

24 March 2021

Dr Fiona Martin MP, Chair
Select Committee on Mental Health and Suicide Prevention
The House of Representatives
Parliament House,
Canberra, ACT 2600.



Submission to the Inquiry into Mental Health and Suicide Prevention

Dear Chair,

QAIHC, as the peak body for the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, wish to express the collective views on behalf of its Members, in response to the House of Representatives Select Committee Inquiry into Mental Health and Suicide Prevention.

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 ATSICCHOs in Queensland, two regional bodies, 14 Associate Members and one Affiliate Member. ATSICCHOs provide culturally appropriate, holistic, comprehensive, primary health care services across more than 60 services in Queensland.

I would like to thank the House Select Committee for the opportunity to respond the Inquiry and understands that the National Aboriginal Community Controlled Health Organisation (NACCHO) will also be providing a submission which QAIHC will feed into.

QAIHC recognises that Aboriginal and Torres Strait Islander peoples' mental health and social emotional wellbeing is substantially impacted by various barriers including inter-generational trauma as a result of colonisation, racism and discrimination (personal as well as institutional), inequitable access to culturally safe mental health and wellbeing services and social-economic factors such as grief and loss, poverty, unemployment, education, homelessness, substance misuse, risks of violence and physical ill health and high rates of incarceration.

QAIHC and the ATSICCHO Sector are committed and working tirelessly to ensure all Aboriginal and Torres Strait Islander peoples have equitable access to a culturally appropriate, efficient and connected mental health and suicide prevention system that meets their unique needs. With this in mind, through this brief submission, QAIHC would like to make sure the Committee is informed about these complex issues; so that appropriate actions that best reflect Aboriginal and Torres Strait Islander peoples' views and aspirations are recommended for Australian Governments.

This brief submission addresses the Productivity Commission's Mental Health Inquiry Report and other matters not addressed by these recent reviews, as outlined in the Inquiry Terms of Reference.

A) Feedback on the Productivity Commission's Mental Health Inquiry Report 2020 (the Report):

QAIHC supports the Commission's long-term plan to improve the mental health system in Australia and is grateful for their Report. The Report recognised that responses must extend beyond just the health system and into sectors that are important for an individual's social and emotional wellbeing and recovery, for example schools, workplaces, housing, employment and justice. The Report goes a long way towards identifying solutions that are needed in the mental health system; and incorporates some recommendations that are specific to Aboriginal and Torres Strait Islander peoples.

However, QAIHC has found that the Report has not adequately addressed some key issues specific to Aboriginal and Torres Strait Islander peoples. We recommend the following issues are considered by the Committee:

1. **National Agreement on Closing the Gap:** Creating an effective and culturally safe mental health system will support Aboriginal and Torres Strait Islander communities to close existing health and wellbeing gaps, and feed into targets identified in the National Agreement on Closing the Gap, specifically targets 1 (Everyone enjoys long and healthy lives) and 14 (People enjoy high levels of social and emotional wellbeing). However, there is not a clear connection between the Commission's recommendations and the National Agreement on Closing the Gap priority reforms or targets.
2. **Institutional racism:** The Report lacks specific recommendations on eliminating institutional racism. However, the Report does recognise institutional racism or racial discrimination as a major issue impacting on mental health and social and emotional wellbeing (finding 8.2). QAIHC's recommendation is that to address institutional racism, Australian Governments should ensure Aboriginal and Torres Strait Islander peoples and their organisations are equitably participating at each level of a decision-making and service delivery structures. Governments should value Aboriginal and Torres Strait Islander peoples' right to self-determination and ensure this principle is adhered to while implementing the recommendations. This aligns with the priority reforms of the National Agreement on Closing the Gap.
3. **Regional Commissioning Agency (RCA):** QAIHC is supportive of the proposal for skill-based RCA governing boards. However, to ensure Aboriginal and Torres Strait Islander peoples' right to self-determination and to address institutional racism, governments should mandate the RCA governing boards include at least one, ideally more, identified Aboriginal and Torres Strait Islander members (skill-based). In addition, when allocating mental health funding targeted to Aboriginal and Torres Strait Islander peoples at regional levels, Regional ATSIHCHO Hubs in Queensland should be appointed to take on RCAs role. This would ensure that, consistent with the New National Agreement on Closing the Gap, the most effective mental health care models for Aboriginal and Torres Strait Islander people will be clinical care that is strongly informed by Aboriginal and Torres Strait Islander perspectives, both in the design and delivery of services. It would allow for regional models of care where mental health care is designed and delivered by ATSIHCHOs and integrated into primary health care, and well connected to community-based social support services.
4. **Preferred service provider:** In line with National Agreement Priority Reform two (Building the Community Controlled Health Sector), Governments should mandate that all Aboriginal and Torres Strait Islander specific funding must be made available to ATSIHCHOs through either a restrictive selection process or a non-competitive restrictive selection process.
5. **Workforce:** Governments should establish an Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing workforce target; and develop the ATSIHCHO Sector's capability to develop a local skill-based workforce to meet local demand. The Report presents very limited opportunity for the Sector.
6. **Special Purpose Mental Health Council (SPMHC):** More clarity is required around how the Council will ensure Aboriginal and Torres Strait Islander-specific issues are addressed adequately and appropriately. QAIHC suggestion is to ensure mandatory representation of the ATSIHCHO Sector on the SPMHC.
7. **Evaluation of Government funded mental health and suicide prevention programs:** Governments should mandate that the evaluation of Aboriginal and Torres Strait Islander-specific programs follow the Indigenous Evaluation Strategy framework in partnership with the ATSIHCHO Sector (National Aboriginal Community Controlled Health Organisation at a national level and state/territory peak bodies at the state/territory level).
8. **The role of the National Federation Reform Council Taskforce on Indigenous Affairs (the Taskforce):** More clarity is required on the role and responsibility of the Taskforce and how they will collaborate with the Joint Council on Closing the Gap. The Commission, under recommendation 24 action 24.4, states that "*Aboriginal and Torres Strait Islander people and the National Federation Reform Council Indigenous Affairs Taskforce should be included in discussions*

about any targets that may affect Aboriginal and Torres Strait Islander people". However, it would seem more logical that the Joint Council on Closing the Gap should take a leading role on this in line with the National Agreement on Closing the Gap; and the Taskforce should be updated.

B) Other matters

Mental health and suicide prevention are active concerns for QAIHC and the ATSI CCHO Sector. We are consistently advocating with Australian Governments to work collaboratively with the ATSI CCHO Sector to fundamentally improve system-level structures in service planning and delivery to ensure that health systems meet the needs of Aboriginal and Torres Strait Islander people experiencing poor mental health or suicidal crisis. QAIHC's advocacy remains consistent around following key issues:

- 1. Ensure self-determination:** Self-determination must be central to any mental health and suicide prevention response and services must be holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their communities. When Aboriginal and Torres Strait Islander peoples are understood and given the charge of developing their own strategies, they better reflect their interests, values, vision and concerns, increasing ownership and accountability. A bottom-up approach to health policies and programs is recognised as the best practice to improve social and emotional wellbeing and mental health outcomes for Aboriginal and Torres Strait Islander peoples.
- 2. Address the historical, political and social determinants of Aboriginal and Torres Strait Islander poor mental health and suicide crisis:** It is widely understood that Aboriginal and Torres Strait Islander peoples' health and wellbeing is concurrently, and cumulatively, impacted by various social determinants of health. Also, suicidality in Aboriginal and Torres Strait Islander communities is a complex issue which cannot be understood in isolation from the impact of ongoing neo-colonial policies. There is significant need to understand the disproportionate rates/incidences of suicide among Aboriginal and Torres Strait Islander peoples within the context of historical (and continuing) colonial and systemic violence.
- 3. Eliminate institutional racism and discrimination:** QAIHC believes that better health outcomes cannot be achieved unless institutional racism is eliminated and Aboriginal and Torres Strait Islander peoples are able to experience equality within the health system. This can be achieved through creating opportunities for real and active involvement of Aboriginal and Torres Strait Islander peoples in every level of decision-making structures, including in the co-design, planning, implementation and delivery of mental health and suicide prevention services and programs designed to improve health outcomes. The Queensland Government, in partnership with QAIHC, is leading reform¹ in Queensland to address institutional racism in the health system; a national approach and response is needed.
- 4. Improve the cultural responsiveness of mental health and suicide prevention services:** Mental health and suicide prevention services should adequately demonstrate the social and cultural elements of health. Research consistently demonstrates the need for community focused, holistic and integrated approaches to suicide prevention with an emphasis on Aboriginal and Torres Strait Islander-led, upstream prevention efforts.² Culturally safe and responsive treatment and support throughout the patient journey, including discharge processes from mainstream services and coordinated follow-up to aid recovery and reduce suicide risk. Culturally appropriate resources for Aboriginal and Torres Strait Islander people experiencing a suicidal crisis and their families/carers must be available and accessible. These resources should emphasise preventive and protective processes through strengthening community, family and individual resilience and social and emotional wellbeing. ATSI CCHOs are well placed to be the preferred providers of mental

¹ Discussion Paper. Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples - working together to achieve life expectancy parity by 2031

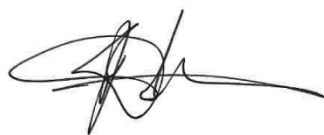
² Dudgeon, P., Milroy, J., Calma, Luxford, Y., Rin, I., Walker, R., Cox, A., Geogatos, G., & Holland, C. (2016). *Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*. School of Indigenous Studies, University of Western Australia: Western Australia.

health, social and emotional wellbeing, and suicide-prevention activities in their communities. Strengthening the ATSI/CHO sector capability to co-design and deliver social and emotional wellbeing and mental health services (prevention and treatment) targeted to their local community will reduce the disparity in mental health outcomes experienced.

5. **Other resources:** QAIHC has actively contributed to a number of Inquiries and consultations relating to mental health and wellbeing. The House Select Committee may also wish to consider the following QAIHC submissions and recommendations, which are relevant to the Inquiry:
- a) Queensland Mental Health Commission consultation into Renewing Queensland's Alcohol and Other Drugs Plan (March 2021)
 - b) Gayaa Dhuwi (Proud Spirit) Australia's discussion paper on renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (November 2020)
 - c) The Healing Foundation's consultation on developing the Queensland Aboriginal and Torres Strait Islander Healing Strategy (May 2020)
 - d) The Productivity Commission's consultation on the Mental Health Draft Inquiry (February 2020)

Thank you for the opportunity to respond to this consultation, please let me know if we can be of further assistance.

Yours faithfully,



James William
Chief Executive Officer