



HealingFoundation
Strong Spirit • Strong Culture • Strong People

Productivity Commission
The Social and Economic Benefits of
Improving Mental Health

SUBMISSION BY THE ABORIGINAL AND TORRES STRAIT ISLANDER
HEALING FOUNDATION



Executive Summary

The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address trauma and to promote positive healing outcomes for individuals, families and communities. Under the leadership of our Aboriginal and Torres Strait Islander Board and Stolen Generations Reference Group, we have become the lead national agency supporting evidence based healing programs and creating an understanding of the historical legacy of trauma and its manifestation in contemporary Aboriginal and Torres Strait Islander communities.

This submission highlights irrefutable evidence, demonstrating the link between trauma and poor social and economic outcomes for Aboriginal and Torres Strait Islander people. It highlights the importance of an Indigenous focused and led response and presents a framework for achieving sustainable social and economic benefits for Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander conceptualisation of health is holistic. It encompasses mental, physical, cultural and spiritual health. Improving mental health outcomes for Aboriginal and Torres Strait Islander people requires a collaborative approach, including services outside the health sector such as; employment, education, housing, family services, crime prevention and justice. Focusing exclusively on the delivery of mental health services is limiting and is unlikely to lead to measurable results.

In addressing mental ill-health, it is important to recognise that Aboriginal and Torres Strait Islander communities are very diverse. The challenges and experiences of communities in remote settings are vastly different to the experiences of communities that reside in rural or urban settings. Furthermore, traditional cultural and language practices vary greatly.

The Australian Institute of Health and Welfare Report for Indigenous Health Welfare (2015) stated that Indigenous adults living in non-remote areas were significantly more likely to have high or very high levels of psychological distress than those in remote areas (32% and 24%, respectively).

It is well recognised that Aboriginal and Torres Strait Islander communities experience poor outcomes across a broad spectrum of social and economic indicators. New evidence now demonstrates that outcomes are even worse for Stolen Generations and their descendants, establishing a clear link between the experience of trauma leading to poorer social and economic outcomes for individuals, families and communities. The Australian Institute of Health and Welfare report on Stolen Generations and their descendants, published in November 2018, confirmed that there is an estimated 17,150 Stolen Generations across Australia. The report paints a disturbing picture of health, social and economic factors for Stolen Generations:

- 70% rely on government payments as their main source of income
- 62% live in households within the lowest three income percentile bands
- 62% of working age are not employed
- 39% (over the age of 50) report poor mental health

Intergenerational trauma is a thread that links chronic diseases, poor emotional health, mental illness, substance/alcohol abuse, and disengagement from education and work, among other issues. There is also clear evidence that if not healed, trauma negatively affects neurological development which can be passed on to future generations¹.

¹ Van Der Kolk, B. (2014), *The Body Keeps the Score*

Past government approaches have exclusively focused on the symptoms of mental ill-health, including domestic and family violence, alcohol and substance misuse, child welfare and justice issues. There needs to be a new approach where these symptoms are addressed in unison with tackling root causes. In recognition of this, the most effective policy and service delivery models are nimble and tailored, rather than one dimensional in their approach.

The Healing Foundation has identified eight key focus areas for change:

1. Focus on early intervention
2. Make the system easier to navigate
3. Improve accessibility of services
4. Design better service models via meaningful co-design
5. Establish better ways of measuring success
6. Improve workforce skill and capacity
7. Eliminate suicide and its impact
8. Support effective Indigenous healing frameworks

Recommendations

The Healing Foundation puts forward the following recommendations to support and enable social and economic benefits of improving mental health for Aboriginal and Torres Strait Islander communities:

- Invest in specialised and targeted mental health support options for Stolen Generation survivors and their families, in recognition of the unique and complex challenges that they face, as substantiated by the disturbing AIHW data referenced in this submission.
- Invest in localised, culturally competent mental health support service infrastructure, particularly in regional and remote areas where the cost of accessing mental health support services is beyond the reach of many vulnerable high need's groups.
- Commit to co-design of mental health policy, service delivery models and programs, so that locally developed healing responses are resourced, monitored and evaluated to strengthen the evidence base and enable greater culturally based solutions to emerge.
- Increase the number of trauma informed, trained and qualified Aboriginal and Torres Strait Islander staff across all spectrums of the mental health service sector, in response to the high proportion of Aboriginal and Torres Strait Islander clients that require servicing.
- Invest in the design, delivery and ongoing evaluation of cultural competency and trauma awareness training programs that address racism, ensure accountability and measure meaningful compliance. This is not only critical to improve the quality of service provision, it is essential to avoid inflicting further trauma on an already vulnerable and marginalised client group.
- Strategies are required to assist Aboriginal and Torres Strait Islander people to effectively navigate the mental health system (refer to community education and advocacy recommendations), to connect to appropriate support, particularly in regional and remote areas where service infrastructure is sparse.



- Organisations supporting and providing mental health services must adopt trauma-informed, culturally relevant approaches at all levels of service provision, including in their underpinning policies and service systems.
- Structural and systemic racism/discrimination needs to be eradicated from the mental health sector urgently. Improvements should be monitored closely via the implementation of client satisfaction surveys for marginalised client groups, to measure improvements against benchmark indicators.
- A comprehensive and targeted Workforce Development Plan is required as a matter of urgency. This should aim to address skill shortages, improve workforce retention rates in regional and remote areas and importantly, to set measurable and transparent targets for the recruitment of an Aboriginal and Torres Strait Islander Workforce as its main objective.
- A comprehensive Safety and Emotional Wellbeing Plan is required to prevent burnout of the workforce, ensuring that workers themselves have strong social and emotional wellbeing to provide quality services to clients. This is especially important for Aboriginal and Torres Strait Islander Workers that have the added burden of carrying community pressures and obligations that exceed the responsibilities of their professional roles.

Introduction

This submission highlights irrefutable evidence, demonstrating the link between trauma and poor social and economic outcomes for Aboriginal and Torres Strait Islander people. It highlights the importance of an Indigenous focused and led response and presents a framework for achieving sustainable social and economic benefits for Aboriginal and Torres Strait Islander communities.

Nationally, Aboriginal and Torres Strait Islander communities have suffered significant trauma because of colonisation. Generations have experienced wave after wave of debilitating shocks and harmful events including massacres, forced removal of children, forced removal from country, the destruction of Indigenous forms of governance, and the breakdown of family and community functioning. This experience has left individuals, families and communities in immense pain and has resulted in wide spread trauma that is cumulative and collective in nature.

The Australian Institute of Health and Welfare report on Stolen Generations and their descendants, published in November 2018, confirmed that there is an estimated 17,150 Stolen Generations across Australia, of these 56% were women and 46% men. The majority of Stolen Generation Survivors reside in either New South Wales, Queensland or Western Australia (73% in total). The report paints a disturbing picture of health, social and economic factors for Stolen Generations:

- 67% live with a disability or restrictive long-term condition
- 70% rely on government payments as their main source of income
- 62% live in households within the lowest three income percentile bands
- 62% of working age are not employed
- 39% (over the age of 50) report poor mental health

Compared to other Aboriginal and Torres Strait islanders in the same age group that **were not** removed from their families, Stolen Generations are:

- 3.3 times more likely to have been incarcerated within the past 5 years
- 1.8 times more likely to rely on government payments as their main source of income
- 1.6 times more likely to be unemployed
- 1.6 times more likely to suffer poor health
- 1.6 times more likely to have experienced homelessness in the past 10 years
- 1.5 times more likely to have mental health problems

It is important to recognise that the abovementioned figures are compared to a reference group of other Aboriginal and Torres Strait Islander aged 50 and over. The figures would be much worse if they were compared to the mainstream population.

The Healing Foundation has a Stolen Generations Reference Group that provides critical guidance for work relating to Stolen Generations. One of the strongest messages from this group, has been to focus on the needs of future generations and to address intergenerational trauma as a priority.

Intergenerational trauma is a thread that links chronic diseases, poor emotional health, mental illness, substance/alcohol abuse, and disengagement from education and work, among other issues. There is



also clear evidence that if not healed, trauma negatively affects neurological development which can be passed on to future generations².

In 2014/15 there were an estimated 114,800 descendants of Stolen Generations. This equates to 33% of the adult national Aboriginal and Torres Strait Islander population (or 1 in 3). Compared to other Aboriginal and Torres Strait Islanders, Stolen Generation Descendants are:

- 2.0 times more likely to have experienced discrimination in the past 12 months
- 1.9 times more likely to have experienced violence in the last 12 months
- 1.6 times more likely to be in poor health
- 1.5 times more likely to have been arrested by Police in the past 5 years
- 1.4 times more likely to have low levels of trust in the general community
- 1.4 times more likely to report poor mental health

This data demonstrates the devastating impact of trauma and how it directly leads to poorer social and economic outcomes.

Trauma and Mental Health

Emerging evidence continues to strengthen the link between the experience of trauma and poor mental health outcomes. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 emphasised the importance of acknowledging that trauma is a key element of mental health issues for Aboriginal and Torres Strait Islander people.

Medical research has also proven that trauma interferes with neurobiological development and undermines capacity to integrate sensory, emotional and cognitive information into a cohesive whole. This results in 'unfocused' responses to stress, resulting in significantly increased engagement in medical, correctional, social and mental health services.

Living with trauma diverts a person's energy to manage the physical and emotional impacts of trauma. This, along with poor educational outcomes, undermines the ability of Aboriginal and Torres Strait Islander people to engage in employment, which is correlated with poverty, overcrowded housing and poor standards of living.

It is important to understand the impacts of collective trauma as opposed to individual trauma, with research demonstrating that significant events that impact whole communities, have devastating social consequences, causing community breakdown and loss of connection to community. This emphasises the need to prioritise collective healing responses rather than focusing on individual treatment interventions. Given that communities live collectively and experience distress collectively, this is critical to creating real change.

Despite increasing references to trauma awareness across the mental health sector, feedback from Aboriginal and Torres Strait Islander practitioners and community members, suggest there is still a significant gap in the accessibility of genuinely trauma-informed psychological and therapeutic support.

² Van Der Kolk, B. (2014), *The Body Keeps the Score*

National Healing Forums

Since 2016, the Healing Foundation has facilitated 19 national healing forums across the country, engaging government and non-government agencies and Aboriginal and Torres Strait Islander community members in the identification of key issues that are impacting on the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities.

The healing forums provide a unique opportunity for communities to have strong voice in identifying issues that are impacting on them, and to devise locally developed solutions and options to address those issues. The Healing Foundation utilises these national healing forums to validate emerging evidence and to ensure that priorities are determined in genuine partnership and collaboration with local Aboriginal and Torres Strait Islander communities, instead of - on behalf of them.

Social and Economic Benefit Realisation

The Healing Foundation has identified eight key focus areas that will lead to social and economic benefits relating to mental health for Aboriginal and Torres Strait Islander people. Each of the eight elements are depicted in the following chapters of this submission.



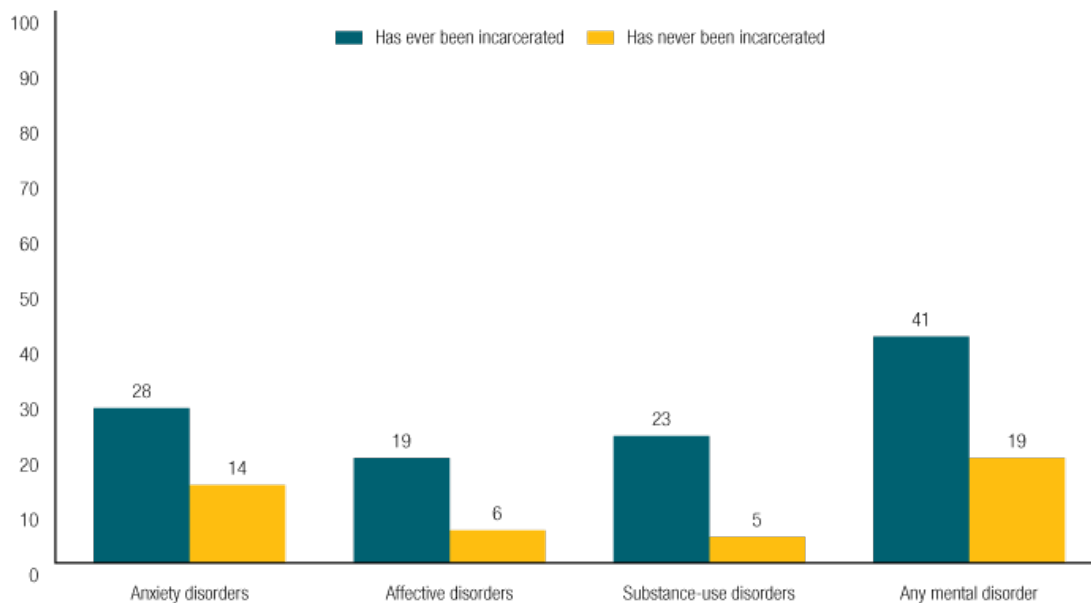
1. Focus on early intervention

Throughout various national healing forums, many Aboriginal and Torres Strait Islander community members expressed frustration regarding a perceived lack of early intervention focus in regard to the delivery of mental health services. It was perceived that primary investments were being made at the back end of the service system, when people were in crisis rather than any kind of early intervention approach.

This was seen to impede early diagnosis and effectively results in people living with complex mental illness without treatment or support. The intergenerational trauma needs of young Aboriginal and Torres Strait Islander people were seen to be neglected, with no clear focus on identifying mental health issues as they relate to Aboriginal and Torres Strait Islander young people.

Data suggested that Aboriginal and Torres Strait Islanders are commonly ‘falling through the cracks’ and not being diagnosed with a mental illness until they are at crisis point, or eventually incarcerated. An Australian Bureau of Statistics survey found that, among 385,100 people who reported ever having been incarcerated, the rate of those who reported having a mental health disorder in the prior twelve months was 41%, which is more than double the rate among the population who have never been incarcerated (ABS 2008 in AIC 2009). The study found higher reporting of a range of mental health disorders, including anxiety, affective disorders, substance use disorders and other mental disorders (AIC 2009).

Table 2. ‘Mental disorders and incarceration history’, AIC Crime Facts Info No 184



The New South Wales Prison Inmate study found the rates of mental illness and cognitive disabilities among Aboriginal and Torres Strait Islander prisoners is higher than the rate among the non-

Indigenous population³. This is consistent with higher rates of mental health-related hospitalisations for Aboriginal and Torres Strait Islander people, with data from 2012-13 demonstrating a rate that is more than twice the rate of the non-Indigenous population (National Mental Health Commission 2014).

Corrective Services New South Wales reports that the overall recurrent cost per inmate, per day is \$172.80, which is significantly lower than the national average of \$214.94⁴. This equates to an annual cost of \$63,072.00 per inmate in New South Wales and a national average of \$78,453.10 per annum. There is potential for significant savings to be realised, by transferring efforts into early intervention (by diagnosing people early) and providing them with quality services and support in the community - before they offend.

Aboriginal and Torres Strait Islander community members support a greater proportion of funding being targeted at the front end of the service system, with programs that focus on identifying mental ill-health as early as possible. This may occur through initiatives delivered within preschools, primary schools and via targeted programs delivered by frontline service providers such as Aboriginal Medical Services.

Aboriginal and Torres Strait Islander community members call for further investments in community education initiatives, targeted at raising community awareness of the signs of trauma and mental health. This will lead to more people being identified early, as being at risk or suffering from mental illness, and improved capacity for families and communities to provide support to them and pathways towards treatment.

Once people are effectively diagnosed (via a commitment to early intervention), services should aim to address the holistic needs of families, as the impact is often greater than on the individual alone. Currently Aboriginal and Torres Strait Islander families are carrying a huge burden caring for people with mental illness that have either been not diagnosed, misdiagnosed or have simply not engaged in care or treatment due to services being inaccessible or unresponsive to their complex needs.

Often the burden is resting on the shoulders of young people that need to care for their siblings, parents or extended family due to a lack of available localised support services. This severely stifles their own capacity to realise their potential in terms of current and prospective education and employment. This is particularly pronounced in regional and remote Australia where access to professional supports are limited and sometimes non-existent.

2. Make the system easier to navigate

Via national healing forums, Aboriginal and Torres Strait Islander people have reported a lack of awareness concerning mental health at a community level. Consequently, many individuals are resorting to self-medication to cope with their unresolved trauma. This diminishes their capacity to participate in gainful employment, further compounding high levels of socio-economic disadvantage. It also leads to other complex social problems including violence, child neglect, incarceration and

³ Baldry E, McCausland R and Dowse L (2015). 'A predictable and preventable path: Aboriginal people with mental and cognitive disabilities in the criminal justice system'. UNSW.

⁴ Corrective Services New South Wales, Fact Sheet 1, NSW Prison System

family breakdown – all of which, can drive mental ill-health at a community level and increase the cost burden to governments.

Despite increasing references to trauma awareness across the health sector, feedback from Aboriginal and Torres Strait Islander practitioners and community members suggests there is still a significant gap in the accessibility of genuinely trauma-informed psychological and therapeutic support. Communities report that some therapeutic services are implementing harmful practice, opening up community members to talk about distressing life events, and then not returning for over a month.

To address poor levels of existing community awareness, there is a need for increased investment in targeted community education campaigns that aim to increase community awareness of trauma and mental health generally, services that are available and avenues to initiate help. Furthermore, service models should be person centred and place based in their approach, putting the needs of clients first and designing services based upon the needs of local communities rather than a one-dimensional approach. This can be achieved by adopting a genuine process of co-design – elaborated on later in this submission.

In addition to better education and person-centred approaches, Aboriginal and Torres Strait Islander communities have highlighted the need for investment in trained and qualified mental health advocates within local communities. These advocates would be utilised to represent Aboriginal and Torres Strait Islander clients and their families when they require mental health support. They could potentially be responsible for driving local education campaigns, creating awareness of support services and building effective referral pathways for clients and families to engage with services.

The establishment of mental health advocates would allow clients to tell their story of trauma once, rather than multiple times, reducing the risk of compounding their experience of trauma. Furthermore, this investment would lead to economic efficiencies in the delivery of services, with clients being pointed in the right direction from the beginning of their journey, rather than shopping around for service options.

Wherever possible, mental health advocates would reside within the local community, so they can provide responsive services and to ensure that they are best placed to build a trusting relationship with clients and families. The Healing Foundation would support measurable targets relating to the recruitment of Aboriginal and Torres Strait Islander identified workers, matched against local demographic profiles.

3. Improve service accessibility

The National Review of Mental Health Programs and Services concluded that access to mental health services depends on ‘where you live, who you know, how much money you have and the extent to which you can self-advocate’. Unfortunately for many Aboriginal and Torres Strait Islander people, this translates to very poor access.

The national review recognised that people with mental illness are ‘moved between disconnected silos of intervention, including hospital wards, patchy support systems in housing, education and employment, and overstretched community and non-government services. It also highlighted specific weakness in supports for Aboriginal and Torres Strait Islanders due to cultural incompetence within services. Services ‘lacked a social and emotional wellbeing framework and failed to provide referral pathways from primary health to specialist services.



These findings are consistent with anecdotal feedback that The Healing Foundation has gathered through engagement with front line practitioners, service providers and clients.

The inherent low socio-economic status of remote communities necessitates superior investment; however, this is not the case in reality. Urban areas continue to attract most of the investment from government and remote areas continue to suffer poorer outcomes due to their neglect.

National healing forum participants from remote areas, consistently report a lack of basic support service infrastructure at a community level. People are being forced to travel outside of their community (often vast distances), to access much needed mental health assessment, let alone support. The lack of basic local service infrastructure not only impacts on individuals, families and communities in crisis situations, it stifles potential for the realisation of any sustainable outcomes that would effectively close the gap in Aboriginal and Torres Strait Islander disadvantage.

In circumstances when individuals and families from remote communities can afford to travel to access support, the financial, personal and emotional cost of maintaining that support usually results in an eventual discontinuation of service provision. Worse still, it can exacerbate the issues that initiated their motivation to seek support in the first place.

Feedback gathered by the Healing Foundation at recent New South Wales Healing Forums confirmed that regional communities are becoming increasingly disillusioned with 'fly in and fly out' service delivery models. Trauma is further amplified by the need for individuals to constantly form a new rapport with a high turnover of different staff and service providers. Clients are often required to repeat their story of trauma repeatedly to seek support and this is a traumatising experience.

Some jurisdictions do not have appropriate base line services. For example, the Northern Territory does not have a territory wide child and youth mental health system despite the clear levels of distress evident in their population including high youth suicide. In remote parts of Western Australia there is very limited access to any child psychiatric services. In lieu of professional therapeutic support services, communities are attempting to address and resolve the burden of trauma themselves or as a collective social network with limited resources and overstretched individuals.

The only meaningful and logical solution to these issues is a commitment to establishing better service infrastructure in rural and remote areas. The need for increased service infrastructure will be further amplified as populations continue to grow and disperse from urban areas and capital cities, driven by pressures associated with congestion and high living costs. The design of these services should ideally occur via a genuine process of co-design with local communities to ensure that initial investments reflect the actual needs and priorities of local communities.

4. Better service models via meaningful co-design

Often the traditional government approach to community engagement involves a consultation process specific to rolling out a new initiative that has had limited community input. This approach has proven to fail and has essentially led to a situation where Aboriginal communities are reporting that they often feel over consulted and tired of talking about problems with no solutions.



In contrast with the term consultation - co-design involves service providers and communities working together from the outset to develop new approaches that are genuinely informed by clients. By working directly with Aboriginal and Torres Strait Islander men, women and children on every aspect of program design and evaluation, communities will ensure that programs are designed to be safe, accessible, culturally and locally relevant.

Genuine co-design empowers communities, promotes leadership, supports self-determination to become a reality, and ensures that programs and strategies are based upon local cultural knowledge and practice. In turn, this community-led approach enables Aboriginal and Torres Strait Islander communities to take control of their lives and participate more fully in the economy by solving the social issues that otherwise impede this.

The Healing Foundation's work experience has built evidence that - healing programs are most effective when delivered on country by people from the same cultural group, as participants are supported by local skilled workers who understand the history and collective experiences of local Aboriginal people, both traumatic and positive.

Government funded services need to reframe their thinking of Aboriginal and Torres Strait Islander clients as hard to reach and instead recognise their failure to build trust and safety with clients as a symptom of problematic service delivery⁵.

There are opportunities for the mental health sector to contribute to improved outcomes by empowering Aboriginal and Torres Strait Islander communities to design and deliver their own healing solutions supported by partnerships with trauma-informed health services. The co-design process should include genuine partnership discussion concerning governance, oversight and accountability for new services, to ensure maximum value for money and efficiencies in the way that services are managed.

The Healing Foundation's extensive community reaffirms that Aboriginal communities are keen to get involved in these discussions to inform the development of innovative local solutions.

5. Establish better ways of measuring success

Typically, governments develop benchmarks and key performance indicators on behalf of Aboriginal and Torres Strait Islander communities, rather than negotiating what success means to the lives of Aboriginal and Torres Strait Islander people in a real sense. This failed approach is demonstrated by the relatively poor performance against closing the gap targets. In response to this poor performance, community leaders have voiced valid concerns that the targets themselves were poor and misaligned to what communities perceive as success.

There needs to be a new approach where Aboriginal and Torres Strait Islander communities are directly involved in determining what success means to them. This needs to be embedded as an integral part of policy and program development in all sectors, including mental health.

⁵ Mitchell and Chapman 2010 as cited in Healing Foundation et al (2017). Towards an Aboriginal and Torres Strait Islander Healing Framework for men and boys

6. Improve workforce skill and capacity

Feedback obtained from a series of New South Wales Healing Forums throughout 2018, reported that the mental health workforce encounters significant challenges in meeting demand for services, particularly in regional and remote areas. Issues such as inadequate access to training, skills shortages, an insufficient representation of Aboriginal and Torres Strait Islander workers across all levels of the service sector and poor staff retention are all impacting on service standards and quality. In many regional and remote communities there is ongoing difficulty attracting trained and qualified workers.

Dealing with trauma and its consequences including depression, anxiety and associated mental health disorders requires significant skill to ensure that harmful practice and further trauma does not occur. Many mainstream services lack cultural competency, skill and knowledge and their methods are continuing to further traumatise Aboriginal and Torres Strait Islander people rather than effectively addressing their service needs.

Many mental health staff lack education about the nature and impact of trauma on Aboriginal and Torres Strait Islander people. Staff need skill development and targeted training, so they are better equipped to respond effectively.

A prominent issue that was raised throughout a series of 6 New South Wales Healing Forums in 2018 was the extent of structural and systemic racism/discrimination that exists within the broad health services sector (including mental health). A number of community members shared harrowing personal experiences of being treated unfairly when seeking frontline health services within public hospitals and also amongst community run health services.

It was reported that racism and discrimination occurs both overtly and covertly. This seriously undermines the trust of clients and acts as a primary deterrent for vulnerable clients seeking to engage services. Furthermore, it adds to their trauma burden and exacerbates mental ill-health. Racism and discrimination need to be clearly identified and accountability mechanisms introduced, so there are consequences for individuals and organisations that are found to condone, practice or perpetuate harmful practice.

In many regional and remote communities there has been difficulty attracting trained and qualified Aboriginal and Torres Strait Islander staff. Building pathways that support the ongoing development of the mental health sector workforce will increase the available number of culturally informed mental health and Indigenous practitioners and therefore increase capacity of the sector to respond to demand. There needs to be further investment in quality and accessible training and skill development to attract more workers to the sector.

Training and development should not only be directed at prospective employees, it is equally important to ensure that enough resources are being targeted at the existing workforce, not only to improve the quality of service delivery but also as a mechanism to retain staff. Better staff retention will result in economic benefits.

Regional and remote communities experience a high rate of staff turnover. Often workers do a stint in a remote area due to the attached incentives and as a way of gaining valuable experience that is attractive in terms of building career experience. While this is beneficial for the workers themselves, it burdens clients with disrupted relationships and increased need to tell their story of trauma repeatedly. This also results in excess expenditure in relation to recruitment of new workers, their induction training and for regional and remote areas, their relocation.

The sector needs to develop a targeted staff retention strategy to address this issue. An important component of any strategy is succession planning and wherever possible the employment of people that reside in the remote community or at the very least reside in a neighbouring community. This will result in much better sustainability of service models.

The Healing Foundation has also observed that committed workers in regional or remote areas often suffer 'burn out' as they struggle to cope with the high demand and pressures of servicing a relatively high volume (due to poor staff to client ratios) of complex clients. Aboriginal and Torres Strait Islander workers have conveyed the challenge of being on call 24/7, with community members approaching them for support at any time. The sector needs a strategy to ensure the safety and wellbeing of the existing workforce as a priority, so that workers are well enough themselves to offer quality support to clients.

The Healing Foundation has recently partnered with Gallang Education and Training Centre to develop a Healing Accredited Short Course. The short course will equip existing and potential Aboriginal and/or Torres Strait Islander workers with the skills and knowledge to better understand and empathise with people experiencing complex trauma resulting from the impact of colonisation. The short course will enable learners to access further study pathways through options such as Credit Transfer and RPL (Recognition of Prior Learning) for units of competency across other qualifications, essentially providing critical pathways for Aboriginal and Torres Strait Islander people to enter the mental health workforce.

Aboriginal and Torres Strait Islanders communities also call for more support for mental health carers, to enable them to participate in employment. It has been highlighted that many people find it difficult to participate in education and employment when they are required to care for family members experiencing mental ill-health. More flexible education, employment and training initiatives are required – targeted at carers, with the aim of providing them with increased options to balance their caring obligations with employment opportunities.

7. Eliminate suicide and its impact

Indigenous suicide is a significant health challenge for Australia. Suicide has emerged in the past half century as a major contributor to the overall Indigenous health and life expectancy gap. In 2014 it was the fifth leading cause of death among Indigenous people, and the age-standardised suicide rate was around twice as high as the non-Indigenous rate.

Indigenous children and young people are particularly vulnerable, comprising 30 per cent of the suicide deaths among those under 18 years of age. In addition, Indigenous 15–24-year olds are over five times as likely to suicide as their non-Indigenous peers. As males represent the significant majority of completed Indigenous suicides, gender can also be understood as a risk factor.

The National Review of Mental Health Programs and Services Report (2014) highlights that wellbeing outcomes for Aboriginal and Torres Strait Islander people in Australia have worsened dramatically over recent years.

Suicide rates were highest for Aboriginal and Torres Strait Islander people aged 25–34 years (39.9 deaths per 100,000 population), around three times the rate for non-Indigenous Australians of the same age. From 2004–05 to 2012–13, the hospitalisation rate for intentional self-harm increased for



Aboriginal and Torres Strait Islander Australians increased by 48.1 per cent, while the rate for other Australians remained relatively stable.

Regional and remote communities are reporting the devastating impact of grief and loss that they are experiencing and flow on effect that is occurring from generation to generation. Increasingly younger people are carrying the burden of caring for their parents or extended family members that have been traumatised.

In 2017, the Healing Foundation facilitated the country's first ever National Youth Healing Forum in Queensland. Young people from all over the country came together to articulate (the priority issues that were impacting on them, their peers and their communities. Suicide featured as a prominent issue. A headline quote from the National Youth Healing Forum Report reads: *"We need increased focus on positive programs that keep people happy and healthy rather than only targeting them at crisis point."*

The youth healing forum participants talked about the toll that suicide is having on their families and communities. They identified the following main factors that contribute to the high rate of Aboriginal and Torres Strait Islander suicide:

- There is a general lack of support options and services available to assist people
- Some people feel too ashamed to disclose their issues
- We need to find new ways of reaching out to people and encouraging them to seek support
- People are using drugs and alcohol at a very young age. This creates longer term mental health and developmental problems and can exacerbate feelings of depression, bi-polar or schizophrenia
- There is a lack of available support services for people who have experienced family violence, abuse or neglect
- There is a high emphasis on young people needing to be carers at an early age. The pressures that families are putting on young people results in those children becoming parents themselves at a very young age—generational perpetuation of the problem⁶.

Feedback gathered from recent New South Wales Healing Forums confirmed that education about suicide and self-harm is needed in schools and across whole communities. They also highlighted a need for targeted suicide and self-harm awareness education to police, teachers, lawyers, magistrates, health workers, corrections staff, disability services and other community service providers of the triggers and risk factors that present when a person is at risk.

Communities have reported that the vast majority of critical events occur during weekends or outside of normal business hours for the few services that do exist, leaving untrained and unprepared community members grappling with how to deal with complex issues. Community members, parents and kin are therefore the front line of the mental health response.

Service models need to be designed with more flexibility and with the needs of clients at the forefront. The Healing Foundation strongly endorses a co-design approach, ensuring that communities have direct input into the design and operation of mental health services.

In the past two decades the communities of Yarrabah (in Queensland) and the Tiwi Islands (Northern Territory) have both seen suicide rates fall dramatically from very high rates that were experienced in the 1990s.

⁶ National Youth Healing Forum Report, Healing Foundation 2017



In 2017, The Healing Foundation, in partnership with the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), commissioned Dr John Prince to undertake research to identify factors that may have been effective in reducing the rate of suicide in both communities. The research culminated in a report titled 'Stories from community – How suicide rates fell in two Indigenous communities.

Over the course of the research more than 40 community members were interviewed in Yarrabah and over 60 community members in the Tiwi Islands. The report found that the most significant factor to address suicide effectively included the community first reaching a shared consensus that suicide prevention is required, coupled with the community being empowered to create local solutions collectively with strong cultural leadership. The report also identified critical factors that assist in terms of suicide prevention these include:

Prevention factors

- Programs that create community awareness about suicide risk factors
- Training of frontline staff to identify suicide risk factors in clients as early as possible
- Access to counsellors and mental health support within the local community
- Identification of critical risk periods and services targeted at those times
- Local crisis response teams to respond quickly and decisively after a suicide incident
- Continuation of care and support post incident to facilitate healing
- Cultural competence of mental health staff

Community elements

- The community is empowered to be directly involved in devising solutions
- Elders are involved and provide strong cultural leadership to decision making
- Solutions are devised within a cultural framework

The report emphasises that solutions cannot be formulated by government on behalf of Aboriginal communities or imposed upon communities. There needs to be more meaningful dialogue at a local level, more appreciation for locally developed solutions, and a commitment to resourcing those solutions.

8. Support effective Indigenous healing frameworks

Healing refers to the process by which people come to a stronger sense of self-identity and connection and through this can address the distress that they experience changing how they are able to interact. Healing involves a holistic and ongoing approach that is deeply rooted in culture and addresses physical, social, emotional, mental, environmental and spiritual wellbeing.⁷

It is vital that healing is recognised as an ongoing and long-term process that requires slow, deliberate and meaningful work. Multiple generations of collective and cumulative trauma cannot be solved through short-term, one-off programs or events. Time is needed to build connections and relationships, to reconnect with culture and to work towards self-determination emerging as a reality for Aboriginal and Torres Strait Islander communities.

⁷ Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009 'Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation'. Commonwealth of Australia.



A critical element of healing programs is an emphasis on restoring, reaffirming and renewing a sense of pride in cultural identity, connection to country, and participation in and contribution to community.

Collective healing reinstates and reconnects Aboriginal and Torres Strait Islander communities to their core cultural value systems, where obligations and reciprocity were central to community survival. Without enabling the reclaiming and reconnection to these value systems, Aboriginal and Torres Strait Islander people will remain over-represented in the justice, child protection and indeed the mental health system.

Collective healing moves away from the 'treatment' of individuals to a model where 'individuals develop their own skills and capacities to empower healing in themselves and their families and communities'⁸.

Healing is an essential condition of any support for Aboriginal and Torres Strait Islander development in Australia⁹. Incorporating healing into a collective process of self-determination enables Aboriginal and Torres Strait Islander people to identify and deal with the underlying causes of trauma.

For example, an independent evaluation¹⁰ of the Northern Territory Men's Healing projects, demonstrates the benefit of developing healing strategies through a genuine co-design process. It also demonstrates the importance of striking the right balance between therapeutic support and cultural practice to achieve positive outcomes across several health and wellbeing domains.

The initiative empowered Aboriginal men through cultural, education and therapeutic healing activities, facilitated access to support services, increased their confidence and capacity to gain meaningful employment and overcome issues such as family and domestic violence, alcohol and other drug use, self-harm, incarceration and poor health and social and emotional wellbeing. The evaluation found:

- a reported decrease in incidence of family and domestic violence and less violence generally in communities;
- reduced observable rates of self-harm and suicide during the life of the program in two of the communities;
- women feeling safer and more supported by the men in their families and communities;
- increased health and emotional wellbeing among men in the communities;
- increased leadership as men take responsibility for their past, present and future; and
- increased re-emergence of cultural celebrations and ceremonies, some of which had not occurred in the communities for decades, and;
- a reduction in recidivism and reoffending over the life of the program including a reported 50 per cent reduction in the number of men registered with the NT Department of Correctional Services within the Wurrumiyanga area (where the program has been running the longest)

The challenge for the Healing Foundation has been having state and territory governments invest in these approaches. Despite these significant results the Northern Territory government did not invest and support this work and would not take this initiative to scale, despite originally funding the work.

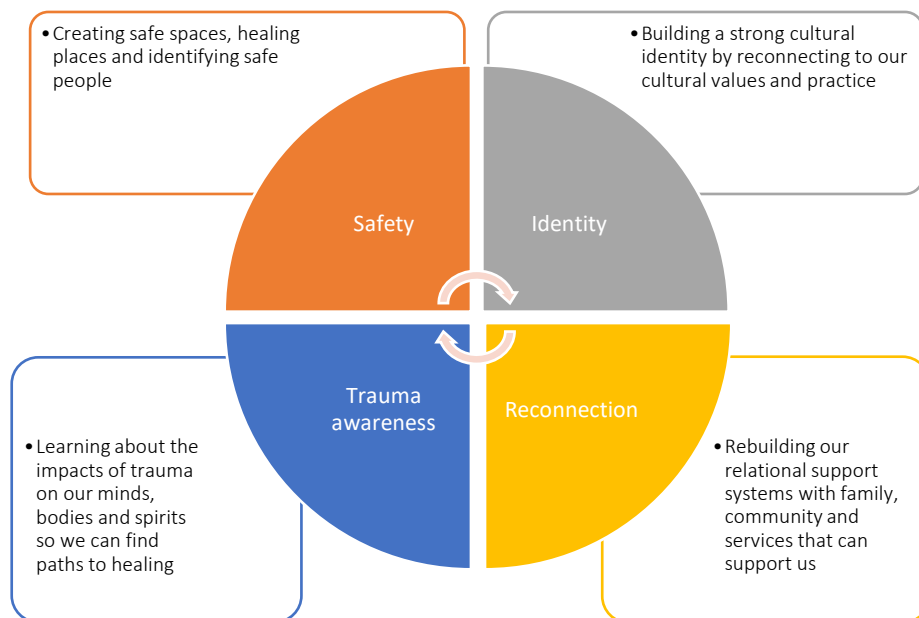
⁸ Collective Healing for members of the Stolen Generations Aboriginal and Torres Strait Islander Healing Foundation 2014b:14

⁹ Social Compass 2016 A Theory of Change for Healing, prepared in partnership with the Institute for Human Security and Social Change p16

¹⁰ Healing Foundation 2015. 'Our Men, Our Healing: Creating Hope, Respect and Reconnection'. Evaluation Report Executive Summary. <https://healingfoundation.org.au/app/uploads/2017/03/OMOH-60-pg-report-small-SCREEN-singles.pdf>

Too many times evidence-based programs showing great results, such as these across Aboriginal and Torres Strait Islander communities are defunded, not supported and allowed to close due to government policy or inaction. This in its self is a false economy, meaning that communities must always start again, can never build traction and are continuously having to rebuild or pivot to address issues that are interconnected. This traumatises the Aboriginal workforce and makes them less likely to engage in future work. This trauma cycle is something that will need to be stopped to make real gains.

Through its work, the Healing Foundation has developed four pillars of Indigenous trauma recovery¹¹:



Four Pillars of Indigenous Trauma Recovery

1. **Safety:** creating safe spaces, healing places and identifying safe people to support healing;
2. **Identity:** building a strong cultural identity by reconnecting to our cultural values and practice;
3. **Reconnection:** rebuilding our relational support systems with family, community and services that can support us; and
4. **Trauma awareness:** learning about the impacts of trauma on our minds, bodies and spirits so we can find paths to healing.

Healing-informed approaches based on these pillars can improve outcomes across a range of health and well-being domains, especially in terms of mental health.

Quality healing balances Indigenous and western concepts may provide for individual support within a broader collective approach and supports cultural and spiritual renewal concurrently with psychological and therapeutic support.

¹¹ Healing Foundation with Adams, M, Bani, G, Blagg, H, Bullman, J, Higgins, D, Hodges B, Hovane, V, Martin-Pederson, M, Porter, A, Sarra, G, Thorpe A and Wenitong M 2017. *Towards an Aboriginal and Torres Strait Islander violence prevention framework for men and boys*. The Healing Foundation and White Ribbon Australia

International and local research indicates that healing programs should be specific to local regions and groups and are best delivered on country by people from the same cultural group as participants¹². Localisation of healing can ensure a trauma-informed approach delivered by skilled workers who understand the history and collective experiences of local Aboriginal people, ‘both traumatic and positive’¹³.

Healing is an ongoing process that needs to be integrated across the broad ambit of laws, policies and services that relate to Aboriginal and Torres Strait Islander people. Trauma-informed approaches must therefore be embedded in all aspects of systems that engage with and impact on Aboriginal and Torres Strait Islander peoples and in cross-sector initiatives that span the community, health, education, employment, justice sectors and beyond.

Recommendations

The Healing Foundation puts forward the following recommendations to support and enable social and economic benefits of improving mental health for Aboriginal and Torres Strait Islander communities:

- Invest in specialised and targeted mental health support options for Stolen Generation survivors and their families, in recognition of the unique and complex challenges that they face, as substantiated by the disturbing AIHW data referenced in this submission.
- Invest in localised, culturally competent mental health support service infrastructure, particularly in regional and remote areas where the cost of accessing mental health support services is beyond the reach of many vulnerable high need’s groups.
- Commit to co-design of mental health policy, service delivery models and programs, so that locally developed healing responses are resourced, monitored and evaluated to strengthen the evidence base and enable greater culturally based solutions to emerge.
- Increase the number of trauma informed, trained and qualified Aboriginal and Torres Strait Islander staff across all spectrums of the mental health service sector, in response to the high proportion of Aboriginal and Torres Strait Islander clients that require servicing.
- Invest in the design, delivery and ongoing evaluation of cultural competency and trauma awareness training programs that address racism, ensure accountability and measure meaningful compliance. This is not only critical to improve the quality of service provision, it is essential to avoid inflicting further trauma on an already vulnerable and marginalised client group.
- Strategies are required to assist Aboriginal and Torres Strait Islander people to effectively navigate the mental health system (refer to community education and advocacy recommendations), to connect to appropriate support, particularly in regional and remote areas where service infrastructure is sparse.

¹² Aboriginal and Torres Strait Islander Healing Foundation (2014). ‘Our Healing Our Solutions: Sharing Our Evidence’;

¹³ Caruana, C 2010, ‘Healing services for Indigenous people’, Family Relationships Quarterly, vol. 17, pp. 3–9. in Aboriginal and Torres Strait Islander Healing Foundation 2014 Our Healing Our Solutions: Sharing Our Evidence’:18



- Organisations supporting and providing mental health services must adopt trauma-informed, culturally relevant approaches at all levels of service provision, including in their underpinning policies and service systems.
- Structural and systemic racism/discrimination needs to be eradicated from the mental health sector urgently. Improvements should be monitored closely via the implementation of client satisfaction surveys for marginalised client groups, to measure improvements against benchmark indicators.
- A comprehensive and targeted Workforce Development Plan is required as a matter of urgency. This should aim to address skill shortages, improve workforce retention rates in regional and remote areas and importantly, to set measurable and transparent targets for the recruitment of an Aboriginal and Torres Strait Islander Workforce as its main objective.
- A comprehensive Safety and Emotional Wellbeing Plan is required to prevent burnout of the workforce, ensuring that workers themselves have strong social and emotional wellbeing to provide quality services to clients. This is especially important for Aboriginal and Torres Strait Islander Workers that have the added burden of carrying community pressures and obligations that exceed the responsibilities of their professional roles.