



HealingFoundation
Strong Spirit • Strong Culture • Strong People

Inquiry into accessibility and quality of mental health services in rural and remote Australia

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 the ongoing trauma caused by actions such as the forcible removal of children from their families. Our work helps people create a different future.

Under the leadership of our Aboriginal and Torres Strait Islander Board, we have become a lead agency in Australia in supporting evidence-based programs, creating knowledge and promoting understanding of the historical legacy of trauma and its manifestation in contemporary Aboriginal and Torres Strait Islander communities.

Emerging evidence continues to strengthen the link between the experience of trauma and poor mental health outcomes 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 services¹.

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.

Feedback from recent New South Wales Healing Forums reported that the mental health workforce encounters significant challenges in meeting demand for services 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.

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 the majority of investment from government and remote areas continue to suffer poorer outcomes due to their neglect.

This submission provides practical examples of funded initiatives that have made measurable improvements in the social and emotional wellbeing of remote communities including, driving down suicide rates and assisting communities to create solutions to complex problems to achieve better outcomes.

The Healing Foundation supports calls for increased investment in basic mental health service infrastructure and a concurrent focus on ensuring that services are delivered in a trauma informed way, underpinned by evidence.

The Healing Foundation strongly advocates for a new approach to the design and delivery of mental health services in regional and remote areas. The new approach is based upon principles of genuine

¹ Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.



co-design, empowering communities to take ownership of local issues and promoting strong cultural leadership as the centre piece of all work. The Healing Foundation submits the following recommendations for consideration by the Senate Standing Committee on Community Affairs:

- Investment to establish 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 needs groups.
- Commitment to co-design of policy and programs is required, so that locally developed healing responses are resourced, monitored and evaluated to strengthen the evidence base and enable greater cultural solutions to emerge.
- Investment to 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.
- Investment 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 the infliction of further trauma upon an already vulnerable and marginalised client group.
- A comprehensive understanding of intergenerational trauma - its causes and impact, needs to be developed and embedded across all spectrums of the mental health service sector.
- Strategies are required to assist Aboriginal and Torres Strait Islander people to effectively navigate the mental health system and 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.
- 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

The Impact of Trauma

The process of colonisation – including the forced removal of children from their families and abuse, the suppression of language and culture, dispossession from country, disruption of kin networks and destruction of an independent economic base for living – has had profoundly negative health and wellbeing effects on Australia's First Nations.

The evidence for intergenerational transmission of the trauma stemming from these processes is now well known and accepted² and is supported by The Healing Foundation's own evidence, including the voices and experiences of Aboriginal and Torres Strait Islander people³. Whatever their origin, these traumatic experiences:

'can be transferred from the first generation of survivors that have experienced (or witnessed) it directly in the past to the second and further generations of descendants of the survivors ... [this] intergenerational trauma ... is defined as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as 'cumulative emotional and psychological wounding'⁴.

For many Aboriginal and Torres Strait Islander people, trauma is therefore an ongoing experience, either because the discriminatory practices continue or because they live in families and communities where others have been subject to such practices and then pass the trauma on. It has also become clear how unaddressed intergenerational trauma is a significant, if often unrecognised, driver of some of the most serious social and emotional wellbeing issues faced by many Aboriginal and Torres Strait Islander communities today, including leaving school early, drug and alcohol addiction, criminal behaviour, violence, and suicide and that:

The trauma suffered by Aboriginal and Torres Strait Islander peoples through the process of colonisation and through to the present day therefore is immense. Perhaps more importantly, the nature of the trauma is collective, cumulative and intergenerational. Trauma is collectively experienced across communities, is cumulative across the life-course of individuals and is passed from one generation to the next within families. That is, as a result of past and present government policies, trauma takes place at the individual, family and community levels. Trauma has led to the breakdown of cultural values and practices, has undermined parental capacity across generations and has caused conflict and violence across families and communities⁵.

Emerging evidence continues to strengthen the link between the experience of trauma and poor mental health outcomes for Aboriginal and Torres Strait Islander people. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013, emphasised the importance of

² Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.

³ See for example Aboriginal and Torres Strait Islander Healing Foundation reports: *Voices From the Campfire* (2009); *Healing Centres Final Report* (2012); *Growing Our Children Final Report* (2013).

⁴ Atkinson J *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Canberra / Melbourne, Australian Institute of Health and Welfare & Australian Institute of Family Studies, 2015

⁵ The Healing Foundation with Social Compass and the Institute for Human Security and Social Change (La Trobe University, *A Theory of Change for Healing*, 2018



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 services⁶.

Living with trauma diverts a person’s energy to manage the physical and emotional impacts of that 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. The disproportionate levels of incarceration of Aboriginal and Torres Strait Islander people is both symptomatic of, and a cause of trauma, with a strong correlation between criminogenic risk factors, the social determinants of health, and the prevailing symptoms of traumas.

Intergenerational trauma is a thread that links chronic diseases, poor emotional health, mental illness, substance misuse and 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 passes to future generations.

It is also 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 explains how disconnection from country, culture, family and community has had a devastating impact on Aboriginal and Torres Strait Islander health and wellbeing. It also emphasises the need to prioritise collective healing responses rather than focusing on individual treatment interventions alone.

Given that communities live collectively and experience distress collectively, this is critical to creating real change. The failure to tailor healing efforts at a community level means families continue to live in vulnerability without the strength of a community to assist them.

Key Issues

Accessibility of Services

Since 2015, the Healing Foundation has conducted 18 Healing Forums across Queensland and New South Wales. The forums provided an opportunity for Aboriginal and Torres Strait Islander people to clearly articulate priority issues that are causing trauma in their respective communities and develop solutions that are locally based.

⁶ Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.



Healing forum participants consistently reported that most significant and urgent challenge facing Aboriginal and Torres Strait Islander people residing in regional and remote areas, is a sheer lack of available services at a community level. People are being forced to travel outside of their community (often vast distances), to access any kind of mental health assessment, let alone support.

The current lack of basic local service infrastructure and therefore support, not only impacts on individuals, families and communities in crisis situations, it stifles potential for the realisation of any sustainable outcomes.

In circumstances when the individual or family can access support (outside of their own community) to address their mental health needs, 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 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 over and over again to seek support and this in itself is a traumatising experience.

Some jurisdictions do not even have appropriate basic services. The Northern Territory does not have a territory wide child and youth mental health system despite the 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 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 the majority of Aboriginal and Torres Strait Islander people, that translates to very poor levels of service 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 Indigenous Australians due to the cultural incompetence of services. In particular, 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.

Responsiveness of Services

The National Review of Mental Health Programs and Services seemingly echoes community concerns about the ineffectiveness of mainstream health service delivery models. Aboriginal and Torres Strait Islander communities have identified cultural incompetence among services, the absence of a social



and emotional wellbeing framework and failure to provide referral pathways from primary health to specialist services (National Mental Health Commission 2014).

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. This leaves the community to manage the distress of the individual and in some cases suicide attempts.

It is well reported that many mainstream services are not culturally appropriate or responsive to the community's needs, especially in remote areas, however there appears to be very little action or concerted effort to address the issue. The cultural awareness training and other professional support that is available appears insufficient and overly reliant on ad-hoc training and online provision to support change.

There needs to be a commitment to more sustained cultural awareness training that test agencies against agreed criteria and standards in a practical sense. Local community input should be required, and measurable outcomes relating to the client's experience should be utilised as the primary indicator of success.

The general lack of fundamental service infrastructure reported upon in the earlier chapter of this submission undermines the potential for partnerships and coordinated service delivery. This results in a disjointed and frustrating experience for the client seeking support.

The inherent low socio-economic status of remote communities necessitates a greater investment of resources, however this is not the case in reality. Urban areas continue to attract the majority of investment from government whilst remote areas continue to suffer poorer outcomes due to their neglect.

Past government failures have caused a significant distrust in many of the available services. Aboriginal and Torres Strait Islander clients, families and communities continue to report experiences of racism, discrimination and exclusion (even sometimes from services administered by Aboriginal and Torres Strait Islander service providers themselves), however there is a general lack of commitment to respond in a measurable and accountable fashion by government.

The inadequacy of localised service support was substantiated in a recent study of Indigenous people with mental illness and cognitive disability in New South Wales and Northern Territory prisons. This study found that the lack of integration and appropriateness of services, and the absence of trauma-awareness failed to meet the therapeutic needs of Indigenous people⁷.

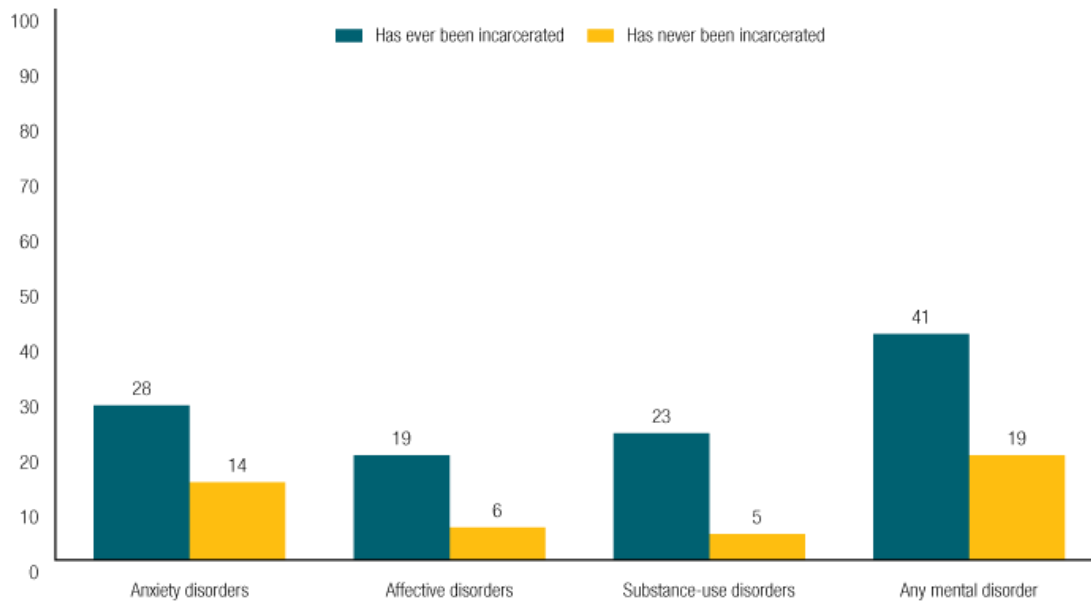
Aboriginal and Torres Strait Islander people are commonly 'falling through the cracks' and not being diagnosed with a mental illness until they are at crisis point, or eventually incarcerated. An Australian Bureau of Statistics survey found that, among 385,100 people who reported ever having been incarcerated, 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

⁷ 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.



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 1. '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 population⁸. 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).

Typically, communities are reporting to The Healing Foundation that individuals and families do not know where to go or how to access support for mental illness. Instead many individuals and communities are resorting to self-medication and vulnerability increases risk of suicide.

There is a general lack of awareness about how to seek help within communities and lack of understanding on how to initiate engagement with services for family members. The people that need the most help often face the most significant barriers to support. Thus the need for services to adopt meaningful and sustained community engagement, to gain trust, forge local partnerships and to build effective networks.

The Healing Foundation has established a rich array of evidence indicating that the most successful service models to address trauma, healing and indeed mental health balance best practice western methodologies with Aboriginal and Torres Strait Islander cultural and spiritual healing practices.

⁸ 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.



Successful service models not only acknowledge Aboriginal and Torres Strait Islander culture in the principals that underpin their service delivery, but value it as an inherent and fundamental cornerstone.

Workforce Capacity and Capability

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.

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 sufficient 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.

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. The course is currently being tested and will be finalised throughout mid 2018 for a broader rollout.

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 also 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 over and over again.

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.

Suicide and Mental Health

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 problem⁹.

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.

Promising Practice to Reduce Suicide

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. 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.

Over the course of the research more than 40 community members were interviewed in Yarrabah and over 60 community members in the Tiwi Islands. A draft report, yet to be published, 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

⁹ National Youth Healing Forum Report, Healing Foundation 2017



- 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.

Technology in Service Delivery

The Healing Foundation cautions the use of technology as a means of providing mental health services in regional and remote areas. There are very few examples of effective and culturally appropriate online service delivery models in any sector, let alone one that is designed to support the most vulnerable clients with complex and sensitive needs. There is a high risk of clients becoming further traumatised if service provision is inadequate or not culturally responsive.

The Healing Foundation would however, support and encourage innovative thinking about how technology can be used as an education tool to generate community awareness and to promote available mental health services. This would include investigating the application of social media as a medium to reach younger audiences that are more 'tech savvy'.

Co-design for Better Outcomes

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 are 'over consulted' and 'tired of talking about problems with no solutions'.

In contrast with '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 and culturally and locally relevant.

A new approach is needed that allows communities to identity their own healing priorities and co-design trauma-informed healing strategies. Localised co-design processes will enable communities and service providers to recognise and address 'tensions in relationships and lack of trust that is the result of past negative history'¹⁰. Effective 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

¹⁰ Social Compass (2016). 'Development of Aboriginal Community Engagement and Partnership Framework'. Discussion paper.



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.

Evidence suggests that healing programs are most effective when delivered on country by people from the same cultural group as participants and 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 delivery'¹¹.

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 Healing Foundation's extensive community engagement, (particularly via 18 National Healing Forums), has confirmed that Aboriginal communities are keen to get involved in these discussions and inform the development of innovative local solutions.

Focus on Young People

There are many ways in which Aboriginal and Torres Strait Islander children and young people are impacted by trauma, including the transmission of intergenerational trauma, directly experiencing trauma and by witnessing trauma.

The developmental impact of trauma on children can affect emotional regulation, attachment, aggressive behaviour (towards themselves and others), developmental competencies and self-worth¹².

Children impacted by trauma have difficulty learning and often disengage from school. The lack of self-control that is symptomatic of trauma is a key factor in the increasing incarceration rates of young Aboriginal and Torres Strait Islander people.

The continued removal and institutionalisation of children, which occurs today at a higher rate than ever, as well as child abuse and neglect, undermines the development of healthy attachment for children.

The work of Dr Bruce Perry, a brain development expert who leads the Child Trauma Academy, shows that if children lack positive relationships early in life or have negative experiences of care they are at very real risk of a range of problems. These children are much harder to 'shape' and teach, may not respond to rewards and punishment and can develop anti-social, aggressive and violent behaviours.

The impact of trauma on Aboriginal and Torres Strait Islander children is often compounded by other risk factors including family disruption, family violence, economic disadvantage, poor living

¹¹ Mitchell and Chapman 2010 in Arney and Westby 2012 as cited in Healing Foundation et al (2017). Towards an Aboriginal and Torres Strait Islander Healing Framework for men and boys'

¹² Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York



standards, primary and mental health problems, disengagement from school, overcrowded housing and substance misuse.

The Healing Foundation's Intergenerational Trauma projects, are being implemented in schools across Queensland and New South Wales. The projects have highlighted the chronic and compounded nature of trauma, grief, loss and disadvantage that many children in our communities live with.

Through these projects, teachers, school staff, community members and service providers have undertaken trauma awareness training so they can better understand and respond to the needs of children who are at the highest risk in our communities. These workers then support children through yarning circles, family camps and activities where they learn to understand their emotions as well as relaxation techniques and coping skills while participating in cultural activities to nurture a strong sense of identity.

At the nation's first National Youth Healing Forum in 2017, young people identified the need for culturally safe spaces where they can open up and be heard. They identified the need for healing options, not just punishment as 'punishment deters people from seeking help'.

Young people also identified the need for support for young LGBTIQ people and identified that group as particularly vulnerable. The young people emphasised the importance of reclaiming links to culture and forming positive cultural identities as a key protective factor to enable better social and emotional wellbeing and associated mental health.

A Focus on Healing

Effective Healing Frameworks

Healing refers to the process by which people come to a stronger sense of self-identity and connection and through this are able to 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.¹³

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.

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

¹³ 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.



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’¹⁴.

Healing is an essential condition of any support for Aboriginal and Torres Strait Islander development in Australia¹⁵. 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 evaluation¹⁶ 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 a number of 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).

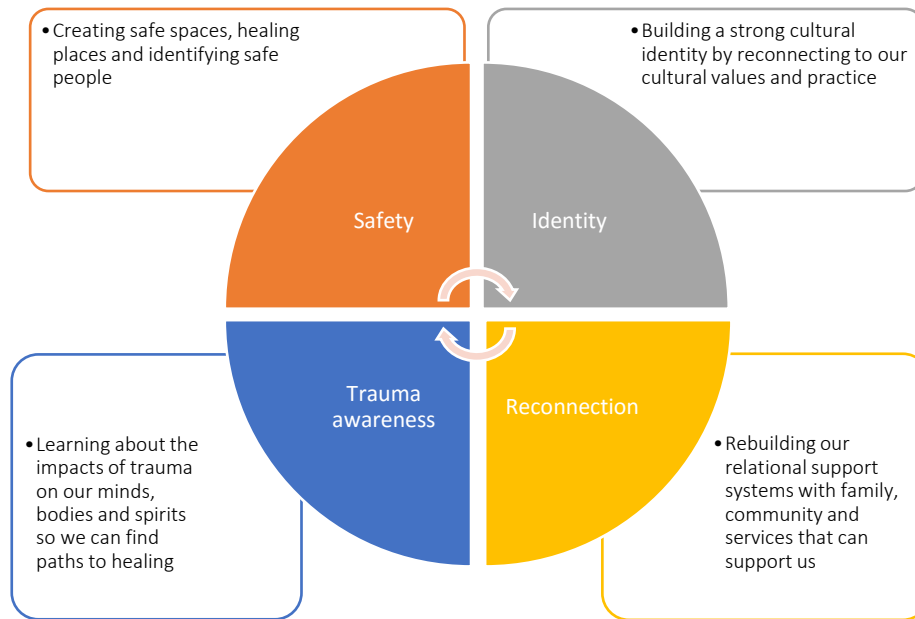
Through its work, the Healing Foundation has developed four pillars of trauma recovery¹⁷:

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

¹⁵ Social Compass 2016 A Theory of Change for Healing, prepared in partnership with the Institute for Human Security and Social Change p16

¹⁶ 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>

¹⁷ 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



Four Pillars of 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.

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 participants¹⁸. 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'¹⁹.

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.

¹⁸ Aboriginal and Torres Strait Islander Healing Foundation (2014). 'Our Healing Our Solutions: Sharing Our Evidence';

¹⁹ 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



Recommendations

The Healing Foundation submits the following recommendations for consideration by the Senate Standing Committee on Community Affairs:

- Investment to establish 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 needs groups.
- Commitment to co-design of policy and programs is required, so that locally developed healing responses are resourced, monitored and evaluated to strengthen the evidence base and enable greater cultural solutions to emerge.
- Investment to 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.
- Investment 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 the infliction of further trauma upon an already vulnerable and marginalised client group.
- A comprehensive understanding of intergenerational trauma - its causes and impact, needs to be developed and embedded across all spectrums of the mental health service sector.
- Strategies are required to assist Aboriginal and Torres Strait Islander people to effectively navigate the mental health system and 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.
- 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.