

3 August 2020

Mr Romlie Mokak
Presiding Commissioner
Productivity Commission

By online submission

Dear Commissioner

Re: RANZCP response to the Productivity Commission Draft Indigenous Evaluation Strategy

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to the Productivity Commission's ('the Commission') development of an Indigenous Evaluation Strategy (IES). The IES represents an opportunity to establish agreed principles and approaches to evaluation that are centered on Aboriginal and Torres Strait Islander peoples. In particular, the RANZCP affirms the goal of the IES to establish a whole-of-government framework to better evaluate policies and programs that affect the lives of Aboriginal and Torres Strait Islander peoples.

In Australia, the RANZCP has around 5900 members, including more than 4300 qualified psychiatrists and over 1400 associate (trainee) members. As mental health specialists, psychiatrists are well-positioned to provide constructive input into improving the delivery of mental health services. This includes identifying gaps, proposing solutions to improve service delivery for individuals and working to build a more effective and efficient mental healthcare system.

The RANZCP partners with people with lived experience of mental illness (also referred to as consumers) and carers, through our Community Collaboration Committee (CCC), Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera (Maori Mental Health Committee). The purpose of the committees is to ensure the RANZCP considers the needs, values and views of the community. The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee is composed of psychiatrists who have direct experience working in Aboriginal and Torres Strait Islander mental health, as well as Aboriginal and Torres Strait Islander community members who are involved in mental health service provision and policy development. The Committee provides advice and support to the RANZCP on clinical practice and psychiatry training issues as they relate to Aboriginal and Torres Strait Islander peoples and promotes and advocates for the optimal health of Aboriginal and Torres Strait Islander peoples.

The RANZCP response identifies areas we believe the Commission should consider ahead of the completion of the IES. This includes promoting the importance of mental health considerations and impact assessments across all evaluations, and mental health concerns within the priority areas identified for evaluation. The RANZCP's response also provides comments on information requests in the Commission's IES – background paper.

Members of the RANZCP work across a diverse range of contexts throughout all Australian jurisdictions and are regularly engaged in supporting Aboriginal and Torres Strait Islander individuals and communities. It has been well established that across jurisdictions, access to specialist psychiatric services needs significant improvement and that strategies to ensure continuity of care require strengthening. The RANZCP's Aboriginal and Torres Strait Islander Mental Health Committee has consistently advocated for increased specialist service provision in both Aboriginal Medical Services and mainstream health services. The Committee also affirm the central importance of co-design across all aspects of program development, delivery and evaluation.

There are many opportunities to draw upon the collective knowledges and wisdom of Aboriginal and Torres Strait Islander culture and to see this as the basis of promoting better social and emotional wellbeing and to improving mental health outcomes. While social and emotional wellbeing and mental illness are sometimes thought of as separate health domains, evidence shows that there is an interrelationship between wellbeing and the risk factors associated with development of a mental illness. In order to address these risk factors and to ensure that policies and programs are meeting the needs and expectations of communities, effective co-design of programs and Aboriginal-led evaluation within communities is essential.

We look forward to engaging with the Commission as it progresses the IES and would welcome the opportunity to meet to discuss our submission in more detail.

For any queries please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships

Yours sincerely

Associate Professor John Allan
President

Ref: 1866



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP Response to the
Productivity Commission
Draft Indigenous Evaluation Strategy

July 2020

**Improve the mental
health of
communities**

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region. The RANZCP has around 5900 Australian members including around 4400 qualified psychiatrists and more than 1400 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental healthcare in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Submission Summary

The RANZCP views the development of an Indigenous Evaluation Strategy (IES) by the Productivity Commission ('The Commission') as a landmark moment for Indigenous-centered policy, research and evaluation. The RANZCP's Aboriginal and Torres Strait Islander Mental Health Committee provide their support to the Commission's goal to develop a principles-based framework for evaluation that identifies priorities for evaluation, and that establishes a governance structure to oversee evaluation. The IES is a welcome initiative that will not only shape government program development and evaluation but will influence the way in which not-for-profits, contractors and privately-owned companies engage with Indigenous people across Australia. While affirming the guiding principle and principles for evaluation outlined in the document the RANZCP has some comments on draft IES for the Commission's consideration. The RANZCP submission is structured as follows:

- **Part 1: General Comments**
- **Part 2: Suggested changes/additions to Draft IES**
- **Part 3: Responses to Information Requests**

In summary, the priority areas for consideration according to the RANZCP are:

- Ensuring that the process of evaluation does not take away funds from vital front-line services.
- Ensuring that the interconnectedness of mental health, trauma and healing is seen as an integral aspect of *all* priority areas.
- Ensuring that mental health impact assessments are included in ethics applications and appropriately reviewed by the council and/or independent ethics committee.
- That from the outset of any evaluation, Indigenous people take a position of leadership, guiding the direction, evaluation questions and methodology of evaluations.
- That in all aspects of the evaluation process, that consideration is given to minimising the risks for psychological harm, retraumatisation and distress to Indigenous people.
- That consideration be given to extending the evaluation priority areas to include key government mental health strategies.

Part 1: General Comments

The RANZCP acknowledges the work undertaken by the Productivity Commission ('the Commission') in developing the *Draft Indigenous Evaluation Strategy (IES)* and submits the following feedback for the Commission's consideration.

The RANZCP affirms the importance of improving the quality of evaluations across the Indigenous health sector. As was acknowledged in the *Overcoming Indigenous Disadvantage Report 2016*, the evaluation of programs, and subsequently policies, affecting Indigenous people, has been sporadic and inconsistent for many years. As noted in the IES by many Aboriginal and Torres Strait Islander individuals and organisations, these evaluations have not been Indigenous led, informed thorough community consultation, or formed around the questions and outcomes of most concern to Aboriginal and Torres Strait Islander people.

The RANZCP and its membership engage with Aboriginal and Torres Strait Islander people in a diverse range of contexts and in regard to aspects of social and emotional wellbeing, mental health, mental illness and community health etc. Our members interact with Aboriginal and Torres Strait Islander people across all demographics of Australian life and many of our members are passionately involved in system improvement and reform. The RANZCP is concerned that all aspects of medical care are culturally safe, and evaluations should be conducted in a manner that minimises any risks of re-traumatisation and distress to Indigenous peoples.

The RANZCP's own Aboriginal and Torres Strait Islander Mental Health Committee has been involved in advocacy to embed mental health considerations and targets across broad spectrum of government policies and programs. The rationale behind this activity is underpinned by the crucial role that mental health plays as a key determinant of health and wellbeing for individuals and across communities. As a result of this the RANZCP supports measures that will improve the distribution of funding and program effectiveness toward Aboriginal community-controlled organisations, that includes mental health considerations and targets.

The RANZCP believes, and as has been highlighted in other submissions to the Commission, that the IES also provides an opportunity for non-government organisations and private companies to both inform the development of the strategy and to reflect on how their own processes meet the standards outlined. This mutual knowledge sharing will ensure that best practice consultation, in whatever sector it occurs, is translated across the broader community and that all evaluation practices are improved. The RANZCP favours Aboriginal and Torres Strait Islander led planning, development and evaluation in health programs, and is striving to reflect this in its governance structures. As highlighted in the IES, the transition to this model in evaluation will take some time and capacity building.

The establishment of an IES is an important development in enhancing the ability of Aboriginal and Torres Strait Islander communities, policy makers, and the public to determine which programs are working for Aboriginal and Torres Strait Islander people.

Part 2: Suggested changes/additions to Draft IES

The RANZCP echoes concerns that have been raised regarding the additional funds that will be spent on evaluation and the risks associated with creating an 'evaluation industry' that will take already scarce resources away from frontline services. The RANZCP therefore supports the Commission's proposal to focus on the key draft policy priorities for the Close the Gap strategy as a broad summary of key areas for development. However, the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee expresses concern that these policy priorities do not include references to mental health or social and emotional wellbeing. Importantly, as the draft policy priorities state, 'All Australian governments recognise the need to address intergenerational change, racism, discrimination and social inclusion (including in relation to disability, gender, LGBTIQ+), healing and trauma, and the promotion of a culture and language for Aboriginal and Torres Strait Islander peoples.'

This overarching target and the specific targets across all areas (Families, children and youth; health; education; economic development; housing; justice, including youth justice; land and water), can only be effectively addressed if the mental health needs of individuals and communities are met through appropriate resourcing. Research shows that the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples is underpinned through receiving specialist support to address mental health concerns related to intergenerational trauma, racism and ongoing marginalisation and discrimination. [1-3] As a result, if mental health itself and or programs relating to mental health are omitted from program evaluation and systems improvement measures, the cumulative burden of disease on communities due to mental illness will disproportionately impact all other targets.

Evaluation plays an important role in ensuring that programs are working as designed, that gaps are addressed in a timely manner, and that outcomes are in-line with the goals of the service. As the National Aboriginal and Torres Strait Islander Health Plan suggests 'Services at the local level should recognise the protective factors of culture, and the strong connection between culture and positive wellbeing, to help improve Aboriginal and Torres Strait Islander people's access to timely and culturally appropriate mental health care.' [4] The plan highlights a range of key result areas that are crucial to achieving this goal including, 'Continue to implement the Roadmap for National Mental Health Reform 2012-2022, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 and the renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework.' Therefore, the RANZCP recommends that in addition to evaluation being prioritised across the Close the Gap strategy priority areas, that consideration be given to extending this across the key governmental mental health strategies.

Part 3: Responses to Information Requests

INFORMATION REQUEST 5.1 The Commission is seeking information on effective engagement strategies for evaluation. What engagement models are most effective? For what types of evaluations is co-design most useful? Why?

The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee affirm the importance of Aboriginal led co-design as the foundation for program development and implementation. In terms of

government (and non-profit etc.) evaluation the preferred model is Aboriginal oversight with a strongly embedded partnership and engagement framework. Co-design is essential when considering the balance of services within health systems and in allocating resources in multidisciplinary health settings.

Co-design should be utilised more sensitively when evaluating health and wellbeing issues of a personal and sensitive nature (family violence, youth suicide etc.), in these settings' co-design should reflect the complexities of engagement and the impacts of trauma. In respect to these contexts the need for Indigenous led approaches is critical. In these cases gaining insight from a broad range of perspectives, particularly those outside of community or from other communities, can inform the evaluation without unnecessarily retraumatising victims or families.

INFORMATION REQUEST 6.1 The Commission proposes that the interim evaluation priorities for the Indigenous Evaluation Strategy be broad and based on the Council of Australian Governments and the Joint Council on Closing the Gap draft policy priorities. Is this appropriate? If so, are there any priority areas missing from those currently identified through the Council of Australian Governments and the Joint Council on Closing the Gap? If not, what specific policy or program areas should be the focus of better-quality evaluations?

The RANZCP recommends that Mental Health and Social and Emotional Wellbeing should be included as a cross-system priority, as a means to addressing healing and trauma etc. In light of this the Commission should consider recommending evaluation priorities based on the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. This plan highlights that 'Social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other' (p 20), and also that while not all mental health illnesses are preventable, steps can be taken to reduce the likelihood that people at risk will go on to develop mental illness and that if they do, they will have better access to quality support and care.' (p.21). Ensuring that preventative mental health programs are sufficiently funded and effective in their implementation should be a focus for evaluation. Mental health services (both outreach and in-house) that operate both within Aboriginal Medical Services and mainstream services must be fit for purpose, culturally safe and provided with sufficient resources to meet community needs.

INFORMATION REQUEST 7.1 The Commission is seeking participants' views on which current Australian Government agency would be best placed to house the Indigenous Evaluation Clearinghouse: the Australian Institute of Health and Welfare; the Australian Institute of Family Studies; the Australian Institute of Aboriginal and Torres Strait Islander Studies; the Productivity Commission; or some other agency?

The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee recommend that the Commission give consideration to housing the Indigenous Evaluation Clearinghouse within the *Australian Institute of Aboriginal and Torres Strait Islander Studies*. AIATSIS oversight will ensure that Aboriginal and Torres Strait Islander governance is maintained throughout the evaluation cycle from development to publication. The RANZCP makes this recommendation with acknowledgment of ensuring that the implementation of the IES does not necessarily add to government bureaucracy or create administrative duplication.

INFORMATION REQUEST 7.2 The Commission is seeking participants' views on the location of an Office of Indigenous Policy Evaluation to oversee Australian Government agencies' implementation of the Indigenous Evaluation Strategy. Which current statutory agency would provide the best location for the Office of Indigenous Policy Evaluation, and why?

The RANZCP recommend that the Office of Indigenous Policy Evaluation be situated within the National Indigenous Australians Agency (NIAA). Since its establishment the NIAA has taken on key government priority areas for policy and reform, including the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group, National NAIDOC Committee and been closely involved in the renewed Closing the Gap strategy. As evaluations occur across government the NIAA could provide a point of coordination for conceptualisation of evaluation in agencies such as AIHW, through to publication through agencies such as AIATSIS.

INFORMATION REQUEST 7.3 The Commission is seeking participants' views on how members of an Indigenous Evaluation Council might be appointed. For example, could members be nominated by the Aboriginal and Torres Strait Islander community-controlled sector; for their experience in research, monitoring and evaluation; or based on some other factors? Would the host agency for the Office of Indigenous Policy Evaluation, and/or the Australian Government, need to be members?

The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee recommend that appointments to the Indigenous Evaluation Council be undertaken through a competitive nomination process to identify (as suggested), individuals with experience in research, monitoring and evaluation. In addition to this background appointees should have a strong track record of working with communities to develop and implement effective programs and policies. It seems most prudent that the Office of Indigenous Policy Evaluation is co-opted as a non-voting member and that the Australian government has observer (or some similar status). Through such a structure the independence of the Council can be maintained and its role can include providing advice on government wide priorities for evaluation and to review plans to ensure the cultural sensitivity and appropriateness of such evaluations.

References

1. Leckning B, Ringbauer A, Robinson G, Carey TA. Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts: Menzies School of Health Research; 2019.
2. Atkinson J. Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia: Spinifex Press; 2002.
3. Atkinson J. Trauma-informed services and trauma-specific care for Indigenous Australian children. Canberra, Australia: AIHW; 2013.
4. Government C. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. 2013.