QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE

Queensland Mental Health Commission (QMHC)

SUBMISSION

Renewing Queensland's Alcohol and Other Drugs Plan - Consultation

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Disclaimer: QAIHC acknowledge and disclose a potential conflict of interest as QAIHC authored *Paper 8 - Social and emotional wellbeing (SEWB).*

QAIHC SUBMISSION TO THE QUEENSLAND MENTAL HEALTH COMMISSION (QMHC)

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About Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health Sector (the Sector). From our first meeting 30 years ago, we have grown to become a national leader in Aboriginal and Torres Strait Islander health, and as a voice for our 26 members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two regional bodies, 14 Associate Members and one Affiliate Member. Associate members include members of the Queensland Indigenous Substance Misuse Council (QISMC). This Council comprises members of the Aboriginal and Torres Strait Islander community-controlled alcohol and other drugs residential rehabilitation services in Queensland. In this document, ATSICCHOs includes reference to QAIHC's Associate Members.

Like our ATSICCHOs, we embody self-determination; we are governed by an Aboriginal and Torres Strait Islander board that is elected by our Members.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 60 clinics across the state to service the population. Our two regional bodies – the Institute for Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) also provide support to our Members.

Our Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, thus creating local jobs and ensuring local design of services.

Nationally, we represent ATSICCHOs through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

QAIHC, as the peak of ATSICCHOs in Queensland, wishes to express the collective views on behalf of our Members in response to the QMHC's consultation on Renewing Queensland's Alcohol and Other Drugs (AOD) Plan.

QAIHC would like to acknowledge the QMHC for leading the reform approach to AOD in Queensland, with a specific focus to prevent and reduce the adverse impact of AOD on the overall health and wellbeing of the whole society; and for seeking feedback from wider stakeholders and the community. QAIHC welcomes the opportunity to provide collective views that we hope will add value in re-shaping the community-led AOD approach in Queensland.

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Opening Statement

QAIHC believes that all Aboriginal and Torres Strait Islander peoples should have the same opportunity to be as healthy and well as other Australians and deserve equitable access to the health system. As such, QAIHC and the ATSICCHO Sector are committed to engaging with Aboriginal and Torres Strait Islander communities to ensure individuals, families and their communities have equitable access to culturally safe and quality AOD demand, and supply and harm reduction services that meet their local needs. In line with QAIHC's commitment, we support the overarching goal of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2019 that aims to improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of AOD on individuals, families, and their communities.[1]

QAIHC maintains that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole community. Health and wellbeing is more than just the absence of disease or illness; and is seen in term of the whole-life-view.[2] This holistic concept also acknowledges the greater influences of the social determinants of health and wellbeing. Social determinants include: homelessness; education; unemployment; intergenerational trauma; grief and loss; abuse; violence; removal from family and cultural dislocation; substance misuse; racism and discrimination; and social disadvantage.[3] Accounting for these facts, QAIHC's view is that the harmful use of AOD among Aboriginal and Torres Strait Islander peoples needs to be understood within the social and historical context of colonisation, dispossession of land and culture and economic exclusion. This fact has been acknowledged effectively in the QMHC consultation papers 8 [Social and emotional wellbeing] and 9 [Social and cultural determinants of health].

QAIHC have reviewed the ten consultation papers commissioned by the QMHC to stimulate responses to the AOD survey on the QMHC website, and congratulates the QMHC for their approach as well as the authors for sharing their expertise. QAIHC notes a number of strategies and priority actions to lead the development of a the renewed AOD Plan have been proposed within these papers (summarised in QMHC consultation paper 10). These include:

- a whole of government response to AOD;
- a strengths-based focus and approach to the AOD response – noting the wealth of evidence of the resilience and protective factors that exist within people, families and communities [QMHC consultation paper 9]
- the need for a suitably qualified and skilled workforce [QMHC consultation paper 3];
- the need for coordinated supply, demand and harm reduction strategies [QMHC consultation papers 4 – 10];
- consideration of Human Rights and the UN Convention on Rights of Indigenous People [QMHC consultation paper 8];
- consideration of social and emotional wellbeing (SEWB), cultural and social determinants [QMHC consultation papers 8 & 9];
- recognition of the role that stigma and discrimination play for individuals and society [QMHC consultation paper 2]; and
- the need to implement the harm minimisation framework [QMHC consultation paper 5].

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[1] Australian Government, Intergovernmental Committee on Drugs. National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 - 2019

[2] NAHS Working Party (1989). National Aboriginal Health and Strategy Australia

[3] 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.

Amongst other things, the COVID-19 pandemic has highlighted the vital importance of addressing the gaps in AOD provision in a revised AOD Plan, particularly in areas that were impacted by *the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020*; where access to services were restricted negatively impacting on the health and wellbeing of community.

QAIHC also notes the consultation has relevance to the National Agreement on Closing the Gap's four priority reforms:

1. Formal Partnerships and Shared Decision Making (i.e. cultural safety);
2. Building the Community-Controlled sector (i.e. self-determination);
3. Transforming Government Organisations (i.e. creating genuine partnerships where partnerships are needed); and
4. Shared Access to Data and Information at a Regional Level (i.e. data sharing).

However, QAIHC and its Members recognise that the QMHC should have specific focus on addressing the unique needs of Aboriginal and Torres Strait Islander peoples in Queensland. With this in mind, QAIHC recommends the QMHC ensure the renewed AOD plan:

- address systems-level barriers; ensuring self-determination for Aboriginal and Torres Strait Islander peoples and strength-based focus to approaches.
- address society-level barriers: the need for greater public understanding and tolerance; and
- address individual-level barriers: including access and self-determination.

A number of solutions and recommendations have been made in this Submission which, if adopted, will strengthen the QMHC's reform approach.

Solutions	Recommendations
1. Focus on addressing systems-level barriers	1. Develop a stand-alone Queensland Aboriginal and Torres Strait Islander AOD Plan. 2. Learn from Queensland Health's experience in addressing institutional racism within Hospital and Health Services and incorporate actions into the AOD Plan that require all related government departments to commit to addressing racism. 3. Recognise the value of the ATSICCHO Model of Care and support QAIHC to develop a comprehensive ATSICCHO-AOD/SEWB Model of Care with strong focus on system integration, skilled workforce, improved continuity of care and handover processes in mainstream settings in line with the Productivity Commission Mental Health Inquiry Report's recommendations. 4. Support the ATSICCHO Sector to undertake a cost-benefit analysis of the ATSICCHO Model of Care in the AOD sector – creating an evidenced based justification for culturally-appropriate upstream investment in demand, supply and harm reduction activities. 5. Support the implementation of the recommendations of the Queensland Productivity Commission (QPC) Recidivism Report, in particular recommendations that enhance systems to facilitate greater diversion into community-led interventions from the criminal justice system.

Solutions	Recommendations
	6. Advocate to the Commonwealth Government to implement the Productivity Commission's Mental Health Inquiry Report's recommendations to improve PHN funding processes. 7. Support the ATSICCHO Sector to provide community-designed, locally-delivered holistic health care services, including AOD demand, supply and harm reduction (National Agreement Priority Reform 2) and to work with other services to contribute to their activities where the ATSICCHO is not most appropriately the lead agency (National Agreement Priority Reform 3). 8. Release structured, long-term funding for (a) infrastructure and (b) combined demand, supply and harm reduction activities in Queensland. Funding must be targeted at the ATSICCHO Sector, with ATSICCHOs as preferred providers. 9. Create and fund workforce development placements that sit within ATSICCHOs to support the development of a culturally-safe workforce.
2. Address society-level barriers: the need for greater public understanding and tolerance	10. Ensure government interventions are focused on addressing institutional and interpersonal racism through creating equity, and to tackle public misconceptions and stigma. 11. Support the implementation of the Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020 – 2023.
3. Address individual-level barriers	12. Ensure Aboriginal and Torres Strait Islander peoples and their community are supported to build strength and resilience (feeling of hope to overcome harmful use of AOD through existing strategies and flexible funding pools to ATSICCHOs to develop and deliver self-determined solutions.

Solutions and recommendations for strengthening the reform approach

1. Focus on addressing systems-level barriers

The consultation papers highlight the importance of system design in demand, supply and harm reduction activities. Four system-level barriers are discussed in greater detail below: Developing a specific-plan for Aboriginal and Torres Strait Islander peoples; Institutional racism within government structures; System design including integration with mental health and social and emotional wellbeing services and the justice system; Funding structures, including the need for ATSICCHOs to be empowered to implement self-determined solutions; and Workforce development, placing the ATSICCHO at the centre of development. Further detail on each is provided below.

a. Develop a specific Aboriginal and Torres Strait Islander AOD Plan

QAIHC suggests that, to strengthen the QMHC's aim of developing an efficient AOD Plan, a stand-alone Aboriginal and Torres Strait Islander AOD Plan is required, rather than incorporating the specific needs of Aboriginal and Torres Strait Islander peoples into a mainstream strategy.

This point was vocally raised by our Members at QAIHC Policy Network meetings in December 2020 and February 2021. This was based on the fact that the historical nature of disadvantage makes Aboriginal and Torres Strait Islander peoples a distinct group who require a very specific and distinct response. That response must be led by Aboriginal and Torres Strait Islander peoples, as the new National Agreement on Closing the Gap acknowledges. In order for this reform plan to be effective for Aboriginal and Torres Strait Islander peoples, there needs to be a stand-alone plan specific to Aboriginal and Torres Strait Islander peoples.

It is clearly understood that a pragmatic problem-solving approach underpinned by a sense of urgency to improve health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples undermines the principle of self-determination and has been proved ineffective in many respects.[4] In QAIHC's view, a strength-based approach based on evidence is needed which is fundamental to reconfigure relationships, overcome stereotypes and to privilege Aboriginal and Torres Strait Islander peoples' perspectives. With this view in mind, QAIHC proposes the following solutions and recommendations for QMHC to incorporate into a renewed, Aboriginal and Torres Strait Islander-specific AOD Plan.

Recommendation 1: Develop a stand-alone Queensland Aboriginal and Torres Strait Islander AOD Plan.

b. Institutional racism within structures:

QAIHC believes that better AOD outcomes cannot be achieved unless institutional racism is eliminated. This can be achieved through creating opportunities for the 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 services and programs that meets their cultural needs. For example, Queensland Health is leading a path of addressing institutional racism through the *Health Legislation Amendment Act* 2020 that was passed by the Queensland Parliament. This Act is a key plank in driving a health equity reform agenda by embedding a commitment to Aboriginal and Torres Strait Islander health equity within the *Hospital and Health Boards Act* 2011. The legislation requires each HHS to develop a strategy to achieve health equity with Aboriginal and Torres Strait Islander people; and each Hospital and Health Board to have one

[4] Askew, D.A., Brady, K., Mukandi, B., Singh, D., Sinha, T., Brough, M. and Bond, C.J. (2020), Closing the gap between rhetoric and practice in strengths-based approaches to Indigenous public health: a qualitative study. Australian and New Zealand Journal of Public Health, 44: 102-105. https://doi.org/10.1111/1753-6405.12953

or more Aboriginal person and/or Torres Strait Islander person as member. There is opportunity within different government department systems which engage with people who harmfully use AOD e.g. corrections, police, justice, education etc. to follow the path of Queensland Health in addressing institutional racism.

QAIHC also notes and supports the QMHC's 'Don't Judge, and Listen' Report findings that strongly highlighted the need for addressing stigma and discrimination through systems improvements.[5] Incorporating the recommendations of the 'Don't Judge, and Listen' Report into the renewed AOD Plan will support Aboriginal and Torres Strait Islander peoples to overcome systems level barriers; and improve their access to AOD services that meet their needs appropriately.

***Recommendation 2*:** Learn from Queensland Health's experience in addressing institutional racism within Hospital and Health Services and incorporate actions into the AOD Plan that require all related government departments to commit to addressing racism.

c. Systems design:

QAIHC's experience is that there continues to be a lack of integration between SEWB, Mental Health and AOD in AOD services. The Productivity Commission's Mental Health Inquiry report 2020 also has highlighted the fact that in Australia the provision of mental health services and AOD services has historically been separated physically, administratively and philosophically, which has impeded service integration. This can mean that patients receive attention only for either their mental health or substance use, depending on which service they present to.[6] the Productivity Commission's report clearly highlights that the system and strategies are structured in a fragmented and siloed way, with a system focused on 'body parts' or by 'subject-matter' rather than adopting a holistic health approach. It is important that both mental health and AOD services operate on a 'no wrong door' approach and do not turn away people with comorbidities.[2] Thus, a system redesign with a strong focus on service integration, skilled workforce, continuity of care and seamless handover process is the current need.

QAIHC's view is that the system also needs to be smarter to respond to a multitude of support structures (e.g. primary health, AOD, SEWB, AOD treatment, tertiary health), a multitude of factors (e.g. social issues, young people's needs [including children], and LGBTQI+ people's needs etc.), to support individuals as they transition across age groups (children to adults) and as they transition across systems (education, justice, health etc.). 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.[7] Many Members of QAIHC provide AOD/harmful substance use and rehabilitation services based on this Model of Care. However, our Members have raised a strong need to document a comprehensive ATSICCHO-AOD/SEWB Model of Care to better support and ensure Aboriginal and Torres Strait Islander peoples receive culturally safe quality AOD/harm-reduction support.

***Recommendation 3*:** Recognise the value of the ATSICCHO Model of Care and support QAIHC to develop a comprehensive ATSICCHO-AOD/SEWB Model of Care with strong focus on system integration, skilled workforce, improved continuity of care and handover processes in mainstream settings in line with the Productivity Commission Mental Health Inquiry Report's recommendations.

Recommendation 4: Support the ATSICCHO Sector to undertake a cost-benefit analysis of the ATSICCHO Model of Care in the AOD sector – creating an evidenced based justification for culturally-appropriate upstream investment in demand, supply and harm reduction activities.

[5] Queensland Mental Health Commission (March 2020). "Don't Judge, and Listen" Report on experiences of stigma and discrimination related to problematic alcohol and other drug use

[6] The Productivity Commission (2020). Productivity Commission, Mental Health, Inquiry Report.

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

In addition to the need to better integrate support service systems, there is a need to consider the existing supply reduction strategies which focus on a punitive system. In QAIHC's view, the supply reduction approach needs to be changed to enhance systems to facilitate greater diversion into community-led interventions from the criminal justice system. QMHC consultation paper5refers to the Queensland Productivity Commission's Inquiry into Imprisonment and Recidivism Final Report 2019 which sparked a government commitment to "*explore opportunities to increase the range of responses to low harm offending and noted that health-based solutions were an important part of the solution*".

A punitive approach has wider social consequences, for example, parents who come into contact with the system risk having children removed, a blue card removed leading to restricted employment opportunities and consequences for welfare payments. The ripple effect and impact of this on the individual, their family, and the wider community can be substantial, leading to further harmful behaviours. This restrictive approach can also be seen in government policy, for example the alcohol management plans or cashless debit card policies which aim to restrict behaviours rather than change behaviours.

Recommendation 5: Support the implementation of the recommendations of the Queensland Productivity Commission (QPC) Recidivism Report, in particular recommendations that enhance systems to facilitate greater diversion into community-led interventions from the criminal justice system.

d. Funding processes:

The ATSICCHO Sector across Queensland consistently face AOD and mental health related funding issues. These include, but are not limited, to:

- a lack of flexibility in funding contracts and support for community to develop and design supply, demand and harm reduction programs; currently government funding is activity based. However, this model is not working effectively for Aboriginal and Torres Strait Islander peoples. The ATSICCHO Sector should be provided with flexible AOD funding to address all three workstreams (demand, supply and harm reduction) based on local community need. ATSICCHOs know their community and how best to tackle the harmful use of AOD. Case Study 1provided of Gidgee Healing Aboriginal Corporation's Fetal Alcohol Syndrome Disorder (FASD) program demonstrates what can be achieved when a community is allowed to develop and design its own solutions to a problem.

  Funding effectiveness would increase if ATSICCHOs were enabled to determine local need and apply for funding based on need and not on state-wide direction (only harm reduction activities, for example). Another example of this is recognising cultural therapy's role in healing, and Queensland Health's only recent acknowledgement that being on country is an acceptable therapeutic activity that can be funded (enabling self-determination).

- a lack of availability of culturally safe services; in part due to competition to access funding and in part due to the loss of ATSICCO-run AOD rehabilitation services over recent years.

- a need for an equitable distribution of resources across the ATSICCHO Sector to enable Aboriginal and Torres Strait Islander peoples to take control of their health and wellbeing.

- a need to better support ATSICCHOs to be the lead agencies for local-level consortium applications with partnerships with non-ATSICCHOs AOD and mental health specialists (for example, to enable choice and opportunity for service users to use culturally safe mainstream services for anonymity as outlined in the 'Don't Judge, and Listen' Report), rather than named parties.

- the existing infrastructure does not meet current demands (e.g. health and safety, COVID-19 requirements etc.), current service models and standards. A lack of structured capital works funding for AOD has also resulted in poor physical infrastructure (e.g. some services need to expand as a result of additional project funding and staff, but infrastructure doesn't support the service model).
- a need for ongoing telehealth MBS funding to enable agile responses to meet community need.

QAIHC's experience is that more proactive direction is required. Government agencies must invest in developing the AOD and SEWB capability of local ATSICCHOs to create a sustainable preventive health workforce and a sustainable mechanism. This investment must be based on evidence. Data capturing and sharing needs to be improved and supported. There needs to be a greater understanding of existing investment in demand, supply and harm reduction activities within Aboriginal and Torres Strait Islander budgets, and how the allocation of funding is allocated to ATSICCHOs compared with mainstream organisations.

Adopting these recommendations will address current trends of complex and fragmented service delivery provisions; ensuring cultural safety and better AOD services for the community.

Recommendation 6: Advocate to the Commonwealth Government to implement the Productivity Commission's Mental Health Inquiry Report's recommendations to improve PHN funding processes.

Recommendation 7: Support the ATSICCHO Sector to provide community-designed, locally-delivered holistic health care services, including AOD demand, supply and harm reduction (National Agreement Priority Reform 2) and to work with other services to contribute to their activities where the ATSICCHO is not most appropriately the lead agency (National Agreement Priority Reform 3).

Recommendation 8: Release structured, long-term funding for (a) infrastructure and (b) combined demand, supply and harm reduction activities in Queensland. Funding must be targeted at the ATSICCHO Sector, with ATSICCHOs as preferred providers.

e. Workforce development:

QAIHC notes that QMHC consultation paper 3 has recognised the key elements of workforce issues around AOD and SEWB. To ensure cultural safety and better AOD support arrangements for Aboriginal and Torres Strait Islander peoples, it is essential to support the ATSICCHO Sector to develop a culturally-safe workforce.

Additional factors specific to the AOD workforce need to also be included in workforce funding considerations, such the need to provide support and resources to AOD workers with lived experience to support them to safely engage in service design and delivery. The additional impact of COVID-19 on service delivery with the workforce having high levels co-morbidities and vulnerabilities to the disease must also form a part of workforce funding considerations.

Any workforce strategy should align with the National Aboriginal and Torres Strait Islander Health Workforce Strategy that is currently under development by the Commonwealth Department of Health.

Recommendation 9: Create and fund workforce development placements that sit within ATSICCHOs to support the development of a culturally-safe workforce.

Case Study 1: Gidgee Healing Foetal Alcohol Syndrome Disorder (FASD) Program:

Gidgee Healing Aboriginal Corporation (Gidgee Healing) in Mount Isa, Queensland initiated a FASD community-led program which has transformed how the community and health sector engage with children, families and the community about FASD. The first stage of the program was to work with community over a period of 12 to 18 months to understand what community needed from a FASD program, and how Gidgee Healing, in partnership with Griffith University, could deliver an improved FASD model that is integrated into their holistic model of care. The great strength of this model is that it was community driven and managed, resulting in a shift in focus from previously a clinical specialist setting to a holistic primary health care model run by Aboriginal and Torres Strait Islander heath workers and practitioners (ATSIHW/Ps) who are from that community.

The program sits within the Gidgee Healing Family and Wellbeing Centre who offer a range of services to every child to ensure every child matters. These include mums and bubs programs which provide information and support with alcohol harm reduction. 'Cultural safety STARTS with Dreamtime stories' is a central focus of the program. The result is that Gidgee Healing has demonstrated that there is another way to support children and families affected by FASD which transfers a traditionally clinical approach into a community health approach. The long-term consequences of this approach remain to be seen, however the logical impact of the community driving the response is that the community has greater awareness and understanding of the causes of FASD and the best ways to support children and families impacted by it.

2. Address society-level barriers: the need for greater public understanding and tolerance

QAIHC notes the QMHC consultation paper 2 (Experiences of stigma and discrimination) has highlighted the entrenched issue of social stigma and misconception associated with harmful use of AOD and its impact on people accessing appropriate AOD services. The 'Don't Judge, and Listen' report also talks to stigma and discrimination experienced as racism and the links between stereotyping and racism.

QAIHC's view is that in addition to social stigma related with the harmful use of AOD, there are other societal stigmas that need to be tackled. These include identity as an Aboriginal and Torres Strait Islander person, LGBTQI+, and age. It is evident that there are public misconceptions and negative views of Aboriginal and Torres Strait Islander peoples in Australian society.[8] The fact is also discussed in QMHC discussion paper 2 (Experiences of stigma and discrimination) and paper 3 (Creating, sustaining and supporting the Alcohol and Other Drugs (AOD) workforce).

Stigma was raised by Aboriginal and Torres Strait Islander young people in the development of the Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020 – 2023. Youth said "*We want a safe place and be okay to speak your mind; judgement free place for all ages and genders… have elders in-house for a yarn, spiritual healing*" and "*We want to feel like we belong and have a place in our systems and community; we want to see people we can relate to, and who can relate to us*." The strategy identifies two strategic solutions: Solution 2: Access and Solution 3: Equity (*Case Study 2*).

[8] Pedersen et al. (2006) "Attitudes toward Indigenous Australians: The issue of ''special treatment'", Australian Psychologist, July 2006; 41(2): 85 – 94, https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Racism-Report.pdf

It is important that government policy and procedures should also consider the fact that AOD and SEWB risk-factors go beyond the social determinants of health to include interpersonal and institutional racism. As highlighted in the QMHC consultation paper 9 (Social and cultural determinants of health), Government responses should have a greater focus on protective factors and strengths of Aboriginal and Torres Strait Islander community, such as culture, tradition and connection. A shift in government focus from measuring progress in terms of economic growth to monitoring the total wellbeing of the population (holistic health) will help address the need for Aboriginal and Torres Strait Islander community to tackle harmful use of AOD.

Recommendation 10: ensure governments interventions are focused on addressing institutional and interpersonal racism through creating equity, and to tackle public miss-conceptions and stigma.

Recommendation 11: support the implementation of the Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020 – 2023.

Case Study 2: Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020-23:[9]

The Queensland Aboriginal and Torres Strait Islander Youth Health Strategy (the Strategy) sets the way forward to for all young Aboriginal and Torres Strait Islander people in Queensland to have the opportunity to experience a strong body, calm mind and resilient spirit through self-determination (self-management and ownership), cultural connection and cultural safety.

The aims of the Strategy are to ensure that youth in Queensland get the services and support they need to thrive and grow into healthy young adults by improving youth access to effective, high quality, comprehensive, culturally appropriate primary health care services in urban, regional, rural and remote locations across Queensland. This aligns with the National Agreement on Closing the Gap, the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 and the Aboriginal and Torres Strait Islander Adolescent and Youth Health and Wellbeing 2018 Report.

The Strategy provides three strategic solutions to reducing health barriers for young Aboriginal and Torres Strait Islander Queenslanders. They are:

1. Leadership: Ensure co-design and youth leadership in the health sector
2. Access: Create Youth Hub Models of Care - Virtual and Physical
3. Equity: Advocate for equity in Queensland for Aboriginal and Torres Strait Islander young people

These solutions are based on the yearning of young people for culturally and age appropriate services and their interest in receiving health care through more modern and innovative ways.

[9] Queensland Aboriginal and Islander Health Council. Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020-2023

3. Address individual-level barriers

It is evident that Aboriginal and Torres Strait Islander peoples have experienced brutality and trauma as a result of the colonisation; contributing to many Aboriginal and Torres Strait Islander peoples feeling hopeless, angry, traumatised and shamed, being stigmatised (victim blaming) and marginalised (socially excluded); and the impact is intergenerational.[10] This is explained in QMHC consultation paper 8 (Social and emotional wellbeing). QAIHC notes and see the value of incorporating QMHC 'Don't Judge and Listen" report's finding that has also identified stigma and discrimination occurrence and opportunities for change (personal and socio-economic interplay), into the renewed AOD Plan.[11]

In QAIHC's view, any AOD response targeted for Aboriginal and Torres Strait Islander individuals should encompass peoples' right to self-determination, recognition of the historical and social causes of trauma and empowerment for peoples to overcome the impact of the trauma, recognition of the ongoing systemic discrimination faced by Aboriginal and Torres Strait Islander peoples and timely resolution of failures; and celebration of Aboriginal and Torres Strait Islander peoples' resilience and strengths. However, the focus should not be limited to the individual, but it must extend to the whole family and whole community. QAIHC notes the issue has been raised in the discussion papers broadly, however the renewed AOD Plan needs to account for this fact and incorporate it into actions.

Recommendation 12: Ensure Aboriginal and Torres Strait Islander peoples and their community are supported to build strength and resilience (feeling of hope to overcome harmful use of AOD) through existing strategies; and flexible funding pools to ATSICCHOs to develop and deliver self-determined solutions.

[10] Commonwealth of Australia 1997, Human Rights and Equal Opportunity Commission. Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families

[11] Queensland Mental Health Commission (March 2020). "Don't Judge, and Listen" Report on experiences of stigma and discrimination related to problematic alcohol and other drug use (page 65)

Conclusion

Improving overall population health outcomes through empowering people to take control over their health and its determinants has been proven to be effective. Focusing on people and their needs, aspirations, and capabilities; enriching their autonomy and resilience and enabling true self-determination is what is needed to improve AOD and SEWB outcomes for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander people face additional difficulties and barriers navigating the current AOD and mental health care system in Queensland due to inadequate localised culturally safe pathways and fragmented support services. There is a gap in access to Aboriginal and Torres Strait Islander-specific help-seeking resources and programs that have been developed through co-design with community and/or are locally relevant.

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, co-development, co-implementation and co-evaluation of successful AOD initiatives. QAIHC observes the important proposals incorporated in the ten QMHC consultation papers for developing an efficient renewed AOD plan for Queenslanders. In addition to these proposals, QAIHC strongly advocates for significant cultural shifts across the whole government system as well as at the individual level. 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 AOD and SEWB outcomes of Queensland's Aboriginal and Torres Strait Islander peoples. A system level reform is needed to integrate AOD and SEWB portfolios in response to the social and cultural determinants of health

Supporting Aboriginal and Torres Strait Islander peoples and communities to overcome harmful use of AOD to improve overall health outcomes is an active priority for QAIHC and the ATSICCHO Sector. For this reason, QAIHC is keen to continue to work with the QMHC develop an AOD Plan that meets the needs of our people and community adequately and effectively.

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