# The Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples, Families and Communities

**Supplementary Paper to**
**A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention**
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for the National Mental Health Commission
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While the fictional story of Jerara's journey told in *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention* was a composite picture to reflect the diversity of the journey of different communities and generations, this paper gives attention to a more in depth picture of that diversity. It provides detail behind the wider story of Aboriginal and Torres Strait Islander peoples and how this impacts and influences their mental health and wellbeing.

This paper provides a more comprehensive picture of the over half a million Aboriginal peoples and fifty thousand Torres Strait Islanders living in Australia.[1] Of a population group which is younger when compared to the non-Indigenous population (a median age of 21 years compared to 37 years).[2] Where in fact just a quarter of Aboriginal and Torres Strait Islander peoples live in remote areas, with a third in major cities and the remainder in regional centres or areas.[3]

This too is a story of resilience. Where, despite the significant toll of at least 996 suicides of Aboriginal and Torres Strait Islander peoples between 2001 and 2010, significantly poorer health and appalling rates of poverty, the majority of 7800 adults[4] from almost 7000 households asked in the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) reported being

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[1] This includes people who identify as both. Australian Bureau of Statistics, *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2011,* ABS cat. no. 2075.0, (First issue.,21/6/2012). Online publication: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2075.0Main per cent20Features32011?opendocument&tabname=Summary&prodno=2075.0&issue=2011&num=&view= (Accessed 13/7/12)

[2] Australian Bureau of Statistics, *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2011,* ABS cat. no. 2075.0, (First issue 21/6/2012). Online publication: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2075.0Main per cent20Features32011?opendocument&tabname=Summary&prodno=2075.0&issue=2011&num=&view= (Accessed 13/7/12)

[3] Australian Bureau of Statistics, *Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2006*, ABS cat. no. 4713.0, Commonwealth of Australia, Canberra, 2010, p13.

[4] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey 2008*, (Explanatory notes) ABS cat no 4714.0. (30/09/09) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4714.0Explanatory per cent20Notes12008?OpenDocument (Accessed 30/8/12.)

happy (72 per cent), peaceful (59 per cent) and full of life (57 per cent) all or most of the time in the four weeks before the survey.[5] 'Social and emotional wellbeing' – a positive state of mental health and happiness associated with a strong and sustaining cultural identity community and family life – has been, and remains, a source of strength against adversity, poverty and neglect.

In fact it is only in the past two decades, following a sustained campaign by Aboriginal and Torres Strait Islander peoples since at least the 1950s, that the economic position and health of Aboriginal and Torres Strait Islander peoples has started to significantly improve. The much-needed effort to 'close the gap' will continue until at least 2030. In the meantime, the 2011 Census points to rising income, levels of educational attainment and home ownership.[6]

Aboriginal and Torres Strait Islander peoples have survived a process of colonisation that destroyed whole groups of people, cultures, languages, and their traditional economic and political life. Through these terrible times a connection to culture was critical for survival. And cultural reclamation has been a major defining movement for Aboriginal and Torres Strait Islander peoples over the past decades.

Aboriginal and Torres Strait Islander peoples are diverse, spread out across a vast continent, with many language groups, cultures, traditions and experiences. Too much focus on diversity however can mask collective elements of Aboriginal and Torres Strait Islander peoples' experience: a shared cultural history and ancestry in over 250 language groups that suffered invasion by a colonising power. Decimation, dispossession and displacement are in historical memory. The forcible removal of children from their families was a part of the colonising process. Eight percent of Aboriginal and Torres Strait Islander peoples report being removed from their families. And almost four in ten Aboriginal and Torres Strait Islander peoples report removals of family members from their extended families.[7]

While perceptions that Aboriginal and Torres Strait Islander peoples only live in remote areas are

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[5] Australian Institute of Health and Welfare *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42. AIHW, Canberra, 2011, p37.

[6] Australian Bureau of Statistics, *Aboriginal and Torres Strait Islander peoples (Indigenous) Profile, 2011 Census of Population and Housing*, (Excel datasheet) ABS cat no. 2002.0, (21/06/12), Online publication: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/communityprofile/0?opendocument&navpos=230 (Accessed 26 8/12.)

[7] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples,* (Removal from natural family) ABS Cat. No. 4704.0,. (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter470Oct+2010 (Accessed 25/9/12.)

wrong, they have only recently being significantly challenged. The notion that service-need was only an issue in remote areas eclipsed the needs of urban-dwellers for many years. A *National Urban and Regional Service Delivery Strategy for Indigenous Australians* was developed in 2009 to address this.[8] In fact only a quarter of Aboriginal and Torres Strait Islander peoples live in remote areas, the majority living in the major cities and regional centres.[9]

As such, proposed 'community-based solutions' to any particular issue should not be based on stereotypical ideas of communities set in desert landscapes. Aboriginal and Torres Strait Islander peoples have created many different 'communities of meaning and significance for themselves":[10] from communities with a nation's members in the majority, living in a relatively defined area, to where members of many different Aboriginal nations, Torres Strait Islanders, and others, live as a more fluid community - defined across racial, cultural, geographical and familial boundaries. In urban settings community controlled health services, developed and operated by community members, can be a focus of community life. In addition, cross-membership of other communities can create further challenges. Lesbian, Gay, Bisexual, Transgender and Intersex  (LGBTI) people may face discrimination from Aboriginal and Torres Strait Islander communities and the LGBTI community, for example.

Cultures can be practiced and expressed in many ways: from people living relatively traditional lives on country to contemporary forms of culture lived out largely in cities and suburbs. The overall picture is one of widespread involvement in culture and cultural activities. In 2008, 73 per cent of Aboriginal and Torres Strait Islander children (aged four –14 years) and 63 per cent of adults (aged 15 years +) involved in cultural events, ceremonies or organisations.[11]

Today, two thirds of Aboriginal and Torres Strait Islander peoples identify as members of distinct cultural and language groups.[12] These are cultures rooted in pre-colonial traditions that have adapted, and continue to adapt, to colonisation. They continue to experience challenges in relation

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[8] Council of Australian Governments, *National Indigenous Reform Agreement*. 2011. Available online at http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx.

[9] Australian Bureau of Statistics, *Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2006*, ABS Cat. No. 4713.0, Commonwealth of Australia, Canberra, 2010,, p13.

[10] (eds.) Purdie, N, Dudgeon, P., Walker, R., *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia, Canberra, 2010, pp33-34. A new edition of this book will be published in 2013.

[11] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011,* AIHW *c*at. no. IHW 42, AIHW, Canberra, 2011, p43.

[12] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011*, AIHW cat. No. IHW 42. Canberra: AIHW, pp 43 - 45; Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, 2011, pp40-43.

to maintaining languages, accessing traditional lands, and to reclaiming and practicing traditional cultural ways and laws, governance and kinship structures. A strong national identity, as First Peoples of Australia, has also expressed through rights movements over the decades and in contemporary times in the National Congress of Australia's First Peoples, a representative body and national voice. Ongoing struggles for the recognition of cultural difference and human rights, tackling racism and addressing social exclusion provide a common focus.

## PART 1: AN OVERVIEW OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING

A major source of data about Aboriginal and Torres Strait Islander mental health is the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Social Survey 2008. This provides comprehensive and the most recent statistics on the topic.

Across a range of indicators challenges to mental health are evident: nearly one-third of Aboriginal and Torres Strait Islander adults reported high/very high levels of psychological distress in 2008: 2.5 times the rate reported by other Australians.[13] There were at least 996 reported suicides of Aboriginal and Torres Strait Islander peoples between 2001 and 2010: twice the rate of other Australians.[14] Particular population groups face further challenges. For instance, among Stolen Generations Survivors mental health conditions occur at twice the rate as among Aboriginal and Torres Strait Islander people who had not been removed from their families.[15] Further, suicide rates are particularly high among the young;[16] and in a recent Queensland study, at least one mental health condition was detected in 73 per cent of male and 86 per cent of female Aboriginal and Torres Strait Islander prisoners.[17]

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[13] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (Adult Health: Psychological Distress) ABS cat. No. 4704.0, (Oct 2010), Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter715Oct+2010 (Accessed 25/9/12).
[14] Australian Bureau of Statistics, *Suicides in Australia 2010*, ABS cat no. 3309.0 (24/07/2012). Online publication, ww.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument, (Accessed 30/7/12).
[15] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Removal from natural family) ABS cat. no. 4704.0 (21/6/12 ). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter470Oct+2010 (Accessed 30/6/12.).
[16] Australian Bureau of Statistics, *Suicides in Australia 2010*, ABS cat no. 3309.0 (24/07/2012). Online publication, ww.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument, (Accessed 30/7/12).
[17] Heffernen, E., Andersen, K., Dev, A. *et al, Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland* prisons. Med J Aust 2012; 197 (1): 37-41. Available online: https://www.mja.com.au/journal/2012/197/1/prevalence-mental-illness-among-aboriginal-and-torres-strait-islander-people. (Accessed 23/7/12.)

**Social and Emotional Wellbeing**

Aboriginal and Torres Strait Islander peoples describe their mental health as having a foundation of 'social and emotional wellbeing' originating in a network of relationships that includes between the individual and their community traditional lands, family and kin, ancestors and the spiritual dimension of existence.[18] Life is understood in holistic terms: with the health of individuals and communities evident not simply by the absence of disease but linked to their 'control over their physical environment, of dignity, of community self-esteem, and of justice'.[19] Respect for Aboriginal and Torres Strait Islander rights is fundamental to social and emotional wellbeing: racism and discrimination are associated with both physical and mental health impacts.[20] Good health is not merely a matter of the provision of doctors, hospitals and medicines but should be approached holistically.[21] Terms like 'healing' and 'journey of healing' that encompass Aboriginal spirituality are sometimes preferred.[22]

Social and emotional wellbeing can be thought of as a protective factor and a source of resilience against the challenges of life, including those that impact on the mental health of children. Aboriginal Torres Strait Islander peoples are currently engaged in a dialogue to clarify the scope and interaction of the components of social and emotional wellbeing.[23]

A positive cultural identity and Aboriginal spirituality has been reported to assist Aboriginal children and young people to navigate being an oppressed minority group in their own country;[24] and provide meaning in adversity.[25] For example, the Western Australian Aboriginal Child Health Survey 2004 (WACCHS) reported clinically significant emotional or behavioural difficulties were lowest in areas of extreme isolation, where adherence to traditional culture and ways of life was

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[18] Social Health Reference Group , *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004 – 2009)*, Commonwealth of Australia, Canberra, 2004, pp7-8.

[19] National Aboriginal Health Strategy Working Group, *National Aboriginal Health Strategy*, AGPS, Canberra, 1989, pix.

[20] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Discrimination) ABS cat. no. 4704.0  (17/2/11). Online publication http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter450Oct+2010 (Accessed 25/7/12.)

[21] National Aboriginal Health Strategy Working Group, *National Aboriginal Health Strategy*, AGPS, Canberra, 1989, pix.

[22] Aboriginal and Torres Strait Islander Healing Foundation, *Voices from the Campfires*, Commonwealth of Australia, 2009, p3.

[23] Gee, G., Dudgeon, P., Schultz, C., Hart, A. & Kelly. K. (2013) 'Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective'. Chapter 4, In Dudgeon, Milroy and Walker (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition. Commonwealth of Australia, Canberra, (in press)

[24] Department of Education and Early Childhood Development, *The State of Victoria's Children 2009: Aboriginal Children and Young People in Victoria*, State Government of Victoria, Melbourne, 2010, p45.

[25] Centre for Rural and Remote Mental Health, *Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland*, CRRMH, Queensland, 2009, pp 9, 11, 19.

strongest.[26]

Challenges to social and emotional wellbeing can undermine resilience and leave individuals and communities exposed to distress and trauma without a countering protective force. In extreme cases 'malignant grief' has been observed: irresolvable, collective and cumulative grief that causes individuals and communities to lose function and become progressively worse until it ultimately leads to the death of community members.[27] In addition, lateral violence is a negative intra-community dynamic resulting from cultural stress. It has been described as 'the organised, harmful behaviours that [Aboriginal and Torres Strait Islander peoples] do to each other collectively as part of an oppressed group.'[28] It has been observed to operate within families, organisations and communities.[29]

**Rights-based Approaches**

Aboriginal and Torres Strait Islander rights, and particularly to self-determination, are fundamental to addressing these higher rates of mental health conditions. Governments need to recognise and respect the differences between Aboriginal and Torres Strait Islander and non-Indigenous cultures and ways of life. The 2007 United Nations *Declaration on the Rights of Indigenous Peoples*, endorsed by the Australian Government, articulates these rights:

> "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right." Article 24(2).

> "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions." (Article 23)[30]

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[26] Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, T., Eades, S., D'Antoine, H., Read, A., Ishiguchi, P. & Doyle, S., *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*, Telethon Institute for Child Health Research, Perth, 2004.

[27] Parker, R, "Aboriginal and Torres Strait Islander Mental Health – An Overview" in (eds.) Purdie, N., Dudgeon, P., Walker, R., *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia, Canberra, 2010, p6, (citing the work of Professor Helen Milroy).

[28] Gooda, M., (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Social Justice Report 2011*, Australian Human Rights Commission, Sydney, 2012 (Chapter 2, 'Lateral violence in Aboriginal and Torres Strait Islander communities')

[29] Gooda, M., (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Social Justice Report 2011*, Australian Human Rights Commission, Sydney, 2012 (Chapter 2, 'Lateral violence in Aboriginal and Torres Strait Islander communities')

[30] UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples*: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: http://www.unhcr.org/refworld/docid/471355a82.html  (Accessed 1/9/12.)

In principle, Australian mental health policy recognises the rights of Aboriginal and Torres Strait Islander peoples: the *National Mental Health Policy*, agreed by Australian governments in 1992 (and renewed in 2008) states:

> "The rights and responsibilities of people with mental health problems and mental illness will be acknowledged and respected. Services must be provided in accordance with agreed national and international obligations...."[31]

**A Contributing Life and Aboriginal and Torres Strait Islander Peoples**

The National Mental Health Commission has taken a recovery perspective to its work – which reflects that the recovery journey for each person living with a mental health difficulty is unique to that person, and is one that aims for them to lead a fulfilling life as possible. This is a wide-angle view beyond mental health to see the context of people's lived experiences and their hopes for leading a full and contributing life. This approach is to support people in all Australian communities who experience mental health conditions and their families to live a 'contributing life' of quality and meaning, whatever that means for them and without which healing or recovery might not be possible. The framework is deliberately non-hierarchical as having a home, connections with your community and a good job (or something meaningful to do) are equally as important to mental health and wellbeing as clinical services; and it applies equally to all people living with a mental health difficulty.

The five elements of a contributing life are:
- Thriving, not just surviving (which includes physical health);
- Timely and effective support care and treatment;
- Something meaningful to do, and something to look forward to (employment, volunteer and social activities);
- Connections with family, friends, culture and community; and
- Feeling safe, stable and secure (feeling human rights are respected, that social justice is real, owning a home, and etc.).

Given cultural differences, it is important to acknowledge the interpretation of the five elements for Aboriginal and Torres Strait Islander peoples. In particular, the importance of social and emotional

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[31] Australian Health Ministers Conference, *National Mental Health Policy*, AHMC, Commonwealth of Australia, Canberra, 2009, pp12-13.

wellbeing suggests relationships to communities and cultures, history and the continuing impacts of colonisation . For instance, many Aboriginal Torres Strait islander people suffer racism, so a workplace free from racism and that values and affirms Aboriginal and Torres Strait Islander culture might be added to the idea of meaningful employment.

**Psychological Distress and Poverty**

The NATSISS 2008 demonstrates an association between high rates of psychological distress and poorer health, unemployment, lower income, lower educational attainment and not owning a home:[32] in short, relative poverty. There is an emerging body of research suggesting parental poverty is associated with child mental health conditions, youth delinquency and attention problems in children at age five years and older. Additionally, mental health problems in children also have a high level of continuity into adulthood.[33]

Poverty is life experience for too many Aboriginal and Torres Strait Islander people. They are two and a half times more likely than non-Indigenous Australians to be within the lowest income quintile.[34] In financial terms, in the NATSISS 2008, just under half (47 per cent) of Aboriginal and Torres Strait Islander people aged 15 years and over reported living in a household unable to raise $2,000 within a week for an emergency: a measure of financial stress. [35] Further, in 2008, more than half (56 per cent) of all Aboriginal and Torres Strait Islander households were receiving housing assistance through various housing and rental programs. [36]

Overcrowded and poor quality housing remains a significant challenge to Aboriginal and Torres Strait Islander peoples' wellbeing. In 2008, there were around 81,500 Aboriginal and Torres Strait Islander peoples aged 15 years and over living in overcrowded households: approximately 25 per cent of that cohort. In itself, this has also been associated with poorer self-reported physical and

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[32] Australian Health Ministers' Advisory Council, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, p 49.

[33] University of Alberta, *Long-term Poverty Affects Mental Health Of Children*, ScienceDaily, (2006, February 9). Online publication: http://www.sciencedaily.com- /releases/2006/02/060206171449.htm (Accessed 26/9/12),

[34] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011,* Cat. No. IHW 42, AIHW, Canberra, 2011, pvii.

[35] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey*, (Financial Stress) ABS cat. no. 4714.0 (October 2010.) Online publication: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4714.0Main per cent20Features112008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view (Accessed 23/9/12).

[36] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42. Canberra: AIHW, p xi.

mental health, including higher rates of smoking and hazardous drinking.[37]

**Stress, Trauma and Psychosis**

A stressor is an event or circumstance that a person considers to have been a problem.[38] Higher rates of stressors are reported across the lifecycle of Aboriginal and Torres Strait Islander peoples compared to non-Indigenous Australians. Exposure to multiple stressors in particular is associated with psychological distress.[39]

In the NATSISS 2008, people were asked whether they had experienced any of 24 named stressors in the previous 12 months. These included: Illness, disability, a bad accident, pregnancy, divorce or separation, death of a family member or close friend, witness to violence; racism and abuse or violent crime. Some were associated with poverty: overcrowding at home, losing a job and unemployment. [40]

Seventy-seven percent of adults reported that they or their close friends or family had experienced at least one stressor.[41] Overall, the average number was three.[42] High rates of multiple stressors were reported: 42 per cent had experienced at least three life stressors, and 24 per cent had experienced at least five.[43] The most common types of stressors reported were the death of a family member or close friend (39 per cent), serious illness or disability (31 per cent) and inability to get a job (22 per cent).[44]

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[37] Australian Institute of Health and Welfare 2011. *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42. Canberra, AIHW, 2011, pp24-25.

[38] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey: Users' Guide,* (Explanatory notes) ABS cat. no. 20084720.0 (26/02/2010) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4720.0Main+Features12008?OpenDocument (Accessed 30/07/2012).

[39] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Life stressors - Adults) ABS cat. no. 4704.0 (17/2/11 )  Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010 (Accessed 28/8/12).

[40] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey: Users' Guide,* (Life experience) ABS cat. no. 20084720 (26/02/2010). Online publication, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4720.0Main+Features12008?OpenDocument (Accessed 30/07/2012).

[41] Australian Bureau of Statistics, 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, (Life stressors - Adults).  ABS cat. no. 4704.0 (Oct 2010), Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010. (Accessed 30/7/12)

[42] Australian Bureau of Statistics, 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, (Life stressors - Adults) ABS cat. no. 4704.0 (Oct 2010).  Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010. (Accessed 30/7/12)

[43] Australian Bureau of Statistics, 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, (Life stressors - Adults) ABS cat. no. 4704.0, (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010. (Accessed 30/7/12)

[44] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* AIHW cat. no. IHW 42. Canberra: AIHW, 2011, p38.

Trauma usually refers to the mental health impact of major stressors: such as violent assault, disasters, severe automobile accidents, and life-threatening illnesses.  Aboriginal and Torres Strait Islander peoples' experience of trauma has been linked to repeated exposure to multiple, repeated severe and sustained  stressors over time, and that might come from family and community members[45] as well as living in mainstream society. Cumulative trauma – that builds up over time with repeated exposure to a determinant, (for example repeated experiences of racism) have also been described in Aboriginal and Torres Strait Islander peoples.[46]  The symptoms of Post Traumatic Stress Disorder (PTSD) are: re-experiencing the original trauma through flashbacks or nightmares; avoidance of stimuli associated with the trauma; and increased arousal—such as difficulty falling or staying asleep, anger, and hyper-vigilance could be used  to describe Aboriginal and Torres Strait Islander well being. A 2008 survey in Queensland among Aboriginal and Torres Strait Islander prisoners reported 12.1 per cent of males and 32.3 per cent of females with PTSD.[47]

## The determinants of mental health conditions across the life cycle
### In utero
Trauma and stress experienced *in utero* has been associated with behavioural problems in young children. [48]  The overall number of stresses is associated with child behaviour outcomes. As the number of stresses increases to three or more in the mother – experienced *in utero* by the child - then the risks of more difficult child behaviour increases.[49] As noted, in 2008 the average number of stressors reported experienced by Aboriginal and Torres Strait Islander peoples in the previous 12-months was three.[50]

Exposure to risk factors in the womb (particularly to a combination smoking drinking and

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[45] Atkinson, J., Nelson, J. & Atkinson, C. (2010) Trauma, Transgenerational Transfer and Effects on Community Wellbeing, Chapter 10, pp 135 - 145. In Purdie, N., Dudgeon, P., Walker, R., (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia, Canberra, 2010, p.136
.[46] Calma, T., (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Social Justice Report 2008*, Australian Human Rights Commission 2009, pp 153-154.
[47] Heffernen, E., Andersen, K., Dev, A. *et al*, *Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons*. Med J Aust 2012; 197 (1): 37-41. Available online: https://www.mja.com.au/journal/2012/197/1/prevalence-mental-illness-among-aboriginal-and-torres-strait-islander-people
[48] Stanley, F., de Klerk, D., Eekelen, A., *et al , Prenatal stress and risk of behavioural morbidity from age 2 to 14 years: The influence of the number, type, and timing of stressful life events*, Development and Psychopathology 23 (2011), 155-168.
[49] Stanley, F., de Klerk, D., Eekelen, A., *et al, Prenatal stress and risk of behavioural morbidity from age 2 to 14 years: The influence of the number, type, and timing of stressful life events*, Development and Psychopathology 23 (2011), 155-168.
[50] Australian Bureau of Statistics, 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, (Life stressors - Adults).  ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010. (Accessed 30/7/12)

marijuana use[51]) can result in low birth-weight babies, [52] and this can set a pattern of poor cognitive development and mental health conditions that continue into adult life. [53]

For complex reasons including higher rates of stress and the historical lack of reach of anti-smoking campaigns to communities, just over half of Aboriginal and Torres Strait Islander mothers (51 per cent) smoked during pregnancy in 2008, and this rate remained relatively stable over the period between 2001 and 2008.[54]  Higher rates of alcohol and drug use while pregnant are also reported among Aboriginal and Torres Strait Islander pregnant women.[55]

Reducing the rates of low birth weight babies remains a challenge: 10.9 per cent of babies born to Aboriginal and Torres Strait Islander mothers were of low birth weight in 2009, a slight absolute reduction from 11.2 per cent reported in 2007,[56] but not significant enough to amount to a significant downward trend (although this position may change one it is possible to assess the impact of the Closing the Gap program's maternal and child health programs.

A particular concern is Fetal Alcohol Spectrum Disorders (FASD) that can result from *in utero* exposure to alcohol. These include life-long physical, behavioural and cognitive impacts. A 2007 study in far north Queensland estimated a FASD prevalence of 1.5 per cent in the Aboriginal and Torres Strait Islander child population, with a prevalence of 3.6 per cent in one community.[57]

### Cognitive development

Over the past two decades there has developed growing support for the idea that there is a "critical" period for brain development: from birth through the early years of childhood. [58] This is particularly important because strong cognitive and emotional development can shape educational attainment

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[51] Zubrick SR, Lawrence DM, Silburn SR, Blair E,  Milroy H, Wilkes T, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey:  The Health of Aboriginal Children and Young People*, Telethon Institute for Child Health Research, Perth, 2004, pp118-120.

[52] Australian Institute of Health and Welfare 2011. *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011*, Cat. no. IHW 42. AIHW, Canberra, pp.76-77.

[53] Calma, T., (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Indigenous young people with cognitive disabilities and Australian juvenile justice systems*, Human Rights and Equal Opportunity Commission, Sydney, 2008, p.15.

[54] Australian Institute of Health and Welfare, *Substance use among Aboriginal and Torres Strait Islander people*. Cat. No. IHW 40, AIHW, Canberra 2011.  Online publication: http://www.aihw.gov.au/publication-detail/?id=10737418268 (Accessed 2 August 2012.)

[55] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples,* Mothers and children's health; pregnancy and maternal health) ABS cat. no. 4704 (Oct 2010).  Online publication http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter430Oct+2010 (Accessed 30/7/12.)

[56] COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009-10*, CRC, Sydney,  p.35.

[57] Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra, 2013, p.5.13.

[58] Najman, J. et al, The Generational Transmission of Socioeconomic Inequalities in Child Cognitive Development and Emotional Health, Social Science and Medicine (2004) 58 (6): 1147–1158.

and employment prospects in adult life[59] and also emotional control – in particular, the ability to delay self-gratification. In turn, all these are also protective factors against mental health conditions. Higher cognitive and social capacities, for example, are associated with reduced adult alcohol and substance use.[60]

The quality of the child's early life environment plays an important role in determining the level of brain stimulation and development.[61] The capacity of Aboriginal and Torres Strait Islander parents to provide such a quality environment might be challenged for a number of reasons. They may lack parenting skills because they are one of the one-in-twelve Aboriginal and Torres Strait Islander peoples overall,[62] or one-in-twenty Torres Strait Islander adults[63], removed from their family as a child.[64]

Education is a protective factor for mental health.[65] Every Aboriginal and Torres Strait Islander child should be able to access good schooling as a part of an overall approach to mental health. In 2008 rates of happiness were higher among Aboriginal and Torres Strait Islander peoples who had completed school to Year 12 (74 per cent compared with 68 per cent of those who had left at Year 9 or below).[66] Higher rates of psychological distress followed the same gradient. Younger people (aged 15–34 years) who had completed Year 12 were also less likely to be current daily smokers than those who had completed Year 9 or below (34 per cent compared with 68 per cent), and were also less likely to have used an illicit substance in the last 12 months (23 per cent compared with 32 per cent). [67]

[59] Najman, J. et al, The Generational Transmission of Socioeconomic Inequalities in Child Cognitive Development and Emotional Health, Social Science and Medicine (2004) 58 (6): 1147–1158.

[60] Najman, J. et al, The Generational Transmission of Socioeconomic Inequalities in Child Cognitive Development and Emotional Health, Social Science and Medicine (2004) 58 (6): 1147–1158.

[61] Najman, J. et al, The Generational Transmission of Socioeconomic Inequalities in Child Cognitive Development and Emotional Health, Social Science and Medicine (2004) 58 (6): 1147–1158.

[62] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*(Removal from natural family)) ABS Cat. No. 4704.0, (21/6/12)  Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter470Oct+2010,(Accessed 30/6/12.)

[63] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010* (Social and Emotional Wellbeing: Torres Strait Islander people), ABS Cat. No. 4704.0, (21/6/12),, Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter480Oct+2010#R(Accessed 30/6/12).

[64] 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*, Commonwealth of Australia, Canberra, 1997.

[65]  Kidsmatter, *Building protective factors for children's mental health - Suggestions for teaching staff* (Factsheet), Commonwealth of Australia, 2011; World Health Organisation, *Mental health, strengthening our response*. (Fact sheet no. 220) September 2010. Available online at: http://www.who.int/mediacentre/factsheets/fs220/en/

[66] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (Positive Wellbeing), cat. no. 4704.0 (Oct 2010) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter410Oct+2010 (Accessed 15/9/12)

[67] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Education: the link between education and health) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter365Oct+2010 (Accessed 15/9/12.)

***Stress and trauma in childhood***

The NATSISS 2008 asked children (aged 4–14 years) and/or their proxies if they had experienced (among others) in the previous 12 months: a really bad illness; a really bad accident; being scared or upset by an argument or someone's behaviour; problems keeping up with schoolwork; being physically hurt by someone; the death of a close family friend/family member; and having parent in prison.

Sixty five percent of children were reported to have experienced at least one stressor:[68] 40 per cent to one; 14 per cent to at least three; and 12 per cent had experienced five or more.[69] The most common reported were death of close family member/friend (22 per cent), problems keeping up with school-work (20 per cent) and being scared/upset by an argument or someone's behaviour (19 per cent).[70]

Children who experienced stressors reported lower rates of excellent/very good health than those who had not experienced stressors (73 per cent compared with 83 per cent). They were also more likely to have problems sleeping (25 per cent compared with 15 per cent), and to have missed days at school in the last week (29 per cent compared with 21 per cent).[71]

The Western Australian Aboriginal Child Health Survey (WAACHS) reported the factor most strongly associated with high risk of clinically significant emotional or behavioural difficulties in children (4 -11 years old) was the number of stressors experienced by the family in the 12 months prior to the survey. Forty two percent of children at such risk were in families that had experienced seven or more stressors; 25 per cent in families experiencing three to six stressors and only 15 per cent in families experiencing zero to two. The gradient was also evident in children 12 -17 years

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[68] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Life stressors and events - Children) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter440Oct+2010 (Accessed 15/9/12.)

[69] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Life stressors and events - Children) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter440Oct+2010 (Accessed 15/9/12.)

[70] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Life stressors and events - Children) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter440Oct+2010 (Accessed 15/9/12.)

[71] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Life stressors and events - Children) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter440Oct+2010 (Accessed 15/9/12.)

old.[72]

The WAACHS also highlighted the impact of the different age structure of the Aboriginal and Torres Strait Islander population on the mental health and social and emotional wellbeing of Aboriginal children: in particular, the higher proportion of young people and the relatively smaller proportion of adults and Elders when compared to the non-Indigenous population (see diagram below). Compounding this is the poorer health of the adult population and Elders, often requiring that young people take on carer roles. The WAACHS reported:

- Aboriginal and Torres Strait Islander children often look after, or are cared for by, sick relatives (with either physical or mental disorders). Children whose carer had a chronic illness were at increased risk for emotional and behavioural problems later in life. [73]
- Aboriginal and Torres Strait Islander children are also more likely to lose their primary attachment figure (especially if this is a grandparent) in childhood, which is a known risk factor for later mental health conditions. [74]
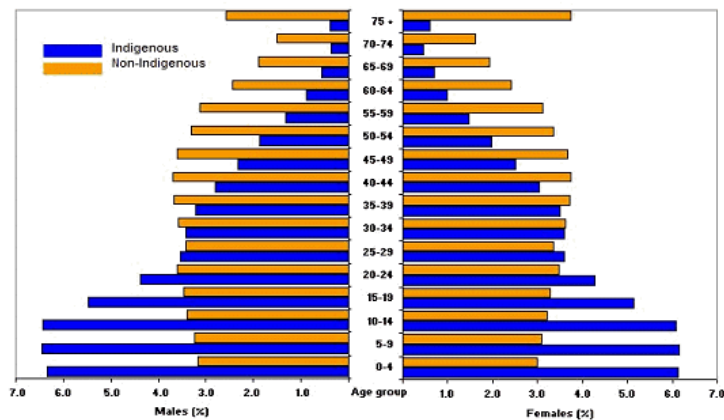


Source: Experimental Estimates of Aboriginal and Torres Strait Islander Australians, June 2006 (ABS cat. no. 3238.0.55.001)

The large number of children, fewer adults who are healthy and even less Elders means the

[72] Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, T., Eades, S., D'Antoine, H., Read, A., Ishiguchi, P. & Doyle, S, *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People,* Telethon Institute for Child Health Research, Perth, 2004.

[73] Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Curtin University of Technology and Telethon Institute for Child Health Research, Perth, 2005, p118

[74] Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People* Curtin University of Technology and Telethon Institute for Child Health Research, Perth, 2005, p.xxiii

capacity to buffer and support families is diminished and the care of children can be compromised. In addition there has been a 'granny burnout' syndrome described. This occurs when grandmothers care for too many children resulting in significant stress and early death.[75]

Child protection data tells us how many Aboriginal and Torres Strait Islander children come into contact with child protection services. Claims of neglect or abuse that are verified, or an assessment that a child may be at risk of neglect or abuse, result in what is called a 'substantiation'. In 2010–11, the national substantiation rate for Aboriginal and Torres Strait Islander children was almost eight times as high as for non-Indigenous children.[76] And the hospitalisation rate for assault on Aboriginal and Torres Strait Islander children in 2007–2008 was more than five times the rate for non-Indigenous children. [77]

Prominent Aboriginal psychiatrist Professor Helen Milroy believes that the impact of trauma on Aboriginal and Torres Strait Islander children and their families is a major undetected, underestimated and misunderstood determinant of mental health conditions in the Aboriginal and Torres Strait Islander adult population. Echoing the data discussed previously, she reports that it is not unusual for her Aboriginal child-patients to have experienced many deaths (including a homicide, a death from illness, and as a result of a motor vehicle accident) in addition to other traumatising incidents, such as sexual abuse, in the eighteen months prior to presentation.[78]

Despite the existence of dedicated mental health professionals and teachers, there is a lack of resources across the system. This can mean that, in turn, early childhood services, primary schools, high schools, general practitioners (GPs), child protection services, child mental health services and juvenile justice services[79] might fail to detect an Aboriginal and Torres Strait Islander child's distress or otherwise know how to intervene effectively. Instead, they might be placed in the 'too

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[75] Kilcullen, M., Swinbourne, A., Cadet-James, Y. , *Factors affecting resilience of Aboriginal and Torres Strait Islander grandmothers raising their grandchildren*.Paper delivered at the AIATSIS National Indigenous Studies Conference 2009. Available online at: http://www.aiatsis.gov.au/research/conf2009/docs/KilcullenSwinbounreCadetJames.pdf

[76] Australian Institute of Family Studies, *Child protection and Aboriginal and Torres Strait Islander children* (June 2012). Online publication: http://www.aifs.gov.au/cfca/pubs/factsheets/a142117/index.html (Accessed 11/3/12).

[77] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42. Canberra, AIHW, 2011, p.ix.

[78] Professor Helen Milroy, correspondence, 31/8/12.

[79] For further information see: Calma, T. (Aboriginal and Torres Strait Islander Social Justice Commissioner) *Preventing Crime and Promoting Rights for Indigenous Young People with Cognitive Disabilities and Mental Health Issues*, Australian Human Rights Commission, 2008.

hard basket' because of aggressive behavior and low educational attainment rather than this being understood as distress.[80]

### Adolescence and growing into adult life

'Psychosis' describes mental health conditions when a person loses some contact with reality. Psychotic disorder usually refers to a complex of symptoms of mental illness. These include hallucinations, delusions, disorganised speech and behaviour, and cognitive issues. It is related to schizophrenia, mania and depression and associated with alcohol and drug use. [81]

Among Aboriginal and Torres Strait Islander young people (aged 18–24 years) in the NATSISS 2008, 33 per cent reported high or very high levels of psychological distress—more than twice the 14 per cent rate for other young Australians (as reported in the 2007-8 National Health Survey) [82] . And in 2008–09, there were a total of 2,643 hospitalisations for mental and behavioural disorders in young people aged 12–24 years, a rate of 2,535 per 100,000 population. This was three times the rate for non-Indigenous young people that year. The leading causes for hospitalisation were schizophrenia, alcohol misuse, and reactions to severe stress.[83]

Particularly concerning are the high rates of suicide amongst younger (15-34 year old) Aboriginal and Torres Strait Islander peoples. The highest age-specific rate of suicide was among males between 25 and 29 years of age - 90.8 deaths per 100,000 population. For Aboriginal and Torres Strait Islander females, the highest rate of suicide was amongst 20 to 24 years olds (21.8 deaths per 100,000 population). Suicide itself of course has an enormously traumatic impact on families and communities.[84]

The greatest gap in the rates of suicide between Aboriginal and Torres Strait Islander people and non-Indigenous people was in the 15-19 years age group for both males and females. Suicide rates for Aboriginal and Torres Strait Islander females aged 15–19 years were 5.9 times higher than

[80] Professor Helen Milroy, correspondence, 31/8/12.

[81] Parker, R. (2010) Mental Illness in Aboriginal and Torres Strait Islander Peoples, Chapter 5 pp 65-74. In Purdie, N., Dudgeon, P., Walker, R., (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia, Canberra, 2010p, p.68.

[82] Australian Institute of Health and Welfare *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42, AIHW, Canberra, 2011, p.86.

[83] Australian Institute of Health and Welfare 2011. *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42, AIHW, Canberra, 2011, p.86.

[84] Australian Bureau of Statistics, *Suicides in Australia 2010*, ABS, cat no. 3309.0 (24/07/2012). Online publication, www.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument, (Accessed 30 July 2012).

those for non-Indigenous females in this age group, while for males the corresponding rate ratio was 4.4.[85] In a 2007 analysis, four per cent of the mortality gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians was attributed to suicide.[86]

As part of the WAACHS, an additional survey was administered to young people aged 12–17 years to measure rates of suicidal thoughts and suicide attempts. About one in six (16 per cent) of the respondents reported suicidal thoughts in the 12 months prior to the Survey, with significantly higher rates of suicidal thought reported among those who smoked regularly, used cannabis, drank to excess, were exposed to family violence, or who had a friend who had attempted suicide in the six months prior to survey. Of those one in six reporting suicidal thoughts, 39 percent reported attempting suicide.[87]

### *The compounding effect of alcohol and drug use*

Aboriginal and Torres Strait Islander peoples reporting a high level of psychological distress were more likely to be current daily smokers (54 per cent compared with 41 per cent not reporting high levels of distress); drink alcohol at chronic risky/high-risk levels (21 per cent compared with 16 per cent); and have used drugs in the previous 12 months (27 per cent compared with 18 per cent)[88] in 2008. Aboriginal and Torres Strait Islander Australians who had experienced discrimination were more likely to engage in binge drinking (42 per cent compared with 35 per cent), and to have recently used drugs (28 per cent compared with 17 per cent).[89]

Alcohol and drug use is associated with violence and poor physical health – both factors that can compound mental health conditions by creating trauma and stress. [90]

People reporting a high level of psychological distress are more likely to have been a victim of

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[85] Australian Bureau of Statistics, *Suicides in Australia 2010*, ABS, cat no. 3309.0 (24/07/2012). Online publication, ww.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument, (Accessed 30 July 2012).

[86] Vos T, Barker B, Stanley L, Lopez AD, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health, The University of Queensland, Brisbane, 2007, p.2.

[87] Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, 2011, p.47.

[88] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Psychological Distress) ABS cat. No. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter420Oct+2010. (Accessed 15/7/12)

[89] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (Discrimination), ABS cat. no. 4704.0, Oct 2010. Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter450Oct+2010

[90] Steering Committee for the Review of Government Service Provision 2011, *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra 10.21

physical or threatened violence (35 per cent compared with 18 per cent).[91]  In the NATSISS 2008, one in five Aboriginal and Torres Strait Islander Australians aged 18 years and over reported being a victim of physical or threatened violence in the previous 12 months.[92]  Compared with non-Indigenous males, Aboriginal and Torres Strait Islander males were 1.6 times as likely to report being a victim of physical or threatened violence; females were 2.5 times as likely[93]

The National Prisoner Census 2009 reported that only  nine  per cent of Aboriginal and Torres Strait Islander prison entrants were using mental health medications, compared with 20 per cent of non-Indigenous[94] entrants despite higher rates of mental health conditions. Such a usage pattern echoes barriers to accessing Pharmaceutical Benefits Scheme (PBS) medications overall. In 2008-09, average PBS expenditure per Aboriginal and/or Torres Strait Islander person was $250, compared to $338 for non-Indigenous Australians.[95]

The degree to which Aboriginal and Torres Strait Islander peoples with trauma or psychological distress might be 'self-medicating' with drugs and alcohol in compensation for lower access to mental health medications is not clear, nor whether the greater use of such medications would reduce alcohol and drug use and its associated problems.

***Compounding cycles that involve poverty, stress, trauma, social exclusion and mental health conditions***

From the data mentioned earlier in this paper, it can be concluded that in significant numbers of Aboriginal and Torres Strait Islander adults, compounding cycles of poverty, aimlessness, trouble with the law, alcohol and substance abuse, isolation, trauma and mental health conditions are evident. Often these are pigeon-holed as social and economic issues which can mask the contribution of mental health conditions, including alcohol and drug use to the overall picture.

***The cycle of mental and physical health conditions:***

Up to 12 per cent of ten-year life expectancy gap with non-Indigenous Australians has been

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[91] Australian Institute of Health and Welfare  *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42, AIHW ,Canberra, 2011, p40.

[92] Australian Institute of Health and Welfare  *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42, AIHW ,Canberra, 2011p40.

[93] Australian Institute of Health and Welfare  *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. No. IHW 42, AIHW ,Canberra, 2011, p28

[94] Australian Institute of Health and Welfare,  *The health of Australia's prisoners 2009.* Cat. No. PHE 123, AIHW, Canberra, 2009.

[95] Australian Institute of Health and Welfare,  *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09: an analysis by remoteness and disease*, Health and welfare expenditure series no. 45. Cat. No. HWE 54, AIHW, Canberra, p7.

attributed to mental health conditions; four per cent to suicide; and six per cent to alcohol and substance abuse. [96] Stress in children is associated with chronic disease later in life.[97] And mental health conditions are associated with high rates of smoking[98], alcohol and substance abuse[99], and obesity[100] that also contribute to chronic disease: the single biggest killer of Aboriginal and Torres Strait Islander peoples.[101] And to complete the cycle, in 2008, 39 per cent of Aboriginal and Torres Strait Islander peoples reported the experience of the death of a family member or close friend, and 31 per cent reported serious illness or disability, as stressors in the previous 12-months. These were the most common types of life stressors reported.[102]

### The cycle of mental health conditions and imprisonment:

Just over one-quarter of all prisoners at June 2012 were Aboriginal and Torres Strait Islander peoples.[103] Of these, nine percent were female, with an increase of 20 percent in the female Aboriginal and Torres Strait Islander prisoner population occurring over June 2011-12. [104]  The median age of Aboriginal and Torres Strait Islander male prisoners was 30.9 years and females,

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[96] Vos, T., Barker, B., Stanley, L., *et al*, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health, The University of Queensland, Brisbane, 2007, p2.

[97] Middlebrooks JS, Audage NC*, The Effects of Childhood Stress on Health Across the Lifespan*, Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control., 2008. Available online at: http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

[98] In 2008, approximately half of Aboriginal and Torres Strait Islander adults (49.9% per cent) were current smokers—more than double the rate of non-Indigenous people who smoked. Aboriginal and Torres Strait Islander people in remote areas smoked at higher rates (51% per cent) than those in non-remote areas (46% per cent), (Australian Institute of Health and Welfare) *Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians*, Cat. No. IHW 48, AIHW, Canberra, p.32.)

[99] In the *National Aboriginal and Torres Strait Islander Social Survey* (2008) people with a high level of psychological distress were more likely to be current daily smokers (54% per cent compared with 41% per cent); drink at chronic risky/high-risk levels (21% per cent compared with 16% per cent); and have used illicit substances in the previous 12 months (27% per cent compared with 18% per cent). Australian Bureau of Statistics *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010* (Psychological Distress) ABS cat. no. 4704.0, (21/6/12) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter420Oct+2010  (Accessed 30/6/12). In 2008, about a quarter (23% per cent) of Aboriginal and Torres Strait Islander Australians had recently used an illicit substance. Just over four in ten (43% per cent) Aboriginal and Torres Strait Islander people reported that they had used at least one illicit substance in their lifetime: more than half (51% per cent) of males and 36% per cent of females. Australian Institute of Health and Welfare, *Substance use among Aboriginal and Torres Strait Islander people*. Cat. No. IHW 40. AIHW, Canberra, 2011.

[100] Rates of overweight and obesity increased steadily between 1995 and 2004–05. Among Aboriginal and Torres Strait Islander people aged 15 years and over in non-remote areas, rates increased from 51% per cent to 60% per cent. Aboriginal and Torres Strait Islander Australians were nearly twice as likely to be obese as non-Indigenous Australians. Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, 2011, p.3.

[101] Vos, T., Barker, B., Stanley, L., *et al*, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health, The University of Queensland, Brisbane, 2007, p2.

[102] Australian Institute of Health and Welfare, *The health and welfare of Australia's Indigenous people, an overview 2011.* Cat. No. IHW 42, AIHW, Canberra, 2011, p38.

[103] Australian Bureau of Statistics (ABS) (2012) cat. no.4517.0 - Prisoners in Australia, 2012 (Aboriginal and Torres Strait Islander prisoners, Overview) , 6/12/12 Online publication available at:
http://www.abs.gov.au/ausstats/abs@.nsf/Products/F1D32866F5634F83CA257ACB001316BA?opendocument. (Accessed 15 March 2013.).

[104] Australian Bureau of Statistics (ABS) (2012) cat. no.4517.0 - Prisoners in Australia, 2012 (Aboriginal and Torres Strait Islander prisoners, Sex), 6/12/12 Online publication available at:
http://www.abs.gov.au/ausstats/abs@.nsf/Products/1538D125CE98D675CA257ACB001316FD?opendocument. (Accessed 15 March 2013.).

31.4 years.[105] Further, Aboriginal and Torres Strait Islander young people aged ten to 17 years were 24 times more likely to be in detention than non-Indigenous people that age; 15 times more likely to be under supervision, and 14 times more likely to be under community-based supervision in 2010-11.[106]

Incarceration has serious mental health impacts.[107] A 2008 survey in Queensland found most male (72.8 per cent) and female (86.1 per cent) Aboriginal and Torres Strait Islander prisoners had suffered from at least one mental health condition in the preceding 12-months;[108] (and as noted) 12.1 per cent of males and 32.3 per cent of females with PTSD.[109] But, in turn, mental health conditions are associated with high incarceration rates. A 2009 survey of NSW prisoners reported that reported that 55 per cent of Aboriginal men and 64 per cent of women reported an association between drug use and their offence.[110] In the same sample group, 55 per cent of men and 48 per cent of women self-reported mental health conditions.[111]

*The cycle of mental health conditions and unemployment:*

A host of mental health benefits are associated with employment,[112] and, as a part of a 'contributing life', it can underpin healing and recovery. Conversely unemployment is a stressor - the third most commonly reported by Aboriginal and Torres Strait Islander peoples in 2008.[113] In 2008 only 65 per cent of Aboriginal and/or Torres Strait Islander working-age people were in the labour force, compared with 79 per cent of other Australians.[114] Among those who had experienced high/very

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[105] Australian Bureau of Statistics (ABS) (2012) cat. no.4517.0 - Prisoners in Australia (Aboriginal and Torres Strait Islander prisoners, Age), 2012, 6/12/12 Online publication available at:
http://www.abs.gov.au/ausstats/abs@.nsf/Products/1538D125CE98D675CA257ACB001316FD?opendocument. (Accessed 15 March 2013.).
[106] Australian Institute of Health and Welfare (AIHW) (2011) *Juvenile justice in Australia 2010–11*, AIHW, Canberra. Available online at: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737422614&libID=10737422614
[107] Krieg, A., Aboriginal incarceration: health and social impacts, Med J Aust 2006; 184 (10): 534-536.
[108] Heffernen, E., Andersen, K., Dev, A. *et al*, Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. Med J Aust 2012; 197 (1): 37-41. Available online: https://www.mja.com.au/journal/2012/197/1/prevalence-mental-illness-among-aboriginal-and-torres-strait-islander-people (accessed 23/7/12) The Heffernan study was based on cross-sectional assessment of mental health using the Composite International Diagnostic Interview (CIDI) and clinical interviews, conducted by Indigenous mental health clinicians who undertook specific training for this purpose, with support from forensic psychiatrists when indicated.
[109] Heffernen, E., Andersen, K., Dev, A. *et al*, Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. Med J Aust 2012; 197 (1): 37-41. Available online: https://www.mja.com.au/journal/2012/197/1/prevalence-mental-illness-among-aboriginal-and-torres-strait-islander-people (accessed 23/7/12) Box 3
[110] Indig. D., McEntyre, E., Page, J., *et al, 2009 NSW Inmate Health Survey: Aboriginal Health Report Appendix of Results*. Justice Health, Sydney, 2010, p69 (Table 5.6.33).
[111] Indig. D., McEntyre, E., Page, J., *et al, 2009 NSW Inmate Health Survey: Aboriginal Health Report Appendix of Results*. Justice Health, Sydney, 2010, p81, (Table 6.1.2).
[112] Maureen F Dollard, Anthony H Winefield, Mental health: Overemployment, underemployment, unemployment and healthy jobs. (2002) Advances in Mental Health: Vol. 1, No. 3, pp.170-195.
[113] Australian Institute of Health and Welfare, *The health and welfare of Australia's Indigenous people, an overview 2011.* Cat. no. IHW 42, AIHW, Canberra, 2011, p38.
[114] Australian Institute of Health and Welfare, *The health and welfare of Australia's Indigenous people, an overview 2011.* Cat. no. IHW 42, AIHW, Canberra, 2011, pvii.

high levels psychological distress in 2008, 38 per cent were unable to work or carry out their normal activities for significant periods of time because of their feelings.[115] Understanding the degree to which this might be contributing to unemployment is an area for further research.

**PART 2: THE UNMET NEED FOR SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES AND PROGRAMS**

In 2008 26 per cent of Aboriginal and Torres Strait Islander peoples adults reported barriers to accessing health services including dentists (20 per cent reported problems), doctors (ten per cent) and hospitals (seven per cent).[116] Barriers reported included:

- Language — 13 per cent spoke a language other than English as their main language at home (46 per cent in remote areas). Among this group, 15 per cent experienced difficulties in both communicating in English and being understood by English speakers;
- Trust – Around eight per cent did not trust local doctors, and 17 per cent their local hospital;
- Lack of public transport — 71 per cent living in remote areas reported having no local public transport, with 15 per cent unable to reach places when needed due to lack of transport.
- Lack of culturally appropriate services – reported by 5.5 per cent of urban, and 4.7 per cent of remote living peoples.[117]

A particular concern is that 34.5 per cent of Aboriginal and Torres Strait Islander peoples reporting high or very high rates of psychological distress in 2008 also reported access problems to health services.[118]

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[115] Australian Bureau of Statistic, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010* (Adult Health: Psychological Distress), ABS cat. no. 4704.0, (17/2/11). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter715Oct+2010 (Accessed 18/7/12)

[116] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010* (Access to health and community services), ABS cat. no. 4704.0 (17/2/11). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter935Oct+2010 (Accessed 18/7/12)

[117] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Access to health and community services - Data cube). ABS cat. no. 4704.0 (29/10/10) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4704.0Oct+2010?OpenDocument (Accessed 01/09/12)

[118] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010* (Access to health and community services), ABS Cat. No. 4704.0 (17/2/11), Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter935Oct+2010 (Accessed 18/7/12)

Aboriginal and Torres Strait Islander peoples were estimated to account for 3.5 per cent of combined government and private health expenditure in 2008-09 (approximately $3.7 billion):[119] higher than their 2.5 per cent representation in the population at that time, and representing $1.39 of expenditure for every dollar for non-Indigenous Australians.[120] This does not, however, indicate equitable access to health services when the significantly higher rates of illness (and mental health conditions) are factored in. If it is assumed that Aboriginal and Torres Strait Islander peoples have approximately double the health needs, one might expect double the expenditure, and 3.5 per cent might be interpreted as a shortfall.

Across the health system, inequitable access to services at 'point A' can drive up expenditure at 'point B' and thereby, paradoxically, mask inequity. Public hospitals are expensive to run – accounting for 31.2 per cent of total health spending in Australia in 2009-10 (or $33.7 billion).[121] And twice as much per capita is spent on Aboriginal and Torres Strait Islander patients than non-indigenous.[122] But what this might indicate is in fact <u>less</u> access to relatively inexpensive primary and preventative health services (that detect and treat conditions before they require hospitalisation).

This proposition is supported by the significantly lower expenditure ratios on Aboriginal and Torres Strait Islander peoples through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) - at 0.57: 1 and 0.74: 1 of non-Indigenous expenditure respectively in 2008-09. In 2008–09, an estimated $206 million of Australian Government expenditure on health goods and services for Aboriginal and Torres Strait Islander people was through the MBS, and an estimated $136 million through the PBS.[123]

In addition, delivering health services to the quarter of Aboriginal and Torres Strait Islander peoples who live in remote and very remote areas (compared to four per cent of the non-Indigenous population who live in these areas) where only low economies of scale are possible

[119] Australian Institute of Health and Welfare *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, p.vi.
[120] Australian Institute of Health and Welfare *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, p.vi.
[121] Steering Committee for the Review of Government Service Provision, *Report on Government Services 2012*, (Vol 2), Productivity Commission, Canberra. p.10.3.
[122] Australian Institute of Health and Welfare *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, p.13.
[123] Australian Institute of Health and Welfare, *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*, Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, p.vi.

significantly adds to expenditure but without necessarily resulting in equitable access to services in those areas.[124]

### *Health services specifically for Aboriginal and Torres Strait Islander peoples*

Over 220 Aboriginal and Torres Strait Islander-specific Primary Health Care Services (ATSIPHCS) provided 2.4 million episodes of care in 2009-10. The Australian Government Department of Health and Ageing funds and oversees their operations and publishes annual service reports from which data in this section is drawn.[125]

State and territory governments or non-Indigenous service providers can operate ATSIPHCS, but a particular focus of this paper is the 150 Aboriginal Community Controlled Health Services (ACCHS) defined as: primary health care services initiated and operated by the local Aboriginal communities to deliver holistic, comprehensive, and culturally appropriate health care to the community [that] controls it through a locally elected Board of Management.'[126]

### *Culturally competent and safe services*

The community-development and control of ACCHS to a great degree ensures they will be culturally competent services, a term usually used to describe interactions between members of different cultures in the context of service delivery, but applicable in this context also.[127] This is assisted by the acculturating force of high numbers of Aboriginal and Torres Strait Islander peoples working in ACCHS. Disaggregation of ACCHS-specific data from ATSIPHCS' is not publicly available, but more than half of ATSIPHCS' 4800 staff, including two-thirds of social and emotional wellbeing staff, in 2009-10 were Aboriginal and Torres Strait Islander peoples.[128]

Culturally competent services embody:

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[124] Australian Institute of Health and Welfare, *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*, Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, p7.

[125] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting key results*. Cat. No. IHW 56. Canberra: AIHW, p.27.

[126] National Aboriginal Community Controlled Health Organisation (website). Online publication: http://www.naccho.org.au/aboutus/aboutus.html (Accessed 4/9/12).

[127] For further information on cultural competence see: Walker R & Sonn, C. (2010) Working as a Culturally Competent Mental Health Practitioner, Chapter 12 pp 157 -180. In Purdie, N., Dudgeon, P., Walker, R., (eds.) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia, Canberra, 2010, p.157.

[128] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting – key results*. Cat. no. IHW 56, AIHW, Canberra, p.9.

- Cultural Awareness: understanding the role of cultural difference and diversity. [129] And for non-Indigenous staff, the capacity for self-reflection as to how the Western dominant culture impacts on both themselves and on Aboriginal and Torres Strait Islander peoples, and can impact in the service setting they operate in.[130]
- Cultural Respect: Valuing Aboriginal and Torres Strait Islander peoples and their cultures. A commitment to their self-determination and building respectful partnerships.
- Cultural Responsiveness: Having the ability and skills to assist people of a different culture. [131]

Culturally safe service environments are ones that are welcoming for Aboriginal and Torres Strait Islander peoples, with no assault, challenge or denial of their identity. The mere presence of Aboriginal and Torres Strait Islander staff has been demonstrated to increase the accessibility of services by contributing to a sense of cultural safety.[132]  In our 2012 *National Report Card on Mental Health and Suicide Prevention*, the National Mental Health Commission called for the training and employment of Aboriginal and Torres Strait Islander peoples in mental health services to increase. This in part works towards addressing this issue.[133] In fact increasing the number and quality of mental health and social and emotional wellbeing services (as discussed below) is largely dependent on the training of more mental health workers.

### Holistic, integrated services and comprehensive primary health care

As part of a culturally competent model of service delivery, ACCHS aim to provide an integrated and comprehensive service able to support the holistic conception of Aboriginal and Torres Strait Islander health (including social and emotional wellbeing) as discussed in part one.

Comprehensive primary care is the model of care ACCHS aspire to. This is a set of services that includes (but is not limited to):  primary clinical care such (treatment of illness using standard treatment protocols; 24 hour emergency care; the provision of essential drugs; and management of

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[129] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting  – key results*, Cat. no. IHW 56. AIHW, Canberra, p.29.

[130] For further information on cultural competence see: Walker R & Sonn, C. (2010) Working as a Culturally Competent Mental Health Practitioner, Chapter 12, pp 157 -180. In Purdie, N., Dudgeon, P., Walker, R., (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia, Canberra, 2010, p164

[131] National Aboriginal Community Controlled Health Organisation website: http://www.naccho.org.au/aboutus/aboutus.html (Accessed 4/9/12).

[132] (eds.) Walker R & Sonn, C. 2010 Working as a Culturally Competent Mental Health Practitioner, Chapter 12 in pp 157 -180.  In Purdie, N., Dudgeon, P., Walker, R., (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia, Canberra, 2010, pp.161-166.

[133] National Mental Health Commission, *National Report Card on Mental Health and Suicide Prevention*, NMHC, Sydney, 2012, p.19, (Action under Recommendation 5).

chronic illness); and population health/preventive care (immunisation; antenatal care; appropriate screening and early intervention; adult and child health checks and secondary prevention of complications of chronic disease; and communicable disease control).[134]

The ACCHS also play a central role in the delivering services and programs associated with the 2008 $1.6 billion COAG *National Partnership Agreement on Closing the Gap in Indigenous Health Outcome*s. With a focus on chronic disease, this is the primary response to the ten-year life expectancy gap between Aboriginal and Torres Strait Islander peoples and other Australians within the Closing the Gap Agenda.

In practice, not all ACCHS are funded to offer comprehensive care. While large multi-functional services employing several medical practitioners and providing a wide range of services exist in major cities, many are small services without medical practitioners, which rely on Aboriginal health workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus.[135]

ATSIPHCS overall provided 175,700 episodes of care with social and emotional wellbeing staff in 2009-10: a 65 per cent jump in demand from the previous year. The most common issues reported by clients were: depression, hopelessness and despair (93 per cent); family and relationship issues (93 per cent); anxiety and stress (92 per cent); grief and loss issues (91 per cent); family and community violence (91 per cent); self-harm and suicide (85 per cent); and schizophrenia and other psychotic disorders (74 per cent).[136]

ACCHS' social and emotional wellbeing programs will ideally involve Aboriginal Family Support Workers, alcohol and substance abuse workers, social workers and psychologists available - as a minimum.[137] In 2009-10 90 per cent of ATSIPHCS offered drug and alcohol use services in addition to social and emotional wellbeing services. Ninety one services offer Bringing Them Home counselling services and Link Up services to Stolen Generations Survivors.[138] ACCHS can also offer

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[134] National Aboriginal Community Controlled Health Organisation website: http://www.naccho.org.au/aboutus/aboutus.html (Accessed 4/9/12).
[135] National Aboriginal Community Controlled Health Organisation website: http://www.naccho.org.au/aboutus/aboutus.html (Accessed 4/9/12).
[136] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results*. Cat. No. IHW 56, AIHW, Canberra, 2011, p.32.
[137] Correspondence with John Boffa and Donna Ah Chee, Central Australian Aboriginal Congress, 18 August 2012.
[138] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results*. Cat. No. IHW 56, AIHW, Canberra, 2011  p63

traditional and innovative contemporary healing practices as culturally secure services.

However, there were also gaps in services were also reported. Short-term counselling was provided by about eight in ten ATSIPHCS, with ongoing counselling programs run by six in ten services. Only half offered mental health promotion activities and harm reduction and suicide prevention.[139] Overall 446 full time equivalent social and emotional wellbeing staff were employed in 59 per cent of services: usually counsellors, psychologists and social workers;[140] but approximately four in ten services did not employ such staff.

Approximately 357,000 Aboriginal and Torres Strait Islander clients were seen by ATSIPHCS in 2009-10, with additional non-Indigenous clients also.[141] But only sixty two per cent of Aboriginal and Torres Strait Islander households reported accessing Aboriginal health care services in National Aboriginal and Torres Strait Islander Social Survey 2008,[142] implying that significant numbers of Aboriginal and Torres Strait Islander peoples are unable to access (or, alternately, do not choose to access) ATSIPHCS.

For providing cultural competent, comprehensive services, ACCHS embody Aboriginal and Torres Strait Islander peoples' right to self-determination as applied to health services and reflected in the UN *Declaration on the Rights of Indigenous Peoples*.[143] They also have a history of delivering improved health outcomes in communities where other health services have not (see below).[144] They are considered by many stakeholders to be the preferred health services providers for Aboriginal and Torres Strait Islander peoples.[145]

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[139] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results*. Cat. No. IHW 56, AIHW, Canberra 2011 p34

[140] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results*. Cat. No. IHW 56, AIHW, Canberra, 2011, p8.

[141] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results*. Cat. No. IHW 56, AIHW, Canberra, 2011,, p26 (Table 2.2)

[142] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Access to health and community services – datacube). ABS cat. No. 4704.0 (29/10/10). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4704.0Oct+2010?OpenDocument (Accessed 01/09/12)

[143] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: http://www.unhcr.org/refworld/docid/471355a82.html (Accessed 1/92/12)

[144] Griew, R., Tilton, E., Cox, N. *et al.*, *The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians*, Robert Griew Consulting, Sydney, June 2008, (no page numbers but counted as pages 68-69 in Chapter 4: Local evidence and lessons).

[145] Social Health Reference Group *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004 – 2009)*, Commonwealth of Australia, Canberra, 2004.

The 2012-13 federal Budget papers indicate $760m of program expenditure on ATSIPHCS, including ACCHS,[146] compared to $1.8 billion spent on Aboriginal and Torres Strait Islander peoples' use of public hospital services in 2008-09.[147] Every dollar that can be redirected into primary health care services, and particularly to ACCHS, from the public hospital system is money well spent and, most importantly, can be expected to, in a sense, 'proactively' contribute to better health outcomes rather than being 'reactive' spending that does not drive health improvements, but instead responds to conditions after they are significantly progressed.

### *Child and maternal health programs*

From a mental health and social and emotional wellbeing perspective, child and maternal health services and early childhood services, although not mental health services per se, can play an important role in population mental health improvement by providing the best developmental start to life, and also by supporting the mental health of mothers at a challenging time.

ACCHS' maternal health and early childhood programs have been established over the past three decades and have a track record in improving mother and child health outcomes. For example, Nganampa Health Council established its Child and Maternal Health Program in the late 1980s in the Anangu Pitjantjatjara Yankunytjatjara Lands. It comprises an antenatal care program, health education for young mothers, and a childhood health program. A 2005 evaluation reported incremental improvement in all outcome measures in the years of its operation: from almost negligible numbers of pregnant women presenting for care prior to the end of the second trimester to, in 2005, 60 per cent presenting at, or prior to, 16 weeks of pregnancy. [148] Thirty four percent of this cohort had visited health services over ten times over the duration of their pregnancies. This had resulted in tangible benefits: six percent of babies were born with low birth weight in 2005 compared to 15 per cent in the late 1980s.[149]

ACCHS are primary (but not the exclusive) deliverers of services under the 2008 COAG *National Partnership Agreement (NPA) on Indigenous Early Childhood Development* with funding of $547

[146] Australian Government, *Budget Papers 2011-12, Outcome 8,* Commonwealth of Australia, Canberra, 2011, p.173. Available online at: http://www.health.gov.au/internet/budget/publishing.nsf/content/2012-13_Health_PBS_sup1/$File/2.08_Outcome_8.pdf

[147] Australian Institute of Health and Welfare, *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*, Health and welfare expenditure series no. 44. Cat. No. HWE 53, AIHW, Canberra, 2011, p.14, (Table 3.1).

[148] Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site Initiative: Site Reports 2005* (1/6/06). Online publication: http://www.health.gov.au/internet/h4l/publishing.nsf/Content/respack-exemplarsite (Accessed 21/08/12).

[149] Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site Initiative: Site Reports 2005* (1/6/06). Online publication: http://www.health.gov.au/internet/h4l/publishing.nsf/Content/respack-exemplarsite (Accessed 21/08/12).

million over six years.

New Directions Mothers and Babies Services, an element of the NPA, will be established in 82 sites by 2013. Initial funding of $90.3 million for 2007-11 was followed by an additional $133.8 million for four-years in 2011-12. A second element of the NPA is a broad program for increasing access to antenatal care, pre-pregnancy and teenage sexual and reproductive health services particularly for young women. Total funding is $107 million over six years.[150]

In our 2012 *National Report Card on Mental Health and Suicide Prevention*, the National Mental Health Commission called for increased investment in healthy families and communities to increase resilience and reduce the longer term need for services. This includes enhanced personalised support for parenting through culturally relevant forms of home based visiting and active follow up where families are under stress.[151] The Australian Nurse-Family Partnership Program (ANFPP) has been demonstrated to provide substantial benefits to mothers and increase the birth weight of their babies and is currently operating as a pilot in three ACCHS. It comprises an intensive home visiting program delivered by health professionals that starts during pregnancy and continues until the child is two years old. ANFPP home visit teams.[152]

Consistent results across trials have demonstrated positive effects for all family members in addition to increasing the birth weight of babies. For women: prenatal health improves and a dramatic reduction in arrests, convictions and jail, fewer subsequent pregnancies, and greater intervals between birth have been reported.  There are increases in fathers' involvement in child-rearing and increases in employment and reductions in welfare dependency among parents. For children, reductions in child abuse, mortality and injuries, higher school outcomes, and lower rates of alcohol and substance abuse in adult life are reported as additional benefits.[153]

**Early childhood services**

Extending universal pre-school day care programs provides a systemic approach to some of the issues related to parenting challenges and child brain stimulation at critical developmental

[150] NIRA Review Working Group, Review of the National Indigenous Reform Agreement Performance Framework, Final Report, Commonwealth of Australia, Canberra, November 2011, p14.

[151] National Mental Health Commission National Report Card on Mental Health and Suicide Prevention, NMHC, Sydney, 2012, p.20, (Action under Recommendation 7).

[152] Australian Nurse-Family Partnership Program website http://www.anfpp.com.au/about (Accessed 21/9/12.)

[153] Australian Nurse-Family Partnership Program website http://www.anfpp.com.au/ (Accessed 21/9/12.)

[153] Department of Education and Early Childhood Development, *The State of Victoria's Children 2009: Aboriginal Children and Young People in Victoria*, State Government of Victoria, Melbourne, 2010, p.45.

phases.[154] Innovative childhood development programs could be delivered through 38 Children and Family Centres – the third element of the early childhood NPA. The centres are targeted at areas where there are high levels of poverty and a high proportion of Aboriginal and Torres Strait Islander children under five years of age. The first opened in April 2011 with the final due to be completed in 2014 at cost of $292.6 million over six years.[155]

Professor Helen Milroy advocates that all services working with Aboriginal and Torres Strait Islander children are 'trauma-sensitive', and that clear clinical and culturally competent pathways are established to ensure traumatised Aboriginal and Torres Strait Islander children receive the treatment they need at an early age.[156]

**Building social and emotional wellbeing**

Health, mental health and social and emotional wellbeing services are not the whole story. By also supporting families and strong and self-determining cultures and communities better mental health can be expected. For example, in 2008 Aboriginal and Torres Strait Islander peoples who were able to have a frequent say on community issues were reported to be more likely to report feeling happy all/most of the time than those who with little or no input (81 per cent compared with 67 per cent),[157] and suffered less psychological distress (24 per cent compared with 33 per cent of those with little or no say).[158]

Healthy community and familial relationships offer very direct mental health benefits including informal counselling. In 2008 rates of happiness were higher among Aboriginal and Torres Strait Islander peoples who could access support from friends and family compared to those unable to get support (74 per cent compared with 64 per cent).[159] People who were able to confide in their family and/or friends were less likely to report high/very high levels of psychological distress than those

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[154] Sparling, J., *The Abecedarian Approach and Highlights of Research Findings from Abecedarian Studies* Secretariat of National Aboriginal and Islander Child Care (SNAICC) Conference Paper (27 – 29 July 2010). Available online at: http://www.snaicc.asn.au/_uploads/rsfil/02065.pdf

[155] Department of Education, Employment and Workplace Relations, Children and Family Centres, (Fact sheet), (undated). Online publication: foi.deewr.gov.au/system/files/doc/.../children_and_family_centres.rtf (Accessed 20/9/12).

[156] Correspondence with Professor Helen Milroy, (18/8/12).

[157] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples,* (Positive Wellbeing) ABS cat. no. 4704.0 (Oct 2010). Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter410Oct+2010 (Accessed 26/8/12)

[158] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, (Psychological Distress) ABS cat. no. 4704.0 (Oct 2010). Available online at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter420Oct+2010 (Accessed 26/8/12)

[159] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, (*Psychological Distress) AVS cat. no. 4704.0 (Oct 2010). Available online at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter420Oct+2010(Accessed 26/8/12)

who could not confide in family/friends (29 per cent compared with 37 per cent).[160]

Feeling happy has also been associated with cultural activities such as making or performing Aboriginal and Torres Strait Islander arts.[161] Participation in ceremonies has been associated with self-harm and suicide-prevention in desert communities to the degree that they facilitate relationship building across generations, and prevent or end social and cultural isolation.[162] And an evaluation of the Croc Fest, the Dreaming Festival and Garma reported numerous benefits to participants including personal empowerment and capacity building, strengthened intra- and inter-community relationships, exposure to positive role models, economic opportunities and pride in Aboriginal and Torres Strait Islander identity.[163]

Other flow on benefits can be expected through supporting culture. For example, physical health benefits are associated with greater participation in caring for country[164] and with accessing homelands.[165]

Participation in culture is also associated with other elements of a contributing life: for example, Aboriginal and Torres Strait Islander people with strong cultural attachment have been reported as significantly more likely to be in employment, than those with moderate or minimal cultural attachment.[166]

**Suicide and cultural continuity**

As noted, there were at least 996 suicide deaths registered across Australia between 2001 and 2010 where the deceased person was identified as being of Aboriginal and/or Torres Strait Islander origin. This represented approximately five per cent of all suicide deaths registered in this period and 4.2 per cent of all Aboriginal and Torres Strait Islander deaths in 2010, compared with 1.6 per

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[160] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples,* (Psychological Distress) ABS cat. no. 4704.0 (Oct 2010) Online publication: http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter420Oct+2010

[161] Australian Bureau of Statistics, *Australian Social Trends*, (*The City and the Bush: Indigenous Wellbeing Across Remoteness Areas)* ABS cat. no. 41020.0, September 2010.

[162] McCoy, B., 2007, 'Suicide and desert men: The power and protection of kanyirninpa (holding)', Australasian Psychiatry, 15 (Supplement) p. S63-S67.

[163] Phipps, P. and L. Slater, 2010, Indigenous Cultural Festivals: Evaluating Impact on Community Health and Wellbeing, Globalism Research Centre, RMIT University.

[164] Burgess, P., 'Beyond the Mainstream: Health Gains in Remote Aboriginal Communities', Australian Family Physician, 37(12) December 2008.

[165] Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework 2010 Report: Detailed Analyses*, Cat. No. IHW 53, AIHW, Canberra, 2011.

[166] Dockery, A.M., 2009, 'Culture and Wellbeing: The Case of Indigenous Australians', CLMR Discussion Paper Series 09/01, The Centre for Labour Market Research.

cent for all Australians.[167]

The bulk of self-harming behaviour is likely to go unreported. But after adjusting for differences in the age structure of the two populations, Aboriginal and Torres Strait Islander peoples were hospitalised for non-fatal intentional self-harm at 2.5 times the rate for non-Indigenous people over 2008-09 (3.5 per 1000 population compared to 1.4 per 1000).  There was a slight increase in Aboriginal and Torres Strait Islander hospitalisations for self-harm between 2004-05 and 2008-09.[168]

Suicide has been described by noted Canadian researcher Professor Michael Chandler as the 'canary in the mine' that indicates extreme cultural challenges in a community. And he has framed suicide as indicative of a 'cultural wound' needing 'cultural medicine'.[169]  Professor Chandler's work supports approaches that have been explored in Aboriginal and Torres Strait Islander communities in the past two decades and that have common threads of cultural reclamation and community empowerment running through them.[170] As noted by June Oscar, prominent leader of the Marninwarntikura Fitzroy Women's Resource Centre, and renowned for her pioneering suicide prevention work in the Fitzroy Valley:

> It is a story of colonisation; the threat of losing our cultural authority to manage our societies; and the despair that has come from that disempowerment. It is a story of grief and trauma and the continued pain of living with grog, drug and violence. It is a story that academics and journalists write about us as though we are victims of history that we can do nothing about. And within their stories about us is an acceptance that the paternal hand of government will determine the nature of our welfare and even the nature of our rights.  I want to tell a different story. It is about how Aboriginal people can be the authors of our stories and not passive and powerless subjects in stories told and written by others.[171]

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[167] Australian Bureau of Statistics, *Suicides in Australia 2010*, ABS cat. no. 3309.0. (24/07/2012). Online publication:, ww.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument (Accessed 30 /7/12).
[168] Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra, 2011, p.7.62
[169] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --*A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.* 10(1), 68-72.
Chandler, M. J. & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.
[170] Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams. K., Kelly, K., Scrine., C., & Walker, R., *Hear Our Voices, Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia*, Commonwealth of Australia, Canberra, 2012, pp.94-96.
[171] Oscar, J. (2009). CEO Marninwarntikura. Speech to the Western Australian Equal Opportunity Commission Forum Perth 10 August 2009. Quoted in Dudgeon, P., Cox, K., D'Anna, D Dunkley, C., Hams. K., Kelly, K., Scrine., C., & Walker, R., *Hear Our Voices, Community Consultations*

In communities with 'cultural continuity', young people have a sense of their past and their traditions and draw pride and identity from them. By extension, young people also conceive of themselves as having a future (as bearers of that culture).[172]

Professor Chandler's research among Canadian Indigenous communities shows that poor cultural continuity can result in communities where young people are at a much higher risk of suicide.[173] While the implications of this research are yet to be fully explored, including their application in Aboriginal and Torres Strait Islander settings, and in urban settings, the research suggests a highly productive line of inquiry and potential policy development in relation to suicide prevention (and more broadly, Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing) based on cultural maintenance and reclamation.

This is supported by the findings of the *'Hear Our Voices' Report on Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia* (2012): that Aboriginal people have particular conceptions and understanding of healing, empowerment and leadership based on their historical, political and social experiences and cultural values and that there is a high level of need for a range of culturally appropriate and locally responsive healing, empowerment and leadership programs and strategies. However, programs need to address empowerment in different ways, for different groups and in multiple settings, to accommodate differing levels of need and community, family and individual readiness. Culture was seen as a core component of any program. Importantly, the content, design and delivery of programs need to have legitimate community support and engagement, and be culturally appropriate, locally based and relevant to people's needs. Empowerment programs could prove to be effective strategies for enhancing social and emotional wellbeing and addressing suicide risk factors, especially among young people.[174]

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*for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia*, Commonwealth of Australia, Canberra, 2012, p48.

[172] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --*A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.* 10(1), 68-72.
Chandler, M. J. & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.

[173] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --*A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.* 10(1), 68-72.
Chandler, M. J. & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.

[174] Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams. K., Kelly, K., Scrine., C., & Walker, R., *Hear Our Voices, Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia*, Commonwealth of Australia, Canberra, 2012.

Cultural continuity can be understood in broad terms as self-determination and cultural maintenance. [175] In Professor Chandler's work a range of cultural continuity indicators were identified. These included: self-government; land claims; community controlled services, (including police and fire services, health services, child protection and education services); knowledge of indigenous languages; women in positions of leadership; and facilities dedicated to cultural purposes. The number of indicators present correlated to decreased suicide rates in communities.[176]

The Harvard Project on Indian Economic Development has shown that self-determination and self-governance are critical to building and sustaining strong, healthy Indian nations[177] and Professor Chandler's research that community controlled health services improve the overall wellbeing of a community by strengthening cultural continuity provides further support for ACCHS being the health service providers of choice in communities, with flow on benefits that include helping restore, protect or enhance cultural continuity. All communities have the potential for cultural maintenance and cultural continuity. While many are under pressure, they will have cultural strength that needs to be built upon. Adequate resources should be devoted to promoting cultural continuity in addition to allocations to suicide prevention and mental health and social and emotional wellbeing services.

A strengths-focused research agenda to build the evidence base for social and emotional wellbeing, and identify protective and risk factors in this context, is an important part of any comprehensive response to Aboriginal and Torres Strait Islander mental health. The principle of Aboriginal and Torres Strait Islander community leadership and control of research has become firmly embedded in the guidelines for the ethical conduct of research with Aboriginal and Torres Strait Islander peoples. This reflects not only the human rights of those communities, but also good practice.[178]

[175] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --*A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.* 10(1), 68-72.
Chandler, M. J. & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.
[176] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --*A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future.* 10(1), 68-72.
Chandler, M. J. & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.
[177] S Cornell, C Curtis, and M Jorgensen, The Concept of Governance and its Implications for First Nations, Native Nations Institute and The Harvard Project on American Indian Economic Development, Joint Occasional Papers on Native Affairs No. 2004-02, 2004, p 6. Available online at http://www.jopna.net/pubs/jopna_2004-02_Governance.pdf.
[178] See Australian Institute for Aboriginal and Torres Strait Islander Studies, *Guidelines for Ethical Research in Australian Indigenous Studies* 2012, AIATSIS, Canberra 2012; National Health and Medical Research Council, Values and Ethics: *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, Commonwealth of Australia, Canberra 2003.

In particular, participatory action research (PAR) should be promoted. This proceeds through repeated cycles, in which researchers and communities start with the identification of priority issues, originate action, learn about this action and proceed to a new "research and action cycle". This process is a continuous one that empowers Indigenous perspectives . Participants in PAR projects continuously reflect on their learning from the actions and proceed to initiate new actions on the spot – potentially bringing immediate benefit.[179]

**The mainstream mental health system**

As noted, 62 per cent of Aboriginal and Torres Strait Islander peoples access ACCHS. Otherwise Aboriginal and Torres Strait Islander peoples rely to a much greater degree on general population mental health services. For example:

- Mental health services provided by GPs. (This is discussed below.)
- Community mental health services. Aboriginal and Torres Strait Islander peoples– comprise approximately 6.5 per cent of total patients seen by these services,[180] and with seven times more spent on Aboriginal and Torres Strait Islander peoples use of these services per capita than that of other Australians.[181]
- Headspace. Over 2010-11, seven per cent of these youth mental health services' clients were Aboriginal and Torres Strait Islander peoples.[182]
- Hospitals - Data for public and private hospitals in NSW, Victoria, Queensland, WA, SA, and for public hospitals in the NT (domains deemed to be producing reliable data) for the two years to June 2009 records Aboriginal and Torres Strait Islander hospitalisation for mental health problems was 1.8 times higher that of all Australians.[183]

Every mainstream mental health service should provide and maintain a culturally competent service lest the service be indirectly discriminating by creating a cultural barrier. The 2008

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[179] Esler D., Participatory Action Research in Indigenous health, (Professional Practice Paper, Royal Australian College of General Practitioners) Australian Family Physician Vol. 37, No. 6, June 2 2008, Available online at: http://www.racgp.org.au/afp/200806/200806esler.pdf. (Accessed 21/8/12)

[180] Australian Institute of Health and Welfare, *The health and welfare of Australia's Indigenous people, an overview 2011.* Cat. No. IHW 42, AIHW, Canberra, 2011, p.x.

[181] Australian Institute of Health and Welfare 2011. Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. Health and welfare expenditure series no. 44. Cat. No. HWE 53.Canberra: AIHW, p13.

[182] Commonwealth Government of Australia, Senate Community Affairs Committee, Answers to Estimates – Questions on Notice – Heath and Ageing Portfolio, Budget Estimates 2011-12, 3 June 2011, Question E11-507. (Hansard page CA 60) Available online at: www.aphref.aph.gov.au_senate_committee_clac_ ctee_estimates_bud_1112_cross_doha_507(1).pdf

[183] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. no. IHW 42. Canberra: AIHW, p.57.

*National Mental Health Policy* states:

> Every attempt should be made to provide services in a way that is culturally safe…. The special rights of Indigenous Australians must be respected and there should be no tolerance of discrimination or racism in service environments[184]

But as noted, even with the availability of ACCHS and general population community health services, 34.5 per cent of Aboriginal and Torres Strait Islander peoples reporting high or very high rates of psychological distress in 2008 also reported access problems to health services.[185] The general picture of a lack of accessibility is supported by Aboriginal and Torres Strait Islander over-representation among people presenting in hospital emergency departments with mental health conditions (approximately 6.2 per cent of patients).[186]

ACCHS and later ATSIPHCS were, initially, a response to government and market failure to provide services. In many, particularly remote, areas these are the only services available, and, as noted, they serve non-Indigenous clients also. ACCHS, however, are not simply 'service gap fillers', but an expression of Aboriginal and Torres Strait Islander peoples' right to self-determination and culturally competent services. And, as noted, they play an important role in community life and strengthening community social and emotional wellbeing. So when talking about increasing access to mainstream services the question is not choosing one or the other but enabling access to both. Investment in ACCHS and Aboriginal and Torres Strait Islander-specific programs is the preferred way to meet mental health and social, emotional and wellbeing service needs, however, maintsream services/programs also have important roles. .

### Harnessing the mainstream for Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing

General practitioners play a central role in the mental health system for the majority of Australians - particularly for the treatment of mild or moderate mental health conditions.[187] In 2009-10 an

[184] Australian Health Ministers Conference, *National Mental Health Policy*, AHMC, Commonwealth of Australia, Canberra, 2009, pp12-13.
[185] Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010*, (Access to health and community services) ABS Cat. No. 4704.0 (17/2/11).Online publication:
http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter935Oct+2010 (Accessed 18/7/12)
[186] Australian Institute of Health and Welfare, *The health and welfare of Australia's Indigenous people, an overview 2011.* Cat. No. AIHW 42, AIHW, Canberra, 2011, p.x.
[187] Australian Institute of Health and Welfare, *Mental Health Services in Australia* (August 2012). Online publication:
http://mhsa.aihw.gov.au/services/general-practice/patient-characteristics/ (Accessed 20/9/12)

estimated 11.4 per cent of total GP-encounters were mental health-related.[188] Depression, anxiety and sleep disturbance accounted for 60 per cent of these encounters. The most common forms of GP management strategy were by mental health medication (approximately 65 per cent) and in-house counselling by the GP (50 per cent).[189]

Although Aboriginal and Torres Strait Islander peoples have less access than non-Indigenous Australians to GPs,[190] they place more demand on them for mental health services. In 2010 a higher percentage of Aboriginal and Torres Strait Islander encounters with GPs were mental health-related compared with those for non-Indigenous Australians (15.3 per cent versus 11.8 per cent).[191]

Psychologists and psychiatrists and mental-health trained social workers and occupational therapists can see private, fee paying patients, but GPs are also a major referral pathway to their services: after mental health related patient encounters, GPs refer 6.3 per cent of patients to psychologists and 1.7 per cent to psychiatrists.[192] Such GP-pathways are of greater importance to Aboriginal and Torres Strait Islander peoples because of economic barriers. As private patients in 2008-09 they used mental health professionals at significantly lower rates than other Australians: for psychologists, 81 versus 135 per 1,000 population and psychiatrists, 45 versus 87 per 1,000 population.[193]

The *Fourth National Mental Health Plan* (2009-14) implements the National Mental Health Policy (2008). It emphasises partnerships within the mental health system to deliver effective services.[194] This includes between mainstream health services and Aboriginal and Torres Strait Islander communities:

> " [C]ultural respect and awareness of the importance of a holistic approach across the continuum of mental health and wellbeing to mental illness are critical in the delivery of services to Aboriginal and Torres Strait Islander people(s)… mainstream services need to be culturally proficient so that [Aboriginal and Torres Strait Islander peoples] feel confident to

[188] Britt H, *et al  General practice activity in Australia 2009–10*. General practice series no. 27. Cat. No. GEP 27, AIHW, Canberra, 2010.
[189] Britt H, *et al  General practice activity in Australia 2009–10*. General practice series no. 27. Cat. No. GEP 27, AIHW, Canberra, 2010.
[190] AIHW, Mental Health Services in Australia (2012). Online publication: http://mhsa.aihw.gov.au/services/general-practice/patient-characteristics/ (Accessed 20/8/12)
[191] Britt H, *et al  General practice activity in Australia 2009–10*. General practice series no. 27. Cat. No. GEP 27, AIHW, Canberra, 2010.
[192] Britt H, *et al  General practice activity in Australia 2009–10*. General practice series no. 27. Cat. No. GEP 27, AIHW, Canberra, 2010.
[193] Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, 2011, p146
[194] Australian Health Ministers' Conference, *Fourth National Mental Health Plan*— An agenda for collaborative government action in mental health 2009–2014, Commonwealth of Australia, Canberra, 2009, pp.63 – 74.

seek assistance when required. Services need to be aware of issues of cultural safety and respect in how services are provided, and the impact of life events."[195]

Recent developments in relation to the Access to Allied Psychological Services (ATAPS) program illustrate how this principle can enhance access to mental health services and professionals for Aboriginal and Torres Strait Islander peoples *and* build the capacity of the ACCHS.

### *ATAPS – an exemplar of ACCHS-mainstream partnerships to improve Aboriginal and Torres Strait Islander access to mental health services*

A primary response of the Australian Government to the prevalence of mental health conditions in the general population is to increase the capacity of GPs: by training them to better diagnose mental health conditions, provide counselling and medications, and create Mental Health Treatment Plans (MHTPs) for use across the health system. GPs utilisation of psychiatrists, psychologists and other allied mental health professionals who can deliver Focused Psychological Strategies (short term treatment programs) as guided by the MHTPs is a complementary initiative.

Under ATAPS, access is improved by providing funding pools to Medicare Locals who contract with, or employ, local allied mental health professionals to provide Focused Psychological Strategies on a fee for service basis. GPs are then able to access these services for their clients at little or no cost to the patient. People can access up to three blocks of six consultations per annum.[196]

From 2003 – 2010 ATAPS resulted in almost 182,889 Australians accessing allied mental health practitioners. Of these, 6041 were Aboriginal and 700 Torres Strait Islander peoples: approximately 860 Aboriginal and Torres Strait Islander peoples per annum, or approximately three per cent of total referrals.[197] The reasons that they did not benefit in significant numbers have been identified as:

- Aboriginal and Torres Strait Islander mental health practitioners and other stakeholders were not involved in the design of the service model.

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[195] Australian Health Ministers' Conference, *Fourth National Mental Health Plan*— An agenda for collaborative government action in mental health 2009–2014, Commonwealth of Australia, Canberra, 2009, pp.66-67.

[196] Department of Health and Ageing, Access to Allied Psychological Services website (2 October 2012): <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-boimhc-ataps> (Accessed 3/3/12.)

[197] Aboriginal and Torres Strait Islander Mental Health Advisory Group, *Review of the Aboriginal and Torres Strait Islander Tier 2 ATAPS program and the Aboriginal and Torres Strait Islander Suicide Prevention Tier 2 ATAPS program* (unpublished) p10.

- Both programs were reliant on suitable psychologists and psychiatrists and allied mental health workers being available. Availability is an issue in regional and remote locations - where even GPs to make referrals might be in short supply.
- Finding culturally competent psychologists, psychiatrists and allied mental health workers is an issue in all locations.
- Focused Psychological Strategies were patient focused and did not generally account for the community context in which an Aboriginal and Torres Strait Islander person might live and their broader sense of social and emotional wellbeing.[198]

Recognising that ATAPS was not significantly increasing Aboriginal and Torres Strait Islander peoples' access to psychologists and psychiatrists[199], a Tier Two program to increase access to culturally competent allied mental health practitioners and suicide prevention services was introduced in the 2011-12 Federal Budget. Part of a $205.9 million over five years package,[200] the programs were allocated $34.9 million (representing 17 per cent of the total allocation) to deliver services to approximately 18,000 Aboriginal and Torres Strait Islander peoples. This represents 3600 referrals per annum.[201]

The ATAPS Tier 2 program presents a genuine opportunity to establish a pattern of partnership arrangements between Medicare Locals, mainstream services and ACCHS. Because ATAPS empowers Medicare Locals to contract for allied mental health services within their jurisdiction, it offers policy makers leverage to achieve objectives in addition to removing economic barriers to allied mental health services. Such policy objectives could include supporting the ACCHS to provide a comprehensive range of mental health and social and emotional wellbeing services to local Aboriginal and Torres Strait Islander peoples.

The Aboriginal and Torres Strait Islander Mental Health Advisory Group to the Department of Health and Ageing recommend that that all Medicare Locals delivering ATAPS services enter formal

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[198] Aboriginal and Torres Strait Islander Mental Health Advisory Group, *Review of the Aboriginal and Torres Strait Islander Tier 2 ATAPS program and the Aboriginal and Torres Strait Islander Suicide Prevention Tier 2 ATAPS program* (unpublished) p10.

[199] Department of Health and Ageing, *Outcomes and proposed next steps: Review of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program*, February 2010 Online publication: http://www.health.gov.au/internet/main/publishing.nsf/content/8573A6A3FAB3595BCA257700000D8E78/$File/review.pdf (Accessed 17/2/13.)

[200] Macklin J, *et al*, *Delivering National Mental Health Reform* (Media release) May 2011. Available online at: http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2011-hmedia02.htm

[201] Australian Government Budget 2011-12 website, (Budget Highlights): http://www.budget.gov.au/2011-12/content/ministerial_statements/indigenous/html/ms_indigenous-02.htm (Accessed 21/8/12)

partnership agreements (perhaps indicated by memorandum of understanding) with their local ACCHS. Such could include fee-arrangements for the delivery of local level cultural awareness training to ATAPS service providers as a component of cultural competence. But more significantly, they propose that ACCHS (and private Aboriginal and Torres Strait Islander psychologists and psychiatrists) be the providers of first choice for the delivery of culturally appropriate Focused Psychological Strategies to Aboriginal and Torres Strait Islander peoples. In return, Medicare Locals could deliver outreach specialist mental health services to ACCHS. Partnership agreements and MOUs should clearly specify roles, responsibilities and expected outcomes.[202]

The development of innovative partnership models is particularly important given Aboriginal and Torres Strait Islander peoples have been largely overlooked in allocations for mental health. Australian governments committed over four billion dollars to mental health in the COAG *National Action Plan on Mental Health 2006–2011.*[203] The Plan states in 'each of these [priority and action] areas, the needs of Aboriginal and Torres Strait Islander people will be subject to particular attention', but only in relation to $75 million of expenditure were Aboriginal and Torres Strait Islander peoples mentioned as a recipient of funds.[204] In particular, the *Fourth Progress Report* sets out $22.47 million over three years committed by the Western Australian Government to develop dedicated Statewide Specialist Aboriginal Mental Health Services across the State, including remote areas. Also notable was the NSW Aboriginal Mental Health Workforce Program, allocated $9.25m.[205] While these programs are welcome they are a tiny proportion of total expenditure.

Further, among the approximately two billion dollars of new and reallocated mental health allocations over the 2010-11 and 2011-12 Federal Budgets[206]very little went to dedicated Aboriginal and Torres Strait Islander mental health programs and services. The $34.9 million ATAPS Tier 2 program, again while welcome, is the main program that is specifically aimed at Aboriginal and Torres Strait Islander peoples.[207]

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[202] Aboriginal and Torres Strait Islander Mental Health Advisory Group, *Review of the Aboriginal and Torres Strait Islander Tier 2 ATAPS program and the Aboriginal and Torres Strait Islander Suicide Prevention Tier 2 ATAPS program* (2012 unpublished). In additon, further work created by the ATSIMHAG ATAPS Working Group (2012 unpublished).

[203] Council of Australian Governments, *National Action Plan on Mental Health 2006–2011*, COAG, Canberra, 2006,  pp 9-32. Available online at: http://archive.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf (Accessed 21/9/12.)

[204] Council of Australian Governments, *National Action Plan on Mental Health 2006–2011*, COAG, Canberra, 2006,  pp.10, 15, 26 and 38. Available online at: http://archive.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf (Accessed 21/9/12.)

[205] Standing Council on Health, *Council of Australian Governments National Action Plan for Mental Health 2006-2011 Fourth Progress Report covering implementation to 2009-10,* Commonwealth of Australia, Canberra, pp.58-59.

[206] Roxon, N., Macklin, J., Butler M.,  *Budget, National Mental Health Reform* (Ministerial Statement), 2011, p.2. Available online at: http://www.health.gov.au/internet/budget/publishing.nsf/Content/849AC423397634B7CA25789C001FE0AA/$File/DHA%20Ministerial.PDF.)

[207] Russell L, *Mental Health provisions in the 2011-12 budget,* Menzies Centre for Health Policy, May 2011. Online publication: http://www.menzieshealthpolicy.edu.au/other_tops/pdfs_pubs/11-12budgetmentalhealth230511.pdf (Accessed 24/9/12)

# PART 3: NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND MENTAL HEALTH POLICY – A WINDOW OF OPPORTUNITY

### *The Closing the Gap Agenda*

"Closing the gap" across a range of social and economic indicators is one of five national priorities in the streamlined COAG National Reform Agenda.[208] *The National Indigenous Reform Agreement (NIRA)* is the framework for achievement of this priority and contains six COAG Closing the Gap Targets.

The NIRA also identifies seven 'building blocks' or areas of particular focus in its overall framework for addressing Aboriginal and Torres Strait Islander disadvantage, and links outcomes to them. These are: early childhood, schooling, health, economic participation, healthy homes, safe communities, governance and leadership.

The NIRA is implemented through national and jurisdictional planning but the 'motor' for implementation is seven Closing the Gap National Partnership Agreements (for clarity, please note that these are agreements between Australian governments and do not involve Aboriginal and Torres Strait Islander peoples). All national the existing partnership agreements contribute to better mental health outcomes for Aboriginal and Torres Strait Islander peoples:

- The *Indigenous Early Childhood Development National Partnership Agreement* is particularly important to ensuring babies and children get the best start to life;
- The *National Partnership Agreement on Remote Indigenous Housing* is important because poor and overcrowded housing is associated with poorer self-reported mental health, including higher rates of hazardous drinking;[209]
- The *National Partnership Agreement on Indigenous Economic Participation* is important because Aboriginal and Torres Strait Islander peoples are two and a half times more likely than non-Indigenous Australians to be within the lowest income quintile, [210] and, as discussed, poverty is

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[208] Council of Australian Governments, *National Indigenous Reform Agreement*. 2011. Available online at http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx.

[209] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. no. IHW 42, AIHW, Canberra 2011, p.24-25.

[210] Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. no. IHW 42, AIHW, Canberra, 2011, p.vii.

associated with higher rates of mental health conditions. Financial stress in households is commonly reported;[211]

- The *National Partnership Agreement on Remote Indigenous Public Internet Access* supports access to e-mental health services; and
- The *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* is important because, as discussed, improving physical health will improve mental health outcomes.[212]

### Aboriginal and Torres Strait Islander Mental health and Social and Emotional Wellbeing Planning

Key Result Area 4 of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NSFATSIH), the national Aboriginal and Torres Strait Islander health policy, addresses mental health and social and emotional wellbeing. It is 'specifically aimed at enhancing the emotional and social well-being of Aboriginal and Torres Strait Islander peoples and in particular targets mental health, suicide, alcohol and substance misuse and family violence issues, including child abuse.'[213]

In November 2011 the Australian Government announced the development of an Aboriginal and Torres Strait Islander Health Plan that would replace the NSFATSIH. This is currently in progress led by a partnership involving the Department of Health and Ageing and the National Health Leadership Forum of the National Congress of Australia's First Peoples.

At the same time, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009* (SEWB Framework) is also being renewed. The SEWB Framework was designed to complement the national mental health plans and the NSFATSIH. It aimed to improve mental health and social and emotional wellbeing through:

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[211] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey*, (Financial Stress) ABS Cat. no. 4714.0 (October 2010.) Online publication: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4714.0Main per cent20Features112008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view (Accessed 23/9/12).

[212] Australian Institute of Health and Welfar, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011.* Cat. no. IHW 42, AIHW, Canberra, 2011, p.38.

[213] National Aboriginal and Torres Strait Islander Health Council, *National Strategic Framework for Aboriginal and Torres Strait Islander Health* 2003 – 2013, AHMAC, Canberra, 2003. Available online at: http://www.health.gov.au/internet/main/publishing.nsf/Content/2A9BFD59B83FD082CA25747300174526/$File/nsfatsihfinal.pdf

- Accessible, culturally sensitive services providing mental health care across all health sectors;
- Accessible, culturally appropriate mental health and social and emotional wellbeing services through Aboriginal Community Controlled Health Services;
- Effective agreements and partnerships that are transparent and accountable;
- Optimal resources to ensure effective service delivery;
- A resourced, supported, competent and confident workforce; and
- Coordination and collaboration across key sectors and organisations.[214]

The SEWB Framework places the ACCHS at the centre of social and emotional wellbeing initiatives and was intended to be implemented by a partnership approaches involving three layers of implementation at national, state/territory and local/regional level. [215]

*The Fourth National Mental Health Action Plan* (2009-14) commits to renew the SEWB Framework.[216] This is a Council of Australian Governments initiative rather than being solely a Commonwealth effort, as was the original Framework.

In this fluid context the National Mental Health Commission in its first *National Report Card on. Mental Health and Suicide Prevention* recommended prioritising Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing in the COAG 'Closing the Gap' program, and developing a new *Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Pla*n. [217]

Such a Plan could contain a program of action to strengthen the evidence base in relation to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, including developing models for use in policy, program and services settings. As discussed, this research would occur under Aboriginal and Torres Strait Islander leadership to develop:

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[214] Social Health Reference Group , *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004 – 2009)*, Commonwealth of Australia, Canberra, 2004.

[215] Social Health Reference Group , *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004 – 2009)*, Commonwealth of Australia, Canberra, 2004,  pp.54-57.

[216] Australian Government, *Fourth National Mental Health Plan An agenda for collaborative government action in mental health 2009–2014*, Commonwealth of Australia, Canberra 2009, p.29. Available online at:
http://www.health.gov.au/internet/main/publishing.nsf/content/360EB322114EC906CA2576700014A817/$File/plan09v2.pdf

[217] National Mental Health Commission, *National Report Card on Mental Health and Suicide Prevention*, NMHC, Sydney, 2012, p.19, (Recommendation 5).

- Minimum services standards;
- A clear outline of what services are to be provided, by whom, and at what cost;
- A resources strategy;
- Targets; and
- A monitoring framework.

Targets for recruiting significant numbers of Aboriginal and Torres Strait Islander peoples into the mental health workforce area should be considered as a part of a Plan. For example, the current NSW Aboriginal Mental Health and Wellbeing Policy 2006 - 2010 has targets of Aboriginal Mental Health Workers within the mainstream system in a ratio of 1:1000 population *in addition* to those working in ATSIHPCS.

Such targets could be set across all five mainstream disciplines that work in mental health Psychiatry, Psychology, Mental Health Nursing, Social Work and Occupational Therapy. Part of this process should involve a stock take of relevant qualifications among mental health workers relative to the settings in which they work in order to establish baselines and ascertain any need to 'up skill' the existing workforce.

This Plan could also contain, as a completely integrated sub-strategy, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* being developed, and other mental health-related strategies (for example, in relation to alcohol and drug use) as appropriate.

The *Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Plan* would sit seamlessly within the *National Aboriginal and Torres Strait Islander Health Plan*, but could also operate independently within the mental health space. Just as it is uncontroversial that there be mental health plans for the general population in addition to health plans per se, so should it be for Aboriginal and Torres Strait Islander peoples.

In the mental health space an *Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Plan* is needed in part to ensure Aboriginal and Torres Strait Islander people are able to capitalise on current and future opportunities within the mental health system..

In December 2012 a *COAG Roadmap for National Mental Health Reform 2012-22* was published to guide health system reform over the next decade.,

To make sure Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing is not overlooked, the Aboriginal and Torres Strait Islander Mental Health Advisory Group (ATSIMHAG) to the Department of Health and Ageing is developing a supplementary Roadmap to maximise the opportunities that present themselves both in the Closing the Gap program and the mental health space. This includes proposals for an *Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Plan* and a whole of government response to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing involving education, family support and community cultural development.

In doing so ATSIMHAG is building on the approach of the *COAG Integrated Strategy on Closing the Gap in Indigenous Disadvantage*:- an attachment to the National Indigenous Reform Agreement – that aims to stimulate government responses in an integrated, 'whole of government' fashion.[218]In practice this means that every opportunity to improve Aboriginal and Torres Strait Islander mental health and other outcomes should be grasped – and particularly when an address to one issue can be expected to create improvements in many areas. As set out in this paper, so many challenges are entwined in compounding negative cycles with mental health and social and emotional wellbeing issues: the high rates of incarceration, the physical health gap, and poverty among them. In this fluid time, with so many mental health and Aboriginal and Torres Strait Islander health planning processes underway, dedicated mental health planning could be seen as an opportunity too good to pass by in relation to all these issues and mental health and social and emotional wellbeing per se. And there is currently a window to allow for that to happen if the opportunity is grasped.

And governments must work in partnership with Aboriginal and Torres Strait Islander peoples to make sure this occurs: with communities to develop local solutions and at the national level in partnership with NACCHO and the National Health Leadership Forum of the National Congress of Australia's First Peoples. These bodies' voices, along with that of the Aboriginal and Torres Strait Islander Mental Health, Social and Emotional Wellbeing and Suicide Prevention Advisory Group

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[218] Council of Australian Governments, *National Indigenous Reform Agreement*. 2011 (Schedule B). Avaialble online at http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx.

(that at time of writing. we understand is intended to replace both ATSIMHAG and the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group) must be heard.

In our 2012 *National Report Card on Mental Health and Suicide Prevention*, the National Mental Health Commission recommended  a number of actions in relation to the COAG Closing the Gap Program and in relation to a *Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Plan* – as set out below:[219]

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**Recommendation 5**

Include the mental health of Aboriginal and Torres Strait Islander peoples in 'Closing the Gap' targets to reduce early deaths and improve wellbeing. We must combat the vicious cycles of disadvantage that exacerbate mental and physical health issues. Poor mental health contributes to suicide risk and high rates of smoking, alcohol and substance abuse and obesity that in turn progresses chronic disease: the biggest killer of Aboriginal and Torres Strait Islander peoples.

Action: Mental health must be included as an additional target in the COAG 'Closing the Gap' program. This must be done through the development and implementation of an Aboriginal and Torres Strait Islander Mental and Social and Emotional Wellbeing Plan to commence in 2013. This must also address the current work and future findings of the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group.

Action: Training and employment of Aboriginal and Torres Strait Islander peoples in mental health services must increase. There must also be better support for Aboriginal and Torres Strait Islander families. There must be regular reporting on progress.

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*Significant Aboriginal and Torres Strait Islander health and general population mental health reform is currently taking place. The nation is faced with a once in a generation opportunity to enable improvements to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing through these processes and close the mental health gap. These reform processes also offer a chance to develop unique and innovative partnerships and funding models, and equally innovative community based programs to build social and emotional wellbeing. These opportunities should be grasped.*

*The National Mental Health Commission will monitor government efforts over the next year and report in our 2013 National Report Card on Mental Health and Suicide Prevention. This*

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[219] National Mental Health Commission, *National Report Card on Mental Health and Suicide Prevention*, NMHC, Sydney, 2012, p.19, (Action under Recommendation 5).

*will be an ongoing priority of future Report cards to continue to keep attention on these issues and spotlight success and concerns.*

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**Abbreviations used in this paper:**
- **ACCHS** – Aboriginal Community Controlled Health Service
- **ATSIMHAG** – Aboriginal and Torres Strait Islander peoples Mental Health Advisory Group
- **ATSIPHCS** – Aboriginal and Torres Strait Islander Primary Heath Care Service
- **NATSISS 2008** – National Aboriginal and Torres Strait Islander Social Survey 2008
- **WAACHS** – Western Australian Aboriginal Child Health Survey