recommendation 21.1).
- Empower Indigenous communities to prevent suicide (Draft Recommendation 21.2).
- The Council of Australian Governments Health Council should develop a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and associated Implementation Plan to guide suicide prevention activities in Indigenous communities (Draft Recommendation 21.2).

- Indigenous organisations should be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people (Draft Recommendation 21.2).
- Traditional healers have the potential to help improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (Draft Recommendation 20.3).
- The COAG Health Council should develop a National Mental Health and Suicide Prevention Agreement (NMHSPA) between the Australian, States and Territory Governments (Draft Recommendation 22.1).
- The proposed National Mental Health and Suicide Prevention Agreement (draft recommendation 22.1) should identify responsibilities for suicide prevention activities across different levels of government and across portfolios to create a truly whole-of-government approach to suicide prevention. Responsibilities should be informed by, and consistent with, the National Suicide Prevention Implementation Strategy under development (Draft Recommendation 21.3).
- The Australian Government should expedite the development of an implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 (Draft Recommendation 22.2).
- The Council of Australian Governments (COAG) should amend the terms of reference of the COAG Health Council to enable it to include other COAG Councils in policy discussions and decisions, or ministers responsible for portfolios that do not have a relevant COAG council, where this is necessary to cement cross-portfolio commitment to reforms directed at the social determinants of mental health and suicide prevention (Draft Recommendation 22.2).
- Consumers and carers should have the opportunity to participate in the design of government policies and programs that affect their lives (Draft Recommendation 22.3).
- Extending the funding cycle length for peak bodies to a minimum five years to improve business planning and capability development. Concluding contract renewals at least one year before expiry. Reporting their total funding to peak bodies that represent mental health consumers and carers through the annual Report on Government Services (Draft Recommendation 22.3).
- A robust culture of program evaluation should inform the allocation of public funds across the mental health system to ensure that they are deployed most efficiently and effectively. The National Mental Health Commission (NMHC) should have statutory authority to lead the evaluation of mental health and suicide prevention programs funded by the Australian, State and Territory Governments, and other programs that have strong links with mental health outcomes, including those in non-health sectors (Draft Recommendation 22.5).
- The Australian, State and Territory Governments should task the Mental Health Information Strategy Steering Committee with developing a strategy to improve data linkage in mental health (Draft Recommendation 25.1).
- Monitoring and reporting should be more focused on outcomes for consumers and carers and broadened beyond health portfolios (Draft Recommendation 25.4).

3. QAIHC's concerns with the draft report

QAIHC notes that the draft report has presented some bold recommendations to restructure the current mental health system and demonstrated a strong understanding of the trauma experienced by Aboriginal and Torres Strait Islander people over generations; and the devastating consequences for social and emotional wellbeing due to colonisation; the forced removal of children from families, genocide, loss of land, suppression of languages and culture, the breakdown of traditional roles within communities, introduction of alcohol and other drugs, high levels of incarceration and the ongoing experience of racism and discrimination. All these have a significant impact on the overall health of Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander people's health and wellbeing is concurrently, and cumulatively, impacted by various social determinants of health including homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse, violence; removal from family and cultural dislocation; substance misuse; racism and discrimination and social disadvantage[3]. For this reason, QAIHC values the compelling argument provided in the draft report for addressing various social determinants of health to improve people's social and emotional wellbeing.

However, QAIHC and its Member Services have identified a number of opportunities for improvement to the Mental Health Draft Report. Key themes are:

1. <u>'Institutional racism' is not sufficiently addressed</u>

Institutional racism is evident in the Australian health care system and has a profound impact on improving health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples. Institutional racism is distinctive and separate to personal racism where racist features are directly or indirectly linked with the policies, program, structures, attitudes, hierarchies, practices and perspectives of the organisation. Also, institutional racism may appear in different forms within the system. It is characterised as the absence or insufficiencies of appropriate considerations intentionally or unintentionally which leads to racial disadvantages[4,5]. Systemic racism greatly influences Aboriginal and Torres Strait Islander peoples' access to health care as well as limits individuals from receiving the same quality of healthcare services available for non-Indigenous Australians[,6]. There are two parts to this concern:

a) True representation of Aboriginal and Torres Strait Islander peoples in the reform agenda has not been ensured in the proposed Rebuild model or in the Renovate model.
b) The strategies to work in partnership with Aboriginal and Torres Strait Islander people are insufficient to sufficiently address risks of institutional racism.

Discussions about how institutionalised racism may be present within the Australian Government and health service policies and practices are essential to addressing disparities between Aboriginal and Torres Strait Islander peoples and other Australians. Such conversations must be de-stigmatised in order to objectively understand how inequalities may be unconsciously perpetuated by institutions intended to support minority groups.

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[3] Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

[4] Australian Indigenous Doctors' Association (AIDA). Policy Statement https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

[5] Institutional racism in Australian healthcare: a plea for decency. Barbara R Henry, Shane Houston and Gavin H Mooney. MJA Vol 180 17 May 2004

[6] Purdie, Nola; Dudgeon, Pat; and Walker, Roz, "Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (First Edition)" (2010). https://research.acer.edu.au/indigenous_education/24

2. ‘Self-determination’ is not upheld adequately

For Aboriginal and Torres Strait Islander peoples in Australia, the right to self-determination has been of fundamental importance in improving health and wellbeing outcomes. Self-determination is a principle preserved in international law. According to law, all peoples have the right of self-determination and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development” [6]. Similarly, according to the United Nations Declaration on the Rights of Indigenous Peoples, “Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, 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”[7].

QAIHC notes the Productivity Commission has made efforts to acknowledge and uphold Aboriginal and Torres Strait Islander peoples’ right to self-determination. However, more needs to be done to recognise the historic context of Aboriginal and Torres Strait Islander culture, family and community structure, governance and decision-making practices of Aboriginal and Torres Strait Islander peoples.

Transferring responsibility and decision-making power to Aboriginal and Torres Strait Islander communities, so that they can make decisions on matters that affect them, are not sufficiently incorporated in the report.

3. There is a lack of focus on ‘sustainability of ATSICCHOs’ to deliver culturally safe community-based mental health and suicide prevention services

The Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, cultural and spiritual wellbeing of individuals and their whole communities. For Aboriginal and Torres Strait Islander peoples, health is seen in term of the whole-life-view.

Consideration of this relationship is essential in the development of effective health services. A particularly damaging factor is the assumption within governance and public health that past injustices have been resolved and are non-consequential for health policy. Numerous accounts and research, including ethnographic research conducted in Brisbane among Aboriginal and Torres Strait Islander peoples, refute this assumption by confirming an ongoing impact. It is therefore necessary to critically analyse the continuing presence of colonial legacies within the lives of Aboriginal and Torres Strait Islander peoples, as well as implications for the construction of policy, governance, and service provision according to the dominant culture.

Profound intergenerational impacts of trauma inflicted by racist policies, state sponsored discrimination and violence, forced institutionalisation of individuals by government medical officers, the removal of children from families and social marginalisation are visible within the prevalence of mental illness such as depression, violence and self-harm, substance misuse, imprisonment, and inharmonious family relationships.

It is important to consider the relationship and connectedness aspect of Aboriginal and Torres Strait Islander peoples to each other and to the environment as a key determinant for improved health outcomes. The ATSICCHO’s evidence-based integrated Model of Care is the true reflection of this approach which further incorporates the holistic concept of Aboriginal and Torres Strait Islander peoples’ health and wellbeing. The proposed recommendations are not adequate to ensure sustainability of ATSICCHOs to continue to deliver and meet community need through the support of capacity development.

[7] Article 23; United Nations Declaration on the Rights of Indigenous Peoples (Resolution adopted by the General Assembly on 13 September 2007) https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

4. Solutions and recommendations:

In response to the issues identified, QAIHC suggests that the Productivity Commission incorporate the solutions and recommendations into the report for the Australian Government, to fundamentally improve system level structures and the implementation process to ensure that the architecture of the future mental health system meets the needs of Aboriginal and Torres Strait Islander peoples.

Solution 1: Eliminate institutional racism

QAIHC believes that better health outcomes cannot be achieved unless institutional racism is eliminated. This can be achieved through creating opportunities of a real and active involvement of Aboriginal and Torres Strait Islander peoples in every level of decision-making structures, including in the design, planning, implementation and delivery of health services and programs designed to improve health outcomes.

QAIHC's experience is that current mental health system does not meet needs of Aboriginal and Torres Strait Islander peoples equitably; a 'rebuild' is required for the architecture of the future mental health system. However, rebuild must address institutional racism and self-determination.

QAIHC recommends the consistent use of the term 'Aboriginal and Torres Strait Islander' throughout the draft report and that the term is not interchanged with 'Indigenous'.

Recommendation 1: ***Mandate representation of Aboriginal and Torres Strait Islander peoples on the board of the National Mental Health Commission and Queensland Mental Health Commission.***

Recommendation 2: ***Engage the COAG Joint Council on Closing the Gap in discussions on the proposed policy reforms; and the new proposed role for the National Mental Health Council.***

Recommendation 3: ***Conduct a thorough internal review of systems to understand where institutional racism is present in the system, and address failings in a timely manner.***

Recommendation 4: ***Mandate that all Aboriginal and Torres Strait Islander specific funding must be made available to ATSICCHOs through either a restrictive selection process or a non-competitive restrictive selection process.***

Recommendation 5: ***Establish a national Aboriginal and Torres Strait Islander mental health workforce target and support the development of new and existing workforce to advise and deliver culturally safe services.***

Solution 2: Mandate partnership with ATSICCHO's to deliver culturally safe mental health services as preferred providers

QAIHC believes Aboriginal and Torres Strait Islander peoples must have the ability to develop and determine health programs affecting them and administer such programs through their own institutions. When Aboriginal and Torres Strait Islander peoples take charge of developing their own strategies, they better reflect their interests, values, vision and concerns, increasing ownership and accountability[8].

It is clearly understood that the Government's current the top-down approach still impacts on health equalities of Aboriginal and Torres Strait Islander peoples in Australia. A bottom-up approach to health

[8] Jumbunna Indigenous House of Learning, University of Technology Sydney. Self-Determination: Background Concepts. Scoping paper 1 prepared for the Victorian Department of Health and Human Services.

policies and programs is the true reflection of self-determination in health, which will significantly contribute to reducing disparity in health outcomes for Aboriginal and Torres Strait Islander peoples.

Upholding a bottom-up approach to preventive health provides Aboriginal and Torres Strait Islander peoples with complete control of the design and the provision of the programs/initiatives that are appropriate to meet their community needs. ATSICCHOs have a proven ability of building positive partnership within and between communities and with government agencies; and other community organisations. Furthermore, ATSICCHOs are the embodiment of self-determination as community engagement mechanisms are inherently built into community-controlled structures; there must be a collaborative working relationship between government agencies responsible and ATSICCHOs.

QAIHC believes that strengthening ATSICCHOs' 'capacity' for co-design and delivery of social and emotional wellbeing and mental health services in a way that helps Aboriginal and Torres Strait Islander peoples to shape and exercise control over their physical, social, economic and cultural environments, is a sustainable approach to address health problems. It is widely understood that community authority and autonomy over all aspects of the service planning and delivery (program and initiatives) builds the commitment and enthusiasm of all people and sectors involved in the process, contributes to building community capacity, and enables community to identify and address their local needs[9].

QAIHC notes that the Productivity Commission recommend "Indigenous organisations should be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people". The scope of ATSICCHO's services should not be limited to suicide prevention activities, rather expanded to cover all social and emotional wellbeing and mental health services to address broader social determinants of health.

Similarly, it is encouraging that the Productivity Commission recommended for extending funding cycle length for peak bodies to a minimum five years to improve business planning and capability development. However, this arrangement should include provision of extended funding arrangements for ATSICCHO to deliver community-based mental health and suicide prevention services.

Recommendation 6: ***Mandate partnership and engagement of ATSICCHOs and their representative bodies to lead the co-design and delivery of a range of mental health, social and emotional wellbeing, cultural and suicide prevention services/programs for Aboriginal and Torres Strait Islander peoples.***

Recommendation 7: ***Provide extended funding arrangements of at least five years for ATSICCHOs to deliver community-based holistic health care services.***

Recommendation 8: ***Transfer Aboriginal and Torres Strait Islander mental health funding from the Primary Health Networks (PHN) to the ATSICCHO sector.***

Recommendation 9: ***Return social and emotional wellbeing funding currently administered by the National Indigenous Australians Agency to the Department of Health.***

Recommendation 10: ***Increase funding and extend scope of the Indigenous Australians' Health Program (IAHP) funding to cover social and emotional wellbeing and mental health services in recognition that mental and spiritual health is the centre of holistic health care provided by ATSICCHOs.***

[9] Australian Institute of Family Studies, Child Family Community Australia. What works in effective Indigenous community-managed programs and organisations, information Exchange Report 2015

Recommendation 11:	***Expand existing recommendation 21.2 to include social and emotional wellbeing, and mental health services to address broader social determinants of mental health.***
Recommendation 12:	***Fund and support the expansion of ATSICCHOs to coordinate and deliver local Traditional Healing services.***
Recommendation 13:	***Include Traditional Healing as an MBS item to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.***

Solution 3: Support improved service integration for sustainable mental health outcome

The ATSICCHO sector has grown from a need for holistic, comprehensive and culturally safe healthcare. ATSICCHOs are governed by an Aboriginal and Torres Strait Islander board that is elected by members of the local community and they deliver services that build, strengthen and enable self-determination for Aboriginal and Torres Strait Islander communities and peoples. ATSICCHOs have reduced barriers of access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples. The ATSICCHO family centred, holistic Model of Care (Model of Care) contributes to the success of health services[10].

The provision of primary health care in a culturally safe environment is core business for ATSICCHOs. Clinical services, health promotion, cultural safety and community engagement, underpinned by research, evaluation and planning activity, are the essential components of the ATSICCHO's Model of Care.

ATSICCHOs have a broader experience and deep understanding of what works best to address local health and wellbeing needs of the communities based on mutually trusted working relationships. This sets ATSICCHOs in a unique position where they are able to work with the community to deliver the best possible holistic primary health care services.

QAIHC acknowledge the Productivity Commission's focus on improving the transition process from institutional settings to the community-based supports. For Aboriginal and Torres Strait Islander peoples community-based support plays an important role in assisting peoples with poor mental health to build a meaningful and connected life in their own community.

Similarly, QAIHC supports the Commission's recommendation that Governments should ensure people with mental illness who exit institutional care (particularly hospitals or prisons) receive a comprehensive mental health discharge plan, and services have the capacity to meet their needs.

These programs should integrate care coordination and access to accommodation. QAIHC believes the integrated multi-agency team approach can pay a crucial role in addressing complex issues of mental health.

However, QAIHC's experience is that more proactive direction is essential. Government agencies must invest in developing meaningful and sustainable intersectoral partnership at national, state, regional and community level. To ensure cultural safety and better mental health care arrangements for Aboriginal and Torres Strait Islander peoples, governments must invest in capability building of local ATSICCHOs to create a sustainable mental health workforce and a sustainable community care mechanism.

[10] Queensland Aboriginal and Islander Health Council (QAIHC), Model of Care, 2019

Recommendation 14: ***Invest in capacity development of ATSICCHOs to build a sustainable mental health workforce and community care mechanism for efficient transition from institutional care to community-based care to improve overall health outcomes.***

Recommendation 15: ***Legislate for developing meaningful and sustainable inter-sectoral partnerships including Peak bodies at each level (national, state, regional and community) of service planning and delivery.***

Recommendation 16: ***Involve and support ATSICCHOs to provide culturally safe community-based mental health care for Aboriginal and Torres Strait Islander peoples before their transition from institutional care to the community-based care.***

Recommendation 17: ***Fund an Aboriginal and Torres Strait Islander identified Community Link position in all ATSICCHOs and Qld Health Hospital and Health Services with the responsibility to collaborate together and with local providers to connect clients with social and cultural determinants of health support.***

Recommendation 18: ***Develop partnerships and practical ways of working together between the ATSICCHO sector and Hospitals to ensure continuity of care and use of quality services, including referral pathways.***

Recommendation 19: ***Mandate requirements so that all Aboriginal and Torres Strait Islander people who are in custody, receive culturally safe mental health assessments.***

Recommendation 20: ***Increase Aboriginal and Torres Strait Islander specific mental health hospitalisation/treatment programs and facilities that are culturally safe and tailored to ensure a healing and educational process.***

Solution 4: Put greater focus on developing rural remote health workforce; and place-based approach

Place-based approaches support community to participate, lead and own the initiatives that are important to meet their community needs. The approach is also helpful to break down fear and stigma by engaging community, family and children in their own environment and enabling them to take charge of their own health and wellbeing. QAIHC's Members, the ATSICCHO's, can validate the important role of place-based approaches in improving overall health outcomes of Aboriginal and Torres Strait Islander peoples; and are better positioned to facilitate the process at local level to achieve mental health outcome for the community. Recognising the different needs of people through place-based solutions will create better results.

People living in rural and remote areas face particular health challenges; many of them are attributable to their socioeconomic status, living conditions, social/geographical isolation, access and affordability. The proportion of Aboriginal and Torres Strait Islander peoples as a proportion to the local population is higher in remote areas compared to major cities and inner/outer regional areas[11]. People living in rural and remote areas do not have the same access to health and wellbeing services. Equitably distributing resources across the ATSICCHO sector will enable Aboriginal and Torres Strait Islander peoples to take control of their health and wellbeing.

[11] Rural and Remote health. AIHW 22 Oct 2019 https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary

QAIHC note and supports the Productivity Commission's recommendation that the Australian, State and Territory Governments should, in collaboration with specialist Medical Colleges, to promote, mental health as a career option. However, there are barriers in the consistency of credit recognition for skills and knowledge of Aboriginal Health Workers entering university studies.

QAIHC supports the Productivity Commission's recommendation that the Australian, State and Territory Governments should make working in rural and remote areas a more attractive option for health professionals by reducing professional isolation, increasing opportunities for professional development, and improving the scope to take leave. Similarly, the Commission's proposal of expanding the Individual Placement and Support (IPS) model beyond its current limit through a staged rollout is a positive move towards greater integration of the clinical and employment support for improved social and emotional wellbeing and mental health outcomes. However, ATSICCHO's must be involved in planning and delivery of the IPS program targeted to Aboriginal and Torres Strait Islander peoples.

Recommendation 21: ***Standardise credit recognition across all universities for Aboriginal Health Worker/VET qualifications into university studies.***

Recommendation 22: ***Involve National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) in all stages of discussions related to Aboriginal Health Workforce development and recognition of career progression pathways.***

Recommendation 23: ***Increase funding for developing Aboriginal and Torres Strait Islander mental health workforce (ongoing traineeship opportunities).***

Recommendation 24: ***Develop further relationships and capacity of the ATSICCHOs as employment and training sites to develop the Aboriginal and Torres Strait Islander health workforce.***

Recommendation 25: ***ATSICCHOs must be involved in the planning and delivery of the Individual Placement and Support (IPS) model targeted for Aboriginal and Torres Strait peoples.***

Recommendation 26: ***Ensure the Patient Transport Scheme, including accommodation is culturally safe and an effective service.***

Recommendation 27: ***Support ATSICCHOs with the coordination and use of tele-supervision for supervision of Aboriginal Health Workers, GP registrars and other key clinical staff that cannot recruit supervision staff.***

Solution 5: Effective monitoring and evaluation; and data sharing mechanism

QAIHC values the significance of data to facilitate health service planning, delivery and evaluation and inform future investments in health. Also, QAIHC understand that in order to effectively undertake monitoring, evaluation and research, the right data needs to be collected. However, it is crucial that the collection, reporting, sharing and release of Aboriginal and Torres Strait Islander peoples specific data must be culturally appropriate, safe, competent and in the best interests of Aboriginal and Torres Strait Islander peoples. QAIHC supports the Productivity Commission's proposed framework for monitoring, evaluation and research on the basis that there is a meaningful representation of Aboriginal and Torres Strait Islander peoples at each level of decision making and implementation.

QAIHC and its members experience is that evaluation is often considered late in program/project development which significantly limits the range of methodologies that can be used. This results in poor quality data informing inadequate evaluations. This often is in practice when non-Indigenous health services are funded to deliver programs aimed at improving Aboriginal and Torres Strait Islander health outcomes.

QAIHC agree that data linkage can provide more comprehensive information from existing datasets. However, it is essential to accommodate data governance principles and structures to recognise Aboriginal and Torres Strait Islander peoples' right to self-determination.

Currently there is limited evidence regarding which suicide prevention activities are most effective, and the mechanisms in which makes them successful, for the general population let alone specifically for Aboriginal and Torres Strait Islander peoples. Independent scrutiny is vital for transparent evaluation. In the context of health service delivery reform, the evaluation process is valuable for promoting accountability. Moreover, the dissemination of findings accumulates data and evidence-base of 'what works' thus informing future practice.

Recommendation 28: ***Ensure Aboriginal and Torres Strait Islander people's participation at each level of decision making and implementation of monitoring, evaluation and research framework.***

Recommendation 29: ***Ensure the collection, reporting, sharing and release of Aboriginal and Torres Strait Islander peoples' data is designed in collaboration with Aboriginal and Torres Strait Islander peoples to ensure it is culturally appropriate, safe, competent and in the best interests of Aboriginal and Torres Strait Islander peoples, and the benefits outweigh any harms.***

Recommendation 30: ***Underpin evaluation activities in line with the core values identified with the Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities (NHMRC, 2018) and the Australian Institute of Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Indigenous Research (2012).***

Recommendation 31: ***Evaluate mental health and suicide prevention activities and interventions systematically using multiple and convergent methodology and focus on the following indicators: effectiveness, program quality and efficiency.***

5. Conclusion

Improving overall population health outcomes through empowering people to take control over their health and its determinants by focusing on people and their needs, aspirations, and capabilities; and enriching their autonomy and resilience, has been proven to be effective.

The ATSICCHOs' evidence-based integrated Model of Care is the true reflection of this approach which further incorporates the holistic concept of Aboriginal and Torres Strait Islander peoples' health and wellbeing. ATSICCHOs are often the first point of contact for Aboriginal and Torres Strait Islander peoples and it is for this reason that ATSICCHOs must be engaged in the co-design, delivery and review of preventive health actions.

Aboriginal and Torres Strait Islander peoples experience significantly higher rates of mental health issues compared to other population groups. The existing mental health system is unable to meet current funding and workforce needs of Aboriginal and Torres Strait Islander peoples' health, impeding access to culturally safe social and emotional wellbeing; and mental health services. This hugely impacts increasing health and wellbeing outcome gaps for Aboriginal and Torres Strait Islander peoples.

QAIHC observes the important proposals incorporated in the draft report for redesigning the mental health system. However, strongly advocates for the significant cultural shifts in the proposed system through changes in legislation. The changes must strategically focus on ensuring Aboriginal and Torres Strait Islander peoples' leadership at each level of decision making and service delivery to ultimately improve social and emotional wellbeing and mental health of Queensland's Aboriginal and Torres Strait Islander peoples.

Mental health is an active concern for QAIHC and our Members. Restructure of an effective and culturally safe mental health system will support communities to close existing health gaps. QAIHC is strongly committed to and interested in being part of the solution to establish an efficient mental health system that meets the needs of Aboriginal and Torres Strait Islander peoples.

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