



Mental Health Inquiry

Queensland Aboriginal and Islander Health Council submission to
Mental Health Select Committee

8 February 2022

Mental Health Inquiry

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Mental Health Inquiry

QAIHC SUBMISSION TO THE MENTAL HEALTH SELECT COMMITTEE

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 29 community-controlled health services and 11 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 Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Islander Community Controlled Health Organisations (ATSI CCHOs) 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 ATSI CCHOs of Queensland, wish to express the collective views on behalf of our state-wide members, regarding the current Mental Health Select Committee Inquiry into improving mental health outcomes for Queenslanders.

The purpose of this submission paper is to provide input from the Aboriginal and Torres Strait Islander Community Control Health Organisation (ATSI CCHO) sector regarding the impact and opportunities to improve mental health outcomes for Aboriginal and Torres Strait Islander people, families and communities.

QAIHC would like to thank the Mental Health Select Committee for the opportunity to comment on the Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

1. Opening statement

It is QAIHC's view that all Aboriginal and Torres Strait Islander people, families and communities in Queensland and Australia deserve a mental health system that actively recognises the unique needs and values of Aboriginal and Torres Strait Islander people and provides holistic, accessible and culturally safe care regardless of location.

Consultation with Member Services has highlighted that the current mental health service system in Queensland is not meeting the needs of Aboriginal and Torres Strait Islander people or working effectively with the Aboriginal and Torres Strait Islander Community Control Health Organisation (ATSICCHO) sector to promote effective and culturally safe care.

QAIHC has provided a range of recommendations below for the Mental Health Select Committee to improve the mental health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. In the context of the COVID-19 pandemic and the inequities that every Aboriginal and Torres Strait Islander person in Queensland continues to face, it is essential that the mental health system takes significant and genuine steps to embed Aboriginal and Torres Strait Islanders needs, values and voices. Health equity across the entire system is needed.

Queensland is not on track to Close the Gap in life expectancy or achieve high levels of social and emotional wellbeing.¹ The significant contribution of mental health problems to gaps in mortality and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is well recognised.² Without significant and sustained action towards health equity in partnership with the ATSICCHO sector, Queensland will not be able to address the current inequities and achieve improved mental health and wellbeing outcomes for Aboriginal and Torres Strait Islander people, families and communities.

¹ Productivity Commission 2022; Commonwealth of Australia 2020

² Markwick et al. 2014 in Upton et al. 2021

2. Recommendations

Recommendation 1

- Mental health funding for Aboriginal and Torres Strait Islander people and communities should be consolidated and allocated through the ATSICCHO sector as a matter of priority

Recommendation 2

- A holistic understanding of mental health and wellbeing that centres on Aboriginal and Torres Strait Islander identity, values and needs should be embedded through the mental health system and supported with culturally safe care in all settings to drive health equity and improve outcomes

Recommendation 3

- The mental health system recognises and acknowledges the distinction between mental health and social, emotional and cultural wellbeing for Aboriginal and Torres Strait Islander people

Recommendation 4

- Address systemic barriers that create challenges implementing local solutions and expertise and provide resources for the ATSICCHO sector to implement consistent social and emotional wellbeing services and address local need with access to adequate workforce

Recommendation 5

- Dual diagnosis should be embedded in all mental health strategy, planning and operations rather than treated separate, and apart from, mental health

Recommendation 6

- Commit to addressing the significant fragmentation and lack of accountability in the mental health system and establishing a new way of working that embeds Aboriginal and Torres Strait Islander self-determination

3. Key themes and QAIHC Members' response

A number of key consistent themes emerged from Member Service consultations. These ranged from the systemic fragmentation of the mental health system to embedding Aboriginal and Torres Strait Islander identities and values throughout the entire system. The table below outlines these key themes/issues and describes the responses of Member Services, as well as how changes can be made to the mental health system to improve outcomes for Aboriginal and Torres Strait Islander people.

Mental Health Inquiry

Theme	Description of issue	Response from Members to the Consultation Draft	Recommended change(s) to the system
Fragmentation in the health system	There is systemic fragmentation of the mental health system in Australia that generates significant challenges for Aboriginal and Torres Strait Islander people, families, communities and the community control sector	Member Services emphasised the current fragmentation of the health system was a significant issue resulting in poor coordination, siloed responses and creating a challenging environment to plan coordinated, safe and holistic pathways for patients	<ul style="list-style-type: none"> All levels of government commit to improved collaboration and joint planning to address fragmented mental health system Stronger mechanisms to hold governments accountable for poor performance and outcomes
Recognising and capturing holistic need, locally and across the system	Mental health need is not being adequately captured in the current system. A more holistic and locally/regionally meaningful approach that considers holistic wellbeing and includes the entire spectrum and levels of care, dual diagnosis, comorbidities and social determinants is needed	Member Services acknowledged the challenges of understanding the current need and impact of mental health for Aboriginal and Torres Strait Islander people and outlined a desire to explore more effective holistic measures that are meaningful and useful at the local level and led by the ATSICCHO sector	<ul style="list-style-type: none"> Work with the ATSICCHO sector to explore opportunities to expand how the impact and mental health need is currently captured and comprehensively capture risk and protective factors relevant for Aboriginal and Torres Strait Islander people Ensure adequate resources and accessibility of data for ATSICCHOs to access information to inform services Recognise that holistic wellbeing for Aboriginal and Torres Strait Islander people is not individualistic or simply an absence of symptoms

Mental Health Inquiry

<p>Our funding for our health</p>	<p>Mental health funding for Aboriginal and Torres Strait Islander people is currently fragmented across several agencies in Australia and under-resourced</p>	<p>Member Services consistently highlighted that funding for mental health services for Aboriginal and Torres Strait Islander people should be allocated through the ATSICCHO sector and effective programs should be resourced appropriately</p>	<ul style="list-style-type: none"> • All levels of government should work with the ATSICCHO sector to consolidate mental health funding for Aboriginal and Torres Strait Islander people through the ATSICCHO sector • Recognise and resource Aboriginal and Torres Strait Islander led programs appropriately to sustain and grow programs that work and identify opportunities to scale learnings
<p>Centering mental health around Indigenous frameworks, identities, priorities, values and needs</p>	<p>Holistic mental health and wellbeing framed around social and emotional wellbeing including spiritual and cultural fulfilment with strong connection to Country, community and family that drives self-determination</p>	<p>Member Services emphasised the need to recognise Aboriginal and Torres Strait Islander holistic understanding of health and wellbeing and model of mental health centred around social and emotional wellbeing</p> <p>Member Services highlighted that there are systemic barriers in place which can impact access to local experience and resources to enhance service provision (for example, access to Blue Cards)</p>	<ul style="list-style-type: none"> • Recognise and resource roles that may not conform to current clinical / accreditation standards based on local context • Address systemic barriers which preclude or disrupt local solutions and experience • Health equity across the entire health service system should be prioritised by all levels of government • Recognise new ways of working are needed that promote self-determination across the entire system

Mental Health Inquiry

<p>Aboriginal and Torres Strait Islander mental health workforce to improve access and outcomes</p>	<p>Aboriginal and Torres Strait Islander mental health workforce is able to improve access and mental health outcomes and should be integrated, resourced and supported across the mental health system</p>	<p>Some Member Services identified issues with access to workforce and resourcing. Social and emotional wellbeing and mental health were also identified as significant service gaps</p> <p>Member Services stated that more funding for services that are not culturally safe will not result in improved outcomes – mainstream services need to have culturally safe environment and workforce embedded</p>	<ul style="list-style-type: none"> • Prioritise and support Aboriginal and Torres Strait Islander workforce to improve access to appropriate, culturally safe and competent services • Additional support and resources for ATSICCHOS to access workforce and consistently provide social and emotional wellbeing services • Cultural competence should be a key performance indicator for non-Indigenous health workers across the service system
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4. Key issues and barriers

QAIHC has identified a significant range of issues and barriers from consultation with the ATSICCHO sector in Queensland and review of the evidence. Many of these have been reflected in the key themes above. These include:

- Access challenges which are well documented for Aboriginal and Torres Strait Islander people with many barriers to seeking care such as being unsure about new clinical environments and discomfort with treatment by non-Indigenous mental health staff,³ disconnect between values, worldview and language,⁴ systemic racism,⁵ and historical practices that contribute to modern mistrust and trauma⁶
- In the current system, many Aboriginal and Torres Strait Islander people do not seek mental health care until they are acutely unwell, limiting the ability of outpatient and community-based programs to impact mental health issues of individuals and families⁷
- Lack of accountability and coordination between governments⁸ has resulted in fragmentation of mental health, resulting in piecemeal funding, siloed and programmatic responses that do not reflect conditions on the ground or enhance a whole-of-system response and make it difficult for the ATSICCHO sector to embed and resource effective, culturally safe and integrated pathways for Aboriginal and Torres Strait Islander people that meet their holistic needs

³ McGough et al. 2018 in Upton et al. 2021

⁴ McGough et al. 2018 in Upton et al. 2021

⁵ Canuto et al. 2018 and Trueman 2013 in Upton et al. 2021; Dudgeon et al. 2014

⁶ Canuto et al. 2018 in Upton et al. 2021; Dudgeon et al. 2014

⁷ Jorn et al. 2012 in Upton et al. 2021

⁸ Productivity Commission 2020

Mental Health Inquiry

- Funding for Aboriginal and Torres Strait Islander mental health is fragmented across multiple government agencies, including the National Indigenous Australians Agency (NIAA) and Primary Health Networks (PHNs)
- While Aboriginal and Torres Strait Islander mental health workforce are effective at improving access and mental health and wellbeing outcomes, there are many challenges including training, low retention, and systemic racism and bullying and cultural obligations⁹
- Significant social and emotional wellbeing service and funding gap for community needs has been identified by ATSICCHOs across Australia,¹⁰ despite growing comprehensive resources that have built up knowledge and expertise regarding social and emotional wellbeing¹¹ and government policies and frameworks¹²
- The problems in the mental health system are well recognised and have been raised by the sector for decades – limited improvements are partially a result of lack of genuine commitment from governments to integrate sector and community voice and feedback

5. Conclusion

Significant work and genuine partnership with the Aboriginal and Torres Strait Islander Community Control Health Organisation (ATSICCHO) sector is needed to improve the mental health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland. Consultation with the sector and available evidence have clearly identified that mental health needs are not being met and that a new way of working is needed.

Many of the issues are systemic and may fall beyond the jurisdiction of the Queensland Government or any single government agency. However, if improvements in mental health and wellbeing outcomes for Aboriginal and Torres Strait Islander people are to be achieved, commitment and action across all levels of government, the entire health system and social determinants of health are required.

QAIHC reaffirms its view that all Aboriginal and Torres Strait Islander people, families and communities in Queensland and Australia deserve a mental health system that actively recognises the unique needs and values of Aboriginal and Torres Strait Islander people and provides holistic, accessible and culturally safe care regardless of location. For Queensland to meet its Closing the Gap targets and improve the mental health and wellbeing of Aboriginal and Torres Strait Islander people more of the same will not work – the time for genuine action and partnership is now.

⁹ Taylor et al. 2019 in Upton et al. 2021

¹⁰ AIHW 2019 in Upton et al. 2021

¹¹ Dudgeon et al. 2014

¹² For example, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

Mental Health Inquiry

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