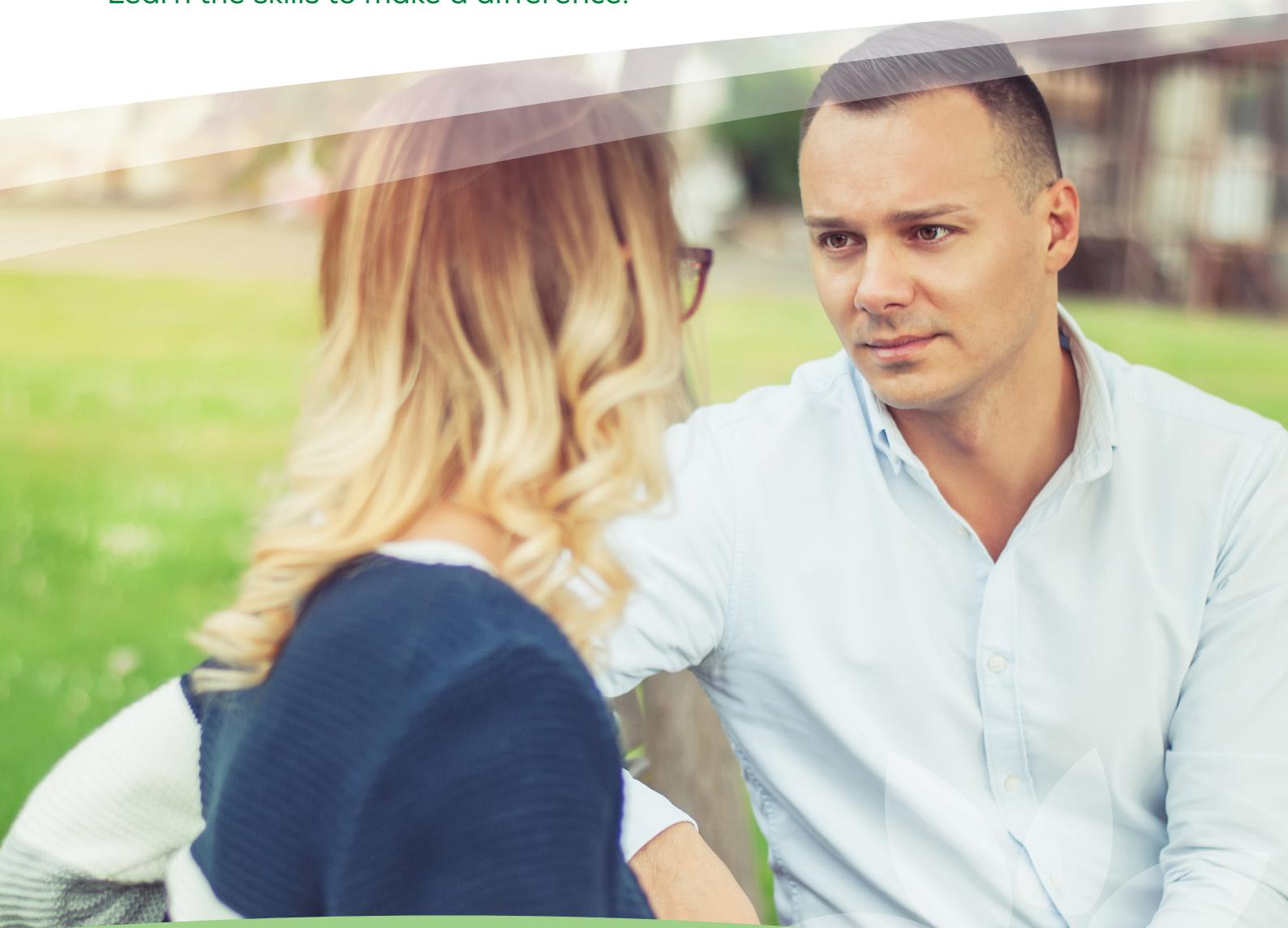




MENTAL  
HEALTH  
FIRST AID  
Australia

Learn the skills to make a difference.



## SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY INTO MENTAL HEALTH

APRIL 2019

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## EXECUTIVE SUMMARY

The Issues Paper published by the Productivity Commission for its inquiry into mental health concisely outlines the impact of mental illness in Australia, including that it is the single largest contributor to years lived in ill health, the third largest contributor to the reduction in total years of healthy life, and has a significant impact on productivity, employment and wellbeing. It also rightly notes many gaps in services and support.

Mental Health First Aid (MHFA) was developed in 2000 in response to the need for community awareness and skill development to enable individuals in workplaces, homes, schools and community settings to support a person experiencing a mental problem to find appropriate professional help.

Mental Health First Aid courses are delivered across Australia and internationally in 29 countries. Our approach has been recognised with a number of awards for excellence and has been listed in the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.

MHFA Australia believes that our evidence-based work will be of significant interest to the Productivity Commission's investigations into the role of mental health in supporting social and economic participation and enhancing productivity and economic growth.

Mental Health First Aid has a role in the response to the issues outlined below, especially the inquiry's focus on:

- Prevention (both primary and secondary) and early intervention to shift the current concentration of resources in costly acute and crisis care.
- Reforms outside of health care, such as in workplaces, education, social and community services, including:
  - the role of mainstream employers
  - support for emergency services
  - support for other frontline services (including organisations like Centrelink or My Aged Care) who service large public groups which include people with mental health problems and may be at risk themselves due to the nature of their work
  - the role that sports clubs and community groups play not just in promoting strong social participation, but directly providing mental health first aid.

- Particular groups of people at risk, including:
  - people with a mild or moderate mental illness
  - individuals with emerging mental illness
  - young people
  - disadvantaged/vulnerable groups.
- Inequitable access to care, such as in regional and remote areas and for disadvantaged groups or those needing culturally safe care, such as Aboriginal and Torres Strait Islander communities.

**This submission outlines:**

- the practice and scope of Mental Health First Aid
- the expansion of Mental Health First Aid in Australia and internationally
- the evidence behind the program
- how Mental Health First Aid can address particular issues outlined in the Issues Paper, and three key areas of focus for such interventions:
  - the education and training sector
  - the creation of mentally healthy workplaces both in public and private industry
  - Aboriginal and Torres Strait Islander communities.

## RECOMMENDATIONS

Mental Health First Aid Australia looks forward to continuing to work with Federal and State Government, and other partners so that everyone has the first aid skills to support people with mental health problems. To support this, it is recommended that Mental Health First Aid is included in a suite of evidence-based interventions offered across Australia to improve mental health, suicide prevention and participation across all jurisdictions.

Specifically, Mental Health First Aid Australia recommends the following:

<b>1. EDUCATION AND TRAINING SECTOR</b>
1.1 Teen MHFA should be offered to high school students across Australia.
1.2 Youth MHFA training should be offered in education settings across Australia for all secondary school teachers, other school staff including chaplains, as well as parents and carers.
1.3 Embed MHFA training in tertiary qualifications (for teachers, health professionals etc) to develop primary and secondary prevention skills in the future workforce.
1.4 Target a modified, appropriate, and accessible Youth MHFA program to support International students studying in Australia, who make up an important and high growth industry and are at risk of mental health problems.
<b>2. MHFA FOR THE WORKPLACE</b>
2.1 We recommend exploring the feasibility of establishing workplace parity between physical and mental health first aiders in Occupational Health and Safety legislation, using a staged approach.
2.2 Consider the issues raised for first responders and other at-risk workplaces in two key inquiries:
<ul style="list-style-type: none"><li>• 2018 Senate inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health problems experienced by first responders, emergency service workers and volunteers: <a href="https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth">https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth</a></li><li>• <i>Answering the call (2018)</i>: the first national survey of the mental health and wellbeing of personnel in the police and emergency services conducted by Beyond Blue: <a href="https://www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/pes-program/national-mental-health-and-wellbeing-study-of-police-and-emergency-services">https://www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/pes-program/national-mental-health-and-wellbeing-study-of-police-and-emergency-services</a></li></ul>

2.3 Support the following recommendations of these inquiries:

*b) funding agencies to provide communication initiatives, evidence-informed professional development, education and access to resources to address mental health literacy and risk and protective factors within the police and emergency services sector - Beyond Blue, Answering the Call.*

*(Recommendation 5): The committee recommends that compulsory first responder mental health awareness training, including safety plans, be implemented in every first responder organisation across Australia. Senate inquiry.*

*(Recommendation 12): The committee recommends that early intervention mental health support services be made available to all employees of first responder organisations with the aim of preventing, or reducing the severity of mental health conditions. Senate inquiry.*

### **3. RURAL/REGIONAL AND ABORIGINAL AND TORRES STRAIT ISLANDER MHFA (AMHFA)**

3.1 Provide funding to:

- further develop evidence-based community awareness/mental health literacy training models, such as MHFA, that are adaptable and specialised to the specific needs of Aboriginal and Torres Strait Islander communities, developed through consultation with diverse communities and in community languages
- develop regional community liaison frameworks to train local cultural leaders to work alongside AMHFA instructors
- develop Aboriginal and Torres Strait Islander community taskforce/network strategy to build gatekeeper strategies in remote communities

3.2 Provide funding for MHFA instructors to learn the skills to deliver MHFA training within their communities in rural and remote Australia

## ABOUT MENTAL HEALTH FIRST AID AUSTRALIA

**Mental Health First Aid Australia** is the Australian based, founding organisation that has led the development and provision of Mental Health First Aid courses globally.

Established in 2000, Mental Health First Aid (MHFA) was developed in response to the need for community awareness and skill development to enable individuals in workplaces, homes, schools and community settings to support a person experiencing a mental problem to find appropriate professional help.

Mental health first aid operates on the same principles as providing first aid for an individual experiencing a physical emergency.

In Australia there are 1,700 MHFA instructors and since 2000 over 700,000 Australian adults have undertaken MHFA training, in diverse settings and organisations.

Organisations that have implemented MHFA in Australia include corporate workplaces such as Lend Lease and Coca Cola Amatil, community and government agencies such as the South Australia Metropolitan Fire Service and schools and community settings.

From its roots in Australia, MHFA courses have been adapted to meet community and cultural needs in 29 countries.

The strengths of the courses include a robust evidence base, strong consumer focus and expertise in tailoring training messages into a range of local and international contexts, from remote Aboriginal and Torres Strait Islander communities and organisations to specific workforces, for example insolvency professionals who work with high proportion of distressed and vulnerable clients.

## THE REACH OF MHFA

Since its inception in 2000, Mental Health First Aid has evolved into a global movement that shows no signs of stopping.

**3 M+**

OVER 3 MILLION  
PEOPLE TRAINED  
GLOBALLY AND  
COUNTING...

**28+**

OVER 28  
COUNTRIES  
HAVE NOW  
ADOPTED MHFA

**700,000+**

OVER 700,000  
AUSTRALIANS  
HAVE COMPLETED  
OUR COURSES

**4500+**

OVER 4500 MHFA  
COURSES ARE  
RUN IN AUSTRALIA  
EACH YEAR

Worldwide MHFA has reached at least 3 million people, making it the largest mental health training program in the world. English-speaking countries lead the uptake of MHFA. To date, the United States, United Kingdom (England, Scotland, Wales and Northern Ireland), Ireland and New Zealand have trained close to 2.2 million individuals.

The value and impact of MHFA is derived from its broad scale reach and accessibility across diverse communities, cultures and countries, its rigorous evidence base and the unique focus on prevention and early intervention.

## WHAT IS MENTAL HEALTH FIRST AID?

Mental health first aid training provides people, workplaces and communities with the necessary skills to detect the early signs and symptoms of a mental health problem, the confidence to approach someone with a problem and guide them to connect with personal and professional assistance, as well as the capability to respond to a mental health crisis. Just as vital physical first aid is provided until medical treatment can be obtained, MHFA is the critical support given until appropriate connection to a professional, peer, social, or self-help care is found or until the crisis is resolved.

MHFA courses are designed to promote and facilitate early help-seeking, by building skills in individuals who may come into close contact with those showing early signs of a mental health problem or a mental health crisis. This includes family, neighbours, co-workers and customers, students, teachers and volunteers in sports and other community settings.

The MHFA approach has been recognised with a number of awards for excellence from The Mental Health Services (TheMHS) [Conference](#) and has been listed in the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.

MHFA Australia offers a suite of core programs appropriate to different age groups and specialised programs for identified communities in need, as well as a range of tailored (and blended online + face to face) courses based on the Standard MHFA, for specific workforces.

**Table 1: Courses available**

<b>Core courses</b>	<b>Specialised courses</b>
<ul style="list-style-type: none"> <li>● <b>Standard MHFA</b> (adults helping adults)</li> <li>● <b>Aboriginal and Torres Strait Islander MHFA</b> (for anyone assisting Aboriginal and Torres Strait Islander people, but primarily designed for Aboriginal and Torres Strait Islander people)</li> <li>● <b>Youth MHFA</b> (for adults helping adolescents and young adults)</li> <li>● <b>Teen MHFA (Years 7-9 &amp; 10-12)</b> (for adolescents helping each other)</li> <li>● <b>Older Person MHFA</b> (for helping people over 65+)</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Suicidal thoughts and behaviours</b></li> <li>● <b>Non-Suicidal Self-Injury</b></li> <li>● <b>Gambling Problems</b></li> <li>● <b>Talking about Suicide</b> (for Aboriginal and Torres Strait Islander people)</li> <li>● <b>Talking about Non-Suicidal Self-Injury</b> (for Aboriginal and Torres Strait Islander people)</li> <li>● <b>Talking about Gambling Problems</b> (for Aboriginal and Torres Strait Islander people)</li> </ul> <p><b>Courses for Specialised Groups</b></p> <ul style="list-style-type: none"> <li>● Workplace</li> <li>● Tertiary students</li> <li>● Pharmacy</li> <li>● Legal Professionals</li> <li>● Insolvency Professionals</li> </ul>

## THE EVIDENCE BEHIND OUR WORK

All MHFA courses draw from the best evidence, where it is available. To fill gaps in research on mental health first aid strategies, MHFA Australia has developed guidelines using the consensus of experts, including mental health professionals and people with lived experience. This is called the Delphi process (Figure1).

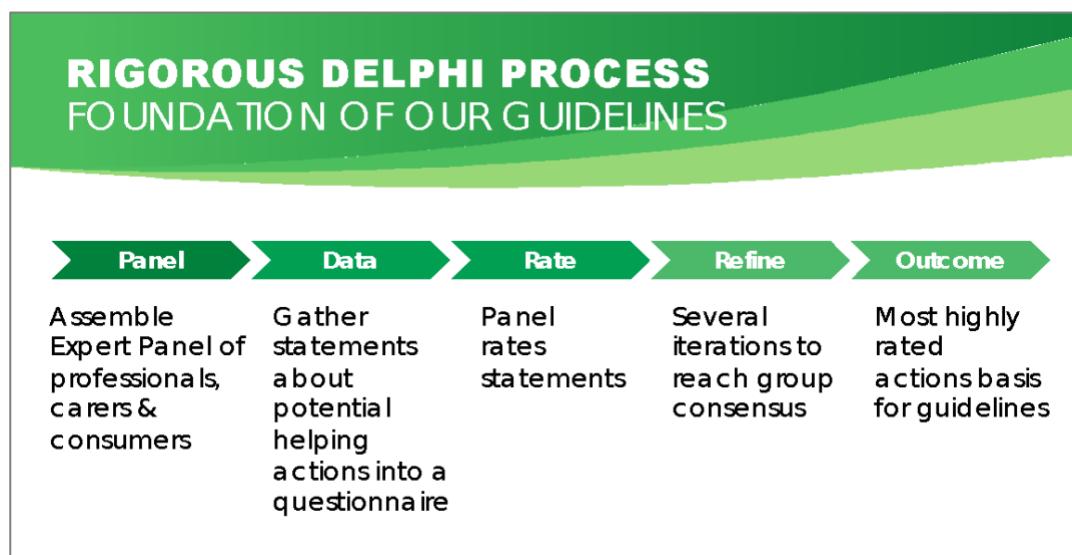


Figure 1: Outline of the Delphi Process

The MHFA program continues to be evaluated with studies of its efficacy conducted in numerous countries around the world. Two meta-analyses, the strongest level of scientific evidence, have been conducted which demonstrate the efficacy of the MHFA program. They reported moderate to large improvements in knowledge, attitudes, and helping behaviours. Results were similar across both studies, evincing no apparent systematic bias or differences in results related to study design (with or without control group) or 'publication quality' (journal impact factor).

The studies found that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems.

Additionally, the second metanalysis found MHFA training led to improved recognition of mental disorders and beliefs about effective treatments, confidence in helping a person with a mental health problem, and there were small improvements in the amount of help provided to a person with a mental health problem at follow-up.

**The reviews and other evaluations support the effectiveness of MHFA training in improving mental health literacy and appropriate support for those with mental health problems up to 6 months after training.**

**The MHFA program is recommended for public health action.**

**Table 2: Studies of effectiveness of MHFA**

Level	Type of Evidence	Number/Country
I	Systematic review of randomised controlled trials and meta-analyses	2 (SE 1 and AU 1)
II	Randomised controlled trial	12 (AU 6, UK 3, DK 1, SE 1, HK 1)
III	Controlled trial, but does not have random allocation to either intervention and control	7 (AU 3, US 3, SE 1)
IV	Uncontrolled trials	18 (AU 13, US 3, UK 1, CA 1)
Twenty-nine other studies (qualitative, feasibility, reviews, etc.)		

AU=Australia, SE=Sweden, UK=United Kingdom, DK=Denmark, US = United States of America, CA= Canada

## 1. EDUCATION AND TRAINING SECTOR

### **Teen and Youth Mental Health First Aid: important role in supporting the workforce in the education sector**

Youth is the peak period for the onset of mental illness, with three quarters of those who experience a mental illness in their lifetime having their first episode before the age of twenty-five. It is estimated that a quarter of 16-24 year old people will experience a mental illness in any twelve month period, often with significant impacts that can lead to lifelong burden and disability. Studies reveal that there are many perceived barriers to care, most significantly lack of mental health literacy, stigma, self-stigma and gaps in social support. Mental illness can have a significant deleterious impact on the educational and vocational trajectories of young people. To limit that, it is essential that primary and secondary prevention programs are enacted alongside early intervention approaches. Secondary and tertiary education settings provide key locations for interventions.

*"I found the course to be truly beneficial and useful to me as I interact with a good number of secondary school students on a daily basis. After attending the course, I have the necessary tools as a mental health first aider to recognize and help those in need."*

*"I would recommend this course for all educators of young people. I believe that we all should be trained to become Mental Health First Aiders."*

*~ Participants of Youth MHFA training*

The Teen MHFA program is effective in improving student mental health and mental health literacy and increasing both help-seeking intentions and confidence in providing mental health first aid to a peer, while reducing stigmatising attitudes. The Teen MHFA model also requires Youth MHFA courses to be run for local teachers and parents, as part of whole-school approaches to Mental Health First Aid. Research suggests that, as a result of involvement with Teen MHFA, adolescents with existing and developing mental health problems will be better supported by their peers and the whole school community. Researchers concluded that TMHFA is an effective and feasible program for increasing supportive first aid intentions and mental health literacy in adolescents in the short term.

A study in the United States of America showed that delivery of Youth MHFA, as part of a broader mental health program implemented in five sites over a two-year period, was effective in improving confidence and knowledge for school personnel in supporting young people with mental health problems.

## **RECOMMENDATIONS**

- 1.1 Teen MHFA should be offered to all high school students across Australia.**
- 1.2 Youth MHFA training should be offered to all secondary school teachers, other school staff including chaplains, as well as parents and carers in education settings across Australia.**

### **Pre-service tertiary education**

MHFA has been found to be effective when embedded within vocational training for medical students, nurses and occupational therapists during undergraduate university training. It has been shown to enhance mental health literacy and reduce stigmatising attitudes and social distance while improving confidence in mental health first aid intentions.

This demonstrates the potential of such training to allow recipients to apply the skills as secondary prevention and reduce delays in people with mental health problems reaching assessment and treatment, therefore reducing the risks of disengagement from study or employment.

## **RECOMMENDATION**

- 1.3 Embed MHFA training in tertiary qualifications (for teachers, health professionals etc) to develop primary and secondary prevention skills in the future workforce.**

### **International students**

Each year over 250,000 individuals, largely young people, arrive in Australia to study as late secondary and tertiary students. The education of international students has become an important growth industry over the last two decades.

The international student population faces similar academic stresses to their local peers but also a range of difficulties unique to its situation, including issues of language, personal and academic cultural adjustments, being separated from existing supports and needing to establish new personal support networks. Many also face financial pressures as they are not permitted to work while on student visas.

The [National Tertiary Student Wellbeing Survey 2016](#) showed that overall 53.2% of students reported high or very high levels of psychological distress on the 10-item Kessler Psychological Distress Scale compared with 11.7% of females and 9.8% of males aged 25-34 in the general population who reported high or very high levels of psychological distress in the 2014-15 national health survey (ABS, 2015). Although there is a lack of research this may be even higher in international students. A lack of social and family support, isolation, lower levels of written and spoken English and perceived pressure increase the risk of mental health problems, and each affect international tertiary students disproportionately. This group of students should be clearly identified as a target group for mental health support and programs.

## **RECOMMENDATION**

- 1.4 Target a modified, appropriate, and accessible Youth MHFA program to support International students studying in Australia.**

## 2. MENTAL HEALTH FIRST AID FOR THE WORKPLACE

Workplaces are a structured environment where primary and secondary prevention of mental health can be valuable. Mental health problems can confer substantial costs to organisations, including through absenteeism and presenteeism, which affect productivity and generate compensation claims as high as [\\$11 billion each year](#). The successful implementation of effective action, such as Mental Health First Aid (MHFA), to create a mentally healthy workplace can deliver a positive return on investment (ROI) of 2.3. Research on the [small business sector suggests](#) an even higher rate of 14.5 ROI.

MHFA is a successful intervention in the workplace and many workplaces – government, for profit and not for profit – have made significant investments in MHFA courses and see significant benefits.

As part of building a mentally healthy workplace, many industries and organisations are making [Mental Health First Aid Officers](#) (MHFAOs) a workplace requirement – just as they do First Aid officers for physical health issues. For example, the South Australian Public Service Enterprise Agreement requires workplaces to train the same number of staff in MHFA as they do Health and Safety Representatives (HSR) and First Aid Officers in the workplace. Workplaces report that MHFAOs provide valuable support to staff, by encouraging employees to speak openly about mental health and being able to facilitate early intervention. MHFAOs report that they feel competent and confident to have a mental health first aid conversation and encourage seeking of professional help in their workplace.

*"Since introducing the program 12 months ago, our MHFAiders across RAA have had more than 500 mental health first aid conversations at work and at home. By attending MHFA training, our MHFAiders report feeling confident and skilled to have helpful conversations with their peers and support them to seek professional help. Our MHFAider network is an important part of our early intervention strategy, as well as supporting a culture where mental health is taken as seriously as physical health."*

*~ Royal Automobile Association (RAA) of South Australia*

Looking at international models, England's Health and Safety Executive's First Aid guidance was updated in November 2018 to encourage employers to think about their employees' mental health and wellbeing needs and there are moves to [legislate the requirement to have parity](#) between mental health first aid and physical first aid. The feasibility of requiring MHFAOs within workplaces should be explored locally in a staged approach.

## RECOMMENDATION

### 2.1 Explore the feasibility of establishing workplace parity between physical and mental health first aiders in Occupational Health and Safety legislation, using a staged approach.

MHFAOs are trained to provide initial informal support to other employees in the workplace, outside of Human Resources and Workplace Health & Safety departments. They complement existing informal and formal support services, like Welfare Programs, Human Resources support and Employee Assistance Programs (EAP).

[The Workplace Implementation Guide](#) (p12) developed by MHFA Australia lists the studied benefits of appointing MHFAOs, including that such investment by organisations demonstrates their commitment to individual wellbeing which can strengthen workplace culture and improve cohesion, staff retention and engagement.

### First responders and other at-risk workplaces

People working in some industries and workplaces have higher needs for mental health support at work, either because they deal with members of the public who may be experiencing mental health problems or because the nature of their work increases their risk of mental health problems.

Industries by ANSZIC divisions	Any mental condition	Substance use condition	Affective condition	Anxiety condition
Agriculture, Forestry & Fishing	26.9%	5.0%	10.0%	21.9%
Mining	22.7%	12.1%	3.0%	16.7%
Manufacturing	20.5%	4.0%	4.0%	19.8%
Electricity, Gas, Water & Waste Services	31.6%	3.5%	10.5%	28.1%
Construction	25.1%	12.9%	8.9%	20.1%
Wholesale Trade	22.5%	6.7%	6.7%	17.4%
Retail Trade	26.7%	8.4%	7.1%	22.9%
Accommodation & Food Services	31.4%	12.0%	13.9%	27.2%
Transport, Postal & Warehousing	23.0%	6.0%	7.2%	20.4%
Information Media & Telecommunication	31.5%	4.5%	9.9%	28.8%
Financial & Insurance Services	33.0%	5.8%	8.7%	31.1%
Rental, Hiring & Real Estate Services	29.2%	7.9%	6.7%	23.6%
Professional, Scientific & Technical	26.1%	4.6%	10.2%	22.5%
Administrative & Support Services	28.5%	7.3%	9.5%	24.6%
Public Administration & Safety	23.3%	3.3%	7.2%	21.1%
Education & Training	28.2%	3.0%	9.2%	26.6%
Health Care & Social Assistance	25.7%	3.1%	7.8%	23.4%
Arts & Recreation Services	24.4%	2.4%	3.7%	24.4%

Figure 3: Industries with high levels of mental illness

These issues have been outlined in a number of inquiries and reports, including [Answering the call](#) (2018): the first national survey of the mental health and wellbeing of personnel in the police and emergency services conducted by Beyond Blue.

The findings of Answering the call indicate that many employees with high or very high distress and probable PTSD (post-traumatic stress disorder) did not self-report that they had a mental health problem in the previous 12 months. It found:

- one in three employees experience high or very high psychological distress; compared with one in eight among all adults in Australia (ABS 2015)
- elevated rates of diagnosable mental illness, that is one in 2.5 employees: 1 in 3 volunteers compared to 1 in 5 of all adults in Australia (ABS 2015)
- employees and volunteers reported having suicidal thoughts over two times higher than adults in the general population (ABS 2016) and are more than three times more likely to have a suicide plan (ABS 2016).

We know that many other 'frontline' services, for example Centrelink, or others dealing with people who may be experiencing mental health problems often do not know how and where to refer people for more support.

## **RECOMMENDATIONS**

### **2.2. Consider the issues raised for first responders and other at-risk workplaces in two key inquiries:**

- 2018 Senate inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health problems experienced by first responders, emergency service workers and volunteers:  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Education\\_and\\_Employment/Mentalhealth](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth)
- *Answering the call (2018)*: the first national survey of the mental health and wellbeing of personnel in the police and emergency services conducted by Beyond Blue: <https://www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/pes-program/national-mental-health-and-wellbeing-study-of-police-and-emergency-services>

### **2.3 Support the following recommendations of these inquiries:**

*b) funding agencies to provide communication initiatives, evidence-informed professional development, education and access to resources to address mental health literacy and risk and protective factors within the police and emergency services sector - Beyond Blue, Answering the Call.*

*(Recommendation 5): The committee recommends that compulsory first responder mental health awareness training, including safety plans, be implemented in every first responder organisation across Australia. Senate inquiry.*

*(Recommendation 12): The committee recommends that early intervention mental health support services be made available to all employees of first responder organisations with the aim of preventing, or reducing the severity of mental health conditions. Senate inquiry.*

### **3. RURAL/REGIONAL AND ABORIGINAL AND TORRES STRAIT ISLANDER MHFA (AMHFA)**

MHFA Australia developed the first Aboriginal and Torres Strait Islander MHFA (AMHFA) course in 2007. This began as an adaptation of the Standard MHFA course, but is now the flagship program of a suite of Aboriginal and Torres Strait Islander-specific MHFA courses. The program itself has developed a unique offering that attempts to build cultural perspectives and approaches to learning, that are often different to the other courses offered by MHFA.

AMHFA has grown and expanded as communities experience the impact of Mental Health First Aid in supporting and empowering communities. This has resulted in further expansion into remote communities, where there is often the greatest need for resources and support for people experiencing mental health crisis.

*"It is not at all unusual to deliver an AMHFA course in a community, and while I am there, be told of an instance where the information I have taught, that day or the previous day, has saved a life."*

*~ AMHFA Instructor*

MHFA Australia has trained more than 600 Aboriginal and Torres Strait Islander people (in all states and territories) to become AMHFA Instructors, who have then delivered AMHFA training to 60,000 people. This makes the AMHFA program the single largest and most sought-after community mental health training program for Aboriginal and Torres Strait Islander people.

*"This course was so practical and I can see I will use it most days in my role. The day after the course I was able to have a conversation with a student about their suicidal thoughts. A week ago, I wouldn't have felt confident to do that".*

*~ Participant from Walanga Muru student education unit at Macquarie University*

#### **Culturally safe training**

In the creation of AMHFA, MHFA has been committed to understanding and responding to the needs and preferences of Aboriginal and Torres Strait Islander people and communities. Our model of delivery for AMHFA relies on training community-based instructors, with knowledge of and relationships with local communities to deliver training. Specifically, the program takes a much broader view of 'mental health' or 'illness', focusing more on culturally relevant concepts of social and emotional wellbeing and holistic approaches.

Aboriginal and Torres Strait Islander people trained in AMHFA have report that its delivery is as a real opportunity to resource their communities in an area of great need, to develop themselves personally and professionally and to develop and grow their own professional businesses. The AMHFA model requires delivery of courses by Aboriginal and Torres Strait Islander people with the appropriate professional and cultural skills to support learning in communities, making this model a focused Aboriginal and Torres Strait Islander employment strategy in its own right. Trainers can be self-employed (many have developed whole businesses based on MHFA training delivery) or work within a range of government and NGO environments.

The course relies on visual teaching approaches such as film, art, and kinesthetic and other interactive activities to consolidate learning. However, the ability to completely ground AMHFA courses in culture through extensive community co-design is challenged by existing funding limitations, particularly as the program extends into remote and traditional Aboriginal and Torres Strait Islander communities.

The ability to further develop and tailor flexible and adaptive resources to ground teachings in diverse communities is a goal for the AMHFA program. The overwhelming feedback from communities is that the needs of Aboriginal and Torres Strait Islander young people is a much-needed area for program development. The development of such a program is currently unfunded.

MHFA Australia has led the development of Aboriginal and Torres Strait Islander specific guidelines with panels of Aboriginal and Torres Strait Islander experts; both professionals working in Aboriginal mental health and those with lived experience.

### **Evidence based training and the role of trauma, community participation**

Due to a range of factors, including population size, accessibility of communities, and engagement with mainstream health and community services) there is a very limited nationwide evidence base relating to Aboriginal and Torres Strait Islander mental health, cultural understandings of health and illness, and effective mechanisms to address 'mental illness' or 'disease' in Aboriginal and Torres Strait Islander communities. In fact, in some areas, such as gambling, eating disorders and non-suicidal self-injury, there is next to no nationwide empirical evidence, despite the high incidence and impact on communities anecdotally.

We do know, that the incidence of mental illness, presentations to hospital, loss of life due to suicide, and mental distress amongst youth (for example) is exponentially higher in Aboriginal and Torres Strait Islander communities when compared to their non-Indigenous counterparts (ABS 2016, World Health Organisation Reports).

The failure of efforts today in Closing the Gap and the critical importance of community control are to be seen in the recent announcement by Prime Minister Scott Morrison of a new Closing the Gap Partnership Agreement between the Federal Government, states, territories and the National Coalition of Aboriginal and Torres Strait Islander Peak Organisations. This will inform the Closing the Gap refresh, which is expected to set new targets to bridge the health gap between Indigenous and non-Indigenous people in Australia.

Well known Aboriginal and Torres Strait Islander researchers and practitioners have worked extensively to explore the impact and treatment of trauma on the wellbeing of Aboriginal and Torres Strait Islander people (such as the work of Professors Pat Dudgeon, Helen Milroy and Roz Walker and the selection of works in the *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* publications).

These works and others stress the importance of cultural contextualisation and community leadership in the design and delivery of mental health services, which can also extend to community development initiatives (including community awareness and mental health literacy (gatekeeper)training models). They also note, that the incidence of mental illness and other trauma-related illness are increasing in communities; reinforcing the need for a different approach and to not just apply adaptations of programs designed for non-Indigenous populations. Programs are required that specifically address the unique needs and challenges experienced by Aboriginal and Torres Strait Islander people.

Most recently, in an evaluation of the Aboriginal and Torres Strait Islander Mental Health First Aid 'Talking about Suicide' Program ([see paper explaining methodology](#)), preliminary data shows that the program led exceptionally high levels of self-reported confidence of participants to support a community member experiencing suicidal thoughts.

## **RECOMMENDATIONS**

### **3.1 Provide funding to:**

- further develop evidence-based community awareness/mental health literacy training models, such as MHFA, that are adaptable and specialised to the specific needs of Aboriginal and Torres Strait Islander communities, developed through consultation with diverse communities and in community languages
- develop regional community liaison frameworks to train local cultural leaders to work alongside AMHFA instructors
- develop Aboriginal and Torres Strait Islander community taskforce/network strategy to build gatekeeper strategies in remote communities

### **Rural and remote mental health**

According to a 2017 [report by the Centre for Rural and Remote Mental Health](#), in every state in Australia, the rate of suicide among those who live outside the greater capital cities is higher than that for residents that live within them, and the rate has risen much higher in rural areas over the period 2011-2015.

Rural communities often have poor access to health and social services and are more likely to experience events or situations that place them at greater risk.

## **RECOMMENDATION**

### **3.2 Provide funding for MHFA instructors to learn the skills to deliver MHFA training within their communities in rural and remote Australia**