



9 December 2016

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

To whom it may concern,

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

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

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

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

Secondly, we put forward that a culturally safe and responsive interdisciplinary mental health workforce, that includes and values Aboriginal and Torres Strait Islander health professionals, and adopts a holistic and person centred approach to mental health service delivery is necessary in order to positively impact the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. We further endorse a holistic definition of health from an Aboriginal and Torres Strait Islander perspective¹ and recognise that good mental health and wellbeing is not just the absence of disease.

¹ Aboriginal and Torres Strait Islander health is “not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full



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

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

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

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

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

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

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

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

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

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



Australian Indigenous Doctors' Association

CATSINaM



IAHA Indigenous Allied Health Australia



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

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

Yours sincerely,

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AIDA CEO

Janine Mohamed
CATSINaM CEO

Donna Murray
IAHA CEO

Karl Briscoe
NATSIHWA CEO

ATTACHMENTS:

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

National Aboriginal and Torres Strait Islander Leadership in Mental Health
5th December 2016

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

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

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

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

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

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

• **The implementation section needs strengthening**

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

• **The role of PHNs needs strengthening**

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

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

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

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

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

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

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

• **General points**

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

Appendix A:

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

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

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

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

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

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

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

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

Appendix B:

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

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

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

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

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

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

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

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

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

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

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

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

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

(g) Effective patient transitions across the mental health system

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

(h) Culturally and clinically appropriate specialist mental health care

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

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

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

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

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

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

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

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

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

