

**Senate Inquiry**  
**Commonwealth Funding and Administration of Mental Health Services**

**Submission From:**

**Aboriginal and Torres Strait Islander Healing Foundation**

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**Background**

The Aboriginal and Torres Strait Islander Healing Foundation was established following the National apology to maintain the momentum for healing in Indigenous communities.

It is an Aboriginal and Torres Strait Islander organisation driving policy and program development to support community-based healing initiatives that address the traumatic legacy of colonisation, forced removals and other past failed government policies.

The Healing Foundation is a key platform for Aboriginal and Torres Strait Islander communities and individuals taking charge of their own destiny and leading the way in how to heal the harms that have been done, so enabling Aboriginal and Torres Strait Islander people to avail themselves of the opportunities for improving their quality of life that are open to all other Australians.

The Healing Foundation is building culturally strong community programs locally designed by Indigenous people, delivered by Indigenous people, from an Indigenous world view. It aims to improve the wellbeing of Aboriginal and Torres Strait Islander people through:

- developing the story of healing
- raising the profile and documenting the importance of culturally strong healing programs
- building capacity and leadership of communities and workers to deal with trauma

The Healing Foundation is governed by an Indigenous board whose members have strong connections to community and provide a dynamic mix of experience including members of the Stolen Generations and people working in the areas of youth affairs, health, justice, healing and trauma.

The Aboriginal and Torres Strait Islander Healing Foundation welcome the opportunity to provide comment to the Senate on the Mental Health Funding and administration of services. Improving the social and emotional wellbeing of the Aboriginal and Torres Strait Islander community including the Stolen Generations is of critical importance to the Healing Foundation.

The poor wellbeing outcomes for Aboriginal and Torres Strait Islander people is continuing to drive negative health concerns across the country and this is particularly so for the Stolen Generations community. The Healing Foundation recognises the links between emotional and spiritual well being

(mental health) and physical health. It embraces a holistic approach to health that ensures cultural wellbeing is supported.

We have welcomed the substantial additional funds provided by the Federal Government for Mental Health in our nation, but hold concerns about the targeting of these funds effectively to ensure that Aboriginal and Torres Strait Islander people are not further disadvantaged through the distribution of these funds. As the key Indigenous organisation in Australia working to provide an Indigenous designed response to the social and emotional wellbeing needs of our people we believe that we have much to offer to this debate.

The Commonwealth Government has established the Healing Foundation with an initial commitment of \$26.6 million dollars over 4 years to develop the Foundation and provide opportunities for healing across our nation.

We have in our short history committed over \$6.7 million in funds to the development of healing programs nationally. However, this can only provide 24 programs nationally over 4 years. The Healing Foundation in our first funding round received over 120 applications for funds. On examination of the unsuccessful applications we found that on average if we had the funds we would have funded an additional 80% of applications, this is an additional 96 projects. Whilst we have an additional \$8 million further to invest we will fall far short of meeting, in any meaningful or long term way, the needs of the community to create healing programs.

This paper outlines recommendations on key areas for development.

## Executive Summary

Aboriginal and Torres Strait Islander families and communities are disproportionately losing their loved ones to suicide and violence. There is an urgent need for allocation of funds to Indigenous specific mental health programs. Significant investment is needed in regional and remote areas of Australia, which are home to 68% of the Aboriginal and Torres Strait Islander population.<sup>1</sup> Programs need to be Indigenous designed, developed and where possible delivered, thus empowering for communities to care for themselves and their people.

Any cuts to the funding for General Practitioners to provide front line mental health services would disproportionately disadvantage Aboriginal and Torres Strait Islander people. For many of our people the GP is the one health professional they engage with, particularly through Aboriginal Community Controlled Health organisations. The Healing Foundation believes that the General Practitioners play a critical role in assisting Aboriginal and Torres Strait Islander people on a pathway to addressing their mental health needs. This role should be preserved and expanded and appropriate training of medical staff provided to ensure that culturally competent services are being delivered.

It is estimated that Aboriginal and Torres Strait Islander people are overrepresented in the mental health systems by an estimated ratio of 2.5 to 1. The presentation rate to emergency departments (1.7) of mental illness issues is less than the relative rate of mental illnesses (2.5). This also suggests that Aboriginal & Torres Strait Islander peoples do not present for help with mental illness problems until severe. As above the family is probably caring for the person until they can no longer cope.

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<sup>1</sup> ABS Release 1370.0 Measures of Australia's Progress 2010: Population: Aboriginal and Torres Strait Islander Peoples

The ability of General Practitioners to refer under Medicare patients to a psychologist or social worker for counselling has been a great initiative of this government. However, of concern is the reduction in sessions that will be offered and the lack of discretion that is now available for chronic and endemic issues of trauma and distress.

Healing is a compelling concept for many Aboriginal and Torres Strait Islander people. The concept of healing is founded on strong cultural practices linked to the spirits of the land and within a holistic framework of dealing with mind, body, and spirit. It is a powerful tool of reclaiming identity and providing a platform for change.

Much concern has been expressed to the Healing Foundation about the announcement of the change for the Bringing them Home Counsellors (BTH) to Social Emotional Wellbeing Counsellors. For many Stolen Generations members it is already difficult to have an appropriate counselling service provided, especially on reunification or graveside reunifications. To extend the BTH role without additional funds will result in increased difficulty for many Link-Up services being able to refer Stolen Generations members for additional support and care.

The Healing Foundation welcomes the announcement of a National Mental Health Commissioner and the role they will play in ensuring the ongoing issues of mental health across Australia is monitored and addressed. The appointment of an Indigenous Mental Health Commissioner will ensure that cultural responses are given appropriate weight and the community will feel that the Federal government is sincere in their efforts to Close the Gap at all levels.

This paper makes 15 recommendations that are supported by discussion under the headings of:

- A fair share
- The rationalisation of General Practitioner mental health services
- Services to Aboriginal and Torres Strait Islander people with mental illness
- Access to Allied Psychological Services (ATAPS) funds
- Workforce issues
- Funding of Healing Activities – Caring for our Mental Health our way
- Mainstreaming of the Link Up and Brining Them Home initiatives
- National Mental Health Commissioner

## RECOMMENDATIONS

### **Recommendation 1**

*Establish a specific Indigenous Mental health plan that is developed in a tripartisan way including the NGO sector, federal and state governments through a process similar to the very successful national child protection plan and implementation strategy that has been adopted by FAHCSIA.*

### **Recommendation 2**

*Preserve and expand the role of General Practitioners in addressing the mental health needs of Aboriginal and Torres Strait Islander peoples.*

### **Recommendation 3**

*General Practitioners receive appropriate training to ensure culturally competent services are being delivered.*

### **Recommendation 4**

*Develop community based services to support the carers of Aboriginal & Torres Strait Islander people with mental illness.*

### **Recommendation 5**

*Convene an Aboriginal and Torres Strait Islander committee to guide the government's decision-making to ensure that ATAPS funding is meeting the needs of Aboriginal and Torres Strait Islander peoples.*

### **Recommendation 6**

*This same committee advise on the provision of additional funding for traditional healing practice.*

### **Recommendation 7**

*All non –Indigenous providers of ATAPS services be required to demonstrate their cultural competency and practitioners undertake cultural competency training with specific training in relation to the Stolen Generations. Further, cultural competency be recognised an ongoing process to ensure competent services are delivered to Aboriginal & Torres Strait Islander people.*

### **Recommendation 8**

*Given the severe disadvantage and susceptibility to mental health issues all Aboriginal and Torres Strait Islander people be offered up to 18 counselling sessions with a registered mental health practitioner.*

### **Recommendation 9**

*Resources be made available to fund Counselling training and qualifications for the Social Emotional Wellbeing workforce across the service delivery spectrum. This training to be developed*

*in partnership with existing counselling institutions that have been working with Aboriginal and Torres Strait Islander people to develop an Indigenous world view model. Training should be provided that enables pathways to further education.*

**Recommendation 10**

*Resources are allocated to support the existing workforce to reduce burnout and the consequent gaps in service delivery*

**Recommendation 11**

*Funding is provided to the Aboriginal and Torres Strait Islander Healing Foundation for:*

- i) Community initiated, designed and controlled programs to address mental health and Social Emotional Wellbeing issues.*
- ii) Expanding Research into the various healing programs and different healing models for Aboriginal & Torres Strait Islander communities.*

**Recommendation 12**

*DoHA reverse its policy decision to mainstream Bringing Them Home and Link Up initiatives and to reintegrate these programs within the office of OATSIH.*

**Recommendation 13**

*Additional resources are provided for 'Bringing them Home' counsellors in transitioning them to Social Emotional Wellbeing counsellors to ensure that the Stolen Generations members do not experience a reduction in services.*

**Recommendation 14**

*Ongoing training development and supervision be provided to BTH (SEWB) workers to improve knowledge skills and to prevent burnout.*

**Recommendation 15**

*Appoint a specific Commissioner for Aboriginal and Torres Strait Islander Mental Health.*

## DISCUSSION

### A Fair Share.

Nowhere is the gap between non-Indigenous Australians and Indigenous Australia wider than in the area of Mental Health and wellbeing.

Aboriginal and Torres Strait Islander adults are more likely to suffer from mental illness than the non-Aboriginal and Torres Strait Islander population, the burden of mental ill health amongst Aboriginal and Torres Strait Islander parents, and therefore families, is significant. There is a lack of epidemiological evidence to provide precise estimates, hospital admission data indicates Aboriginal & Torres Strait Islander people are at least 2.5 times as likely to be admitted for mental illness. With a greater tendency for people with mental health problems to be cared for by family and community, the hospitalisation rate is likely to be a substantial underestimate.

The rate of Aboriginal & Torres Strait Islander suicide is between 1.75 and 2.5 times as high as for non Indigenous people. The contributing factors include mental health and socio emotional stressors endemic in many communities. For example, in 2008 71% of Aboriginal and Torres Strait Islander adults reported the presence of at least one community problem in their area<sup>2</sup>. The rates of self inflicted harm are also considered to be very high. The rates of suicide and self harm are much high in traumatised populations<sup>3</sup>.

There are high rates of distress<sup>4</sup>, including collective and individual traumatic experience<sup>5</sup> in Aboriginal and Torres Strait Islander communities 27.2% vs 13% in non Indigenous communities, which has enormous impact on the mental health and wellbeing of Aboriginal and Torres Strait Islander adults, children and their families. Key consequences of this traumatic experience and stressors within themselves include:

There is substantial **loss and grief** within communities<sup>6</sup>, contributing to the general distress and to mental illness.

**Family violence:** 21% of Aboriginal and Torres Strait Islander adults report family violence being a problem in their household or community<sup>7</sup> **Juvenile Justice:** Based on 2007 statistics, Aboriginal and

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<sup>2</sup> ABS Release 4714.0, National Aboriginal and Torres Strait Islander Social Survey 2008 (Law and Justice)

<sup>3</sup> Sher L (2010) Neurobiology of suicidal behaviour in post-traumatic stress disorder Expert Review of Neurotherapeutics 10:1233-1235

<sup>4</sup> AIHW (2009) Measuring the social and emotional wellbeing of Aboriginal & Torres Strait Islander peoples Canberra Cat. no. IHW 24

<sup>5</sup> Krieg (2009) The experience of collective trauma in Australian Indigenous communities Australasian Psychiatry

<sup>6</sup> Raphael, B & Swan, P. (1998) The mental health of Aboriginal & Torres Strait Islander people International Journal of Mental Health 26:9-22

<sup>7</sup> ABS Release 4102.0, Australian Social Trends, 2005 (Crime and Justice: Aboriginal and Torres Strait Islander People: Contact with the Law)

Torres Strait Islander juveniles are 28 times more likely to be detained in a juvenile justice centre than non-Aboriginal and Torres Strait Islander juveniles<sup>8</sup>

**Adult Incarceration:** The Aboriginal and Torres Strait Islander rate of imprisonment is 14 times that of the non-Aboriginal and Torres Strait Islander population. In Western Australia the rate is 19 times higher.<sup>9</sup>

**Substance abuse rates:** 17% of Aboriginal and Torres Strait Islander adults report the chronic consumption of alcohol at a high risk level<sup>10</sup>. Aboriginal & Torres Strait Islander peoples also report a substantially higher abstinence rate than the general population. This pattern of high levels of hazardous drinking and high levels of abstinence is similar to groups with PTSD, suggesting a strong trauma base to the hazardous drinking.

The Stolen Generations, and the injustices past government policies not only affected the children of the past, but it continues to impact on today's generation of Aboriginal and Torres Strait Islander children. Children of those who have been affected by the Stolen Generations have their own mental health and wellbeing needs. A study into suicide amongst Aboriginal and Torres Strait Islander youth found that majority of youth engaged in reckless, self destructive and criminal behaviours had a family member who was stolen and placed in care, or who had been directly affected by the Stolen Generations<sup>11</sup>. With **8% of current adult population having been removed as a child and a further 38% of Aboriginal and Torres Strait Islander adults reporting that they have a relative who was Stolen Generations<sup>12</sup>**, we can say that a significant proportion of Aboriginal and Torres Strait Islander families and communities are impacted by the legacy of this policy.

**38% of adults with a physical disability have also had a significant mental health disorder<sup>13</sup>**. The Aboriginal and Torres Strait Islander population is overly burdened by debilitating physical illness and disability, with **over 50% of Aboriginal and Torres Strait Islander adults reporting a long term illness or disability<sup>14</sup>**.

The statistics are debilitating, relentless and having far reaching consequences across our communities. There has been limited positive change to these issues over the last 30 years and decisive action with Aboriginal and Torres Strait Islander people is required.

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<sup>8</sup> Australian Institute of Criminology, Juvenile Detention Statistics

[http://www.aic.gov.au/statistics/criminaljustice/juveniles\\_detention.aspx](http://www.aic.gov.au/statistics/criminaljustice/juveniles_detention.aspx) accessed on 11 May 2011

<sup>9</sup> ABS Release 45.17 Prisoners in Australia 2010, Aboriginal and Torres Strait Islander Prisoner Characteristics

<sup>10</sup> ABS Release 4704.0, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010 (Adult Health: Alcohol Consumption)

<sup>11</sup> Colin Tatz, Aboriginal Suicide is Different, Report to the Criminology Research Council, 1999

<sup>12</sup> ABS Release 4704.0, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010 (Social and Emotional Wellbeing: Removal from Natural Family)

<sup>13</sup> Tim Slade et al, The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing, May 2007

<sup>14</sup> ABS Release 4704.0, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010 (Disability: Prevalence of Disability)

### **Recommendation 1**

***Establish a specific Indigenous Mental health plan that is developed in a tripartisan way including the NGO sector, federal and state governments through a process similar to the very successful national child protection plan and implementation strategy that has been adopted by FAHCSIA.***

### **The Rationalisation of General Practitioner mental health services**

Any cuts to the funding for General Practitioners to provide front line mental health services would disproportionately disadvantage Aboriginal and Torres Strait Islander people. For many of our people the GP is the one health professional they engage with, particularly through Aboriginal Community Controlled Health organisations. In a remote or regional locality the Primary Health service may be the only service provider.

Given that there is already a striking difference in the service delivery for Aboriginal and Torres Strait Islander people with mental illness any erosion of the ability of general practice to develop mental health plans will further disadvantage Indigenous people.

They receive similar GP services, but much less of those services focus on mental health. So the primary health focus for Aboriginal and Torres Strait Islander people is not meeting their mental health needs. Suggesting either that GP's are not recognising mental illness in Aboriginal & Torres Strait Islander clients and/or Aboriginal & Torres Strait Islander people may only present mental health issues when they become severe. An implication being that less severe mental illness is managed by family and community much more than in the non Indigenous community.

### **Recommendation 2**

***Preserve and expand the role of General Practitioners in addressing the mental health needs of Aboriginal and Torres Strait Islander peoples.***

### **Recommendation 3**

***General Practitioners receive appropriate training to ensure culturally competent services are being delivered.***

### **Services to Aboriginal & Torres Strait Islander people with mental illness**

From AIHW reports it is estimated that Aboriginal and Torres Strait Islander people are overrepresented in the mental health systems by an estimated ratio of 2.5 to 1. It has been shown that they are less likely to get inpatient care with specialist services, and more likely to get inpatient care without such services. The significant stressors of traumatic experience, and loss and grief may contribute substantially to the increase mental illness presentations but also been seen as reasons not to provide specialist care.

The presentation rate to emergency departments (1.7) of mental illness issues is less than the relative rate of mental illnesses (2.5). This also suggests that Aboriginal & Torres Strait Islander peoples do not present for help with mental illness problems until severe. As above the family is probably caring for the person until they can no longer cope.



A goal of many programs is to increase the amount of family care clients with mental illness receive, it appears that Aboriginal & Torres Strait Islander families and communities already do this. Given however the substantial amount of distress being experienced by Aboriginal & Torres Strait Islander people and communities it is important to support the carers.

#### **Recommendation 4**

***Develop community based services to support the carers of Aboriginal & Torres Strait Islander people with mental illness.***

#### **Access to Allied Psychological Services (ATAPS) Funds**

The ability of General Practitioners to refer under Medicare patients to a psychologist or social worker for counselling has been a great initiative of this government. It has ensured that where available many people with significant mental health concerns can be managed within their local community and provided significant support. This has allowed many people to reduce their reliance on inpatient services and has ensured that many people who had not sought treatment for their issues due to the stigma of hospitals or mental health services have for the first time been able to access services. However, of concern is the reduction in sessions that will be offered and the lack of discretion that is now available for chronic and endemic issues of trauma and distress.

For Aboriginal and Torres Strait Islander people this has the potential to provide critical support. No more will this be true for many survivors of the Stolen Generation. Any reduction in support or services will again be perceived as another betrayal by the government and cause undue harm to many who have embarked on the journey to wellness.

Given the over-representation of the Aboriginal and Torres Strait Islander people with mental illness any reduction in service delivery would disproportionately impact Aboriginal & Torres Strait Islander people.

As we are aware of the many workforce issues prevalent and the small number of Indigenous psychologists and social workers across the nation it is imperative that practitioners are providing a culturally appropriate and meaningful response. There are existing efforts to increase the cultural competence of new graduates, particularly in medicine and psychology<sup>15</sup>. However current practitioners may not have received such training and need to demonstrate a reasonable level of cultural competence.

Lastly a reliance on traditional western methodologies of counselling lacks awareness of the importance for Indigenous people of traditional healing and its contribution to the wellbeing of our people. There needs to be exploration of how ATAPS funding can be provided for Traditional healing treatments and recognition provided by government of the legitimacy and importance of this as a mental health provision. An Indigenous decision making representative body should be convened to assist the government in ensuring that ATAPS funding is meeting the needs of the Aboriginal and Torres Strait Islander community including exploration of provision of additional funding for traditional healing.

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<sup>15</sup> Grote (2008) Principles and practices of cultural competency: A review of the literature. Indigenous Higher Education Advisory Council (IHEAC)

### **Recommendation 5**

***Convene an Aboriginal and Torres Strait Islander committee to guide the government's decision-making to ensure that ATAPS funding is meeting the needs of Aboriginal and Torres Strait Islander peoples.***

### **Recommendation 6**

***This same committee advise on the provision of additional funding for traditional healing practice.***

### **Recommendation 7**

***All non –Indigenous providers of ATAPS services be required to demonstrate their cultural competency and practitioners undertake cultural competency training with specific training in relation to the Stolen Generations. Further, cultural competency be recognised an ongoing process to ensure competent services are delivered to Aboriginal & Torres Strait Islander people.***

### **Recommendation 8**

***Given the severe disadvantage and susceptibility to mental health issues all Aboriginal and Torres Strait Islander people are offered up to 18 counselling sessions with a registered mental health practitioner.***

## **Workforces Issues**

The Aboriginal and Torres Strait Islander Healing Foundation consider the Social and Emotional Wellbeing workforce critical in assisting to address the healing needs of the community and our most vulnerable citizens. We are aware that for many counsellors that having the appropriate skill base and qualifications is essential to being able to provide a high quality service for members of the Aboriginal and Torres Strait Islander community including the Stolen Generations. For the Indigenous community having Aboriginal staff is incredibly important as it is significant to cultural understanding and identity. Therefore training and development needs of the Aboriginal workforce are critical.

Aboriginal Health Workers (AHW) are often the main link between western clinicians and Aboriginal & Torres Strait Islander clients. The AHWs often end up working with the mental illness and Social Emotional Wellbeing issues as people will talk with them. AHWs often feel unskilled, untrained and unsupported to deal with these complex issues. This often results in these workers burning out and leaving their work<sup>16</sup>

More recently, Universities have developed Aboriginal Mental Health Workers (AMHW) training. In a review of one of the programs it was found that services often had substantial role misunderstandings and that AMHW experienced considerable stress, resulting in them leaving the position often resulting in long gaps in services<sup>17</sup>.

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<sup>16</sup> Wand, A.P.F., Eades, S., Corr, M.J. (2010) Considering culture in the psychiatric assessment of Aboriginal & Torres Strait Islander peoples *Advances in Mental Health* 9:36-48

<sup>17</sup> Harris, A., Robinson, G. The Aboriginal Mental Health Worker Program: The challenge of supporting Aboriginal involvement in mental health in the remote community context.

We are aware that many of the identified positions have struggled to maintain regular staff and some have vacancies for long periods of time. Further to this for many Aboriginal and Torres Strait Islander communities there has been the added difficulty of attracting Aboriginal and Torres Strait Islander staff with appropriate skills and qualifications. This is especially true in remote and regional localities. Thus it is essential to retain and develop the existing workforce while efforts to recruit are continued.

As previously indicated there exists substantial traumatic experience in Aboriginal & Torres Strait Islander communities. Dealing with trauma and its consequences including depression, anxiety, alcohol and substance misuse, family and domestic violence, requires significant skill. There are demonstrated successful programs for working with trauma, lots of unsuccessful programs. Thus there is a need for specific knowledge and skill to work with traumatised clients. Added to this many Aboriginal and Torres Strait Islander counsellors are working with complicated family relationships and within a community setting where there are often concerns about confidentiality.

Many mainstream services lack cultural competency, skill and knowledge and consequently needlessly pathologise our people. Additionally, in our experience, many mental health staff lack education about the nature and impact of trauma of Aboriginal and Torres Strait Islander people.

Stolen Generations clients who have suffered extensively can often experience great difficulty in coping with stress, regulating emotions, and dealing with loss and grief. All mental health professionals need to have skills to be able to understand the profoundly damaging experiences of the Stolen Generations and assist clients with these issues, and be able to offer practical strategies for Stolen Generation members to use.

Additionally there is a social and emotional wellbeing workforce being employed by many Aboriginal counselling and family services outside of mainstream health services and Aboriginal Community Controlled Health Organisations that are not able to access funding for their services and who also have ongoing training and development needs for their staff. These services are dealing with many Aboriginal and Torres Strait Islander people and Stolen Generations members including the outcomes of intergenerational trauma.

#### **Recommendation 9**

***Resources be made available to fund Counselling training and qualifications for the Social Emotional Wellbeing workforce across the service delivery spectrum. This training to be developed in partnership with existing counselling institutions that have been working with Aboriginal and Torres Strait Islander people to develop an Indigenous world view model. Training should be provided that enables pathways to further education.***

#### **Recommendation 10**

***Resources be allocated to support the existing workforce to reduce burnout and the consequent gaps in service delivery***

### **Funding of Healing Activities – Caring for our Mental Health our way**

Healing is a compelling concept for many Aboriginal and Torres Strait Islander people. The concept of healing is founded on strong cultural practices linked to the spirits of the land and within a holistic framework of dealing with mind, body, and spirit. It is a powerful tool of reclaiming identity and providing a platform for change.

Healing is a result of a number of strategies but namely it involves

- Recognition of the pain and distress that has been caused by past government policies
- Being given voice to influence the development of means to address trauma and distress and for responses to be flexible
- Connection to country and family and the continued recognition of the importance of this as central to healing
- Creation of opportunities for efficacy and control, especially where previous experiences have removed control

A recent study analysing the data of the 2008 National Aboriginal and Torres Strait Islander Social Survey also supports this view. This study finds that cultural attachment- as measured through participation in cultural events and activities, cultural identity, language, and participation in traditional economic activities- has a positive effect on subjective wellbeing. Those who identify more strongly with their culture have better mental health and are happier.<sup>18</sup>

Suicide: is a key indicator of distress within a community and we know the evidence is irrefutable that there is a higher rate of suicide in the Aboriginal and Torres Strait Islander communities. Evidence from Yarrabah (Nth Qld)<sup>19</sup> and from Canadian Indigenous communities showed clearly that those communities which had high degrees of self-management, and a range of other factors had low or zero completed suicides compared to others without these protective factors and they had substantially higher suicide rates than the Canadian non Indigenous peoples. This strongly indicates that a reliance on clinical intervention services alone as managing the mental health needs of Aboriginal and Torres Strait Islander communities will not solve the problem. The capacity for self-management and determination issues are thus equally critical to managing the high degrees of distress apparent in Aboriginal and Torres Strait Islander people and reducing the mental health burden.

Central to Aboriginal and Torres Strait Islander communities is the focus on kinship structures and relationship. This provides substantial challenges to the traditional western mental illness programs, which are focussed on the individual. Further, as previously indicated the families carry a greater burden of caring for those affected by mental illness, the individual focus of mental health services forms a substantial barrier to effectively engaging Aboriginal & Torres Strait Islander clients.

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<sup>18</sup> Dr AM Dockery, Traditional Culture and the Wellbeing of Indigenous Australians: An Analysis of the 2008 NATSISS, Paper presented at the Social Science Perspective on the 2008 NATASISS, April 2011

<sup>19</sup> Hunter, E., Reser, J., Baird, M. and Reser, P. 2001, *An Analysis of Suicide in Indigenous Communities of North Queensland: the Historical, Cultural and Symbolic Landscape*, Commonwealth Department of Health and Aged Care, Canberra

The shared traumatic history of Aboriginal and Torres Strait Islander people means that communities and individuals may experience an increased level of individual suffering without specific individual experience. Associated with this is the ongoing experience of racism adding to psychosocial distress caused by the past for many Aboriginal and Torres Strait Islander people.

The collective nature of Indigenous trauma challenges the traditional notion that trauma is individually experienced<sup>20</sup>. Thus investment is needed for specific programs which target the unique mental health and wellbeing needs of Aboriginal and Torres Strait Islander people. Given the collective nature of the traumatic experience, both historically and contemporary, services need to have a collective component and include community who may not be defined as mentally ill.

Mental health and wellbeing services for Aboriginal and Torres Strait Islander people that acknowledge the impact that past discrimination and harmful government practice are essential if Aboriginal & Torres Strait Islander people are going to engage with mental health and wellbeing services.

Culture is central to the health and wellbeing of Aboriginal and Torres Strait Islander people, and increased services promote cultural identity, connection and pride are required to assist improve the social and emotional wellbeing our people. Services should be designed and delivered by, or in collaboration with, the local community, within a localised cultural framework. Having real control over program design, and implementation increase community and individual esteem, a core component of wellbeing.

### **Recommendation 11**

***Funding be provided to the Aboriginal and Torres Strait Islander Healing Foundation for:***

- iii) Community initiated, designed and controlled programs to address mental health and Social Emotional Wellbeing issues.***
- iv) Expanding Research into the various healing programs and different healing models for Aboriginal & Torres Strait Islander communities.***

### **Mainstreaming of the Link-Up and Bringing them Home Initiatives**

Recent announcements by the Department of Health and Aging of the movement of these programs from the Office of Aboriginal and Torres Strait Islander Health to within the mainstream mental health division of the Department are of great concern. They in essence can be seen as removing an aspect of Stolen Generations new found identity. That is, they are no longer an Aboriginal & Torres Strait Islander person but a mainstream person as defined by the deliverer of their services.

For many members of the Stolen Generations their experiences of being removed from their families, culture, language and communities have had devastating consequences. Symbolically to remove these programs from the Indigenous health portfolio and to place them in the mainstream health arena will be an act of betrayal and removal from culture for many Stolen Generations members again.

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<sup>20</sup> Kreig (2009) ibid

Much concern has been expressed to the Healing Foundation about the announcement of the change for the Bringing them Home Counsellors (BTH) to Social Emotional Wellbeing Counsellors. For many Stolen Generations members it is already difficult to have an appropriate counselling service provided, especially on reunification or graveside reunifications. To extend the BTH role without additional funds will result in increased difficulty for many Link-Up services being able to refer Stolen Generations members for additional support and care.

**Recommendation 12**

***DoHA reverse its policy decision to mainstream Bringing Them Home and Link Up initiatives and to reintegrate these programs within the office of OATSIH.***

**Recommendation 13**

***Additional resources are provided for 'Bringing them Home' counsellors in transitioning them to Social Emotional Wellbeing counsellors to ensure that the Stolen Generations members do not experience a reduction in services.***

**Recommendation 14**

***Ongoing training development and supervision be provided to BTH (SEWB) workers to improve knowledge skills and to prevent burnout.***

**National Mental Health Commissioner**

The Healing Foundation welcomes the announcement of a National Mental Health Commissioner and the role they will play in ensuring the ongoing issues of mental health across Australia is monitored and addressed.

However, it is important as demonstrated throughout to ensure that an Aboriginal and Torres Strait Islander world view is represented and that any strategies to address the mental health issues for Aboriginal and Torres Strait Islander people are undertaken within a cultural framework and meet the diverse needs of the Aboriginal and Torres Strait Islander community. The appointment of an Indigenous Mental Health Commissioner will ensure that cultural responses are given appropriate weight and the community will feel that the Federal government is sincere in their efforts to Close the Gap at all levels.

**Recommendation 15**

***Appoint a specific Commissioner for Aboriginal and Torres Strait Islander Mental Health.***