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To the Senate Community Affairs Committee

Commonwealth Funding and Administration of Mental Health Services

The Aboriginal Medical Services Alliance NT (AMSANT) has been advocating for the need to develop effective social and emotional well being services within Aboriginal community controlled health services for many years. The current the inquiry by the Senate's Community Affairs Committee into the government's funding and administration of mental health services in Australia provides another opportunity to reiterate our key points .

We have attached the AMSANT response to the AGPN proposal for the Primary Health Care Organisations. While history has passed us by in the development of these Primary Health Care Organisations, and our request for an Aboriginal Primary Health Care Organisation was rejected, the fundamental point remains. It is critical that a proportion of primary mental health care and AOD funds are included in the primary health care funds pool to be administered by the proposed primary health care organisations (Medicare Locals).

In this context, it should be noted that AMSANT, in collaboration with the General Practice Network of the Northern Territory and the Department of Health (NT) have applied to form a Medicare Local for the Northern Territory.

It is also critical that these funds are then allocated on a weighted capitation basis in accordance to need and not through the current process of competitive tendering of vertical programs. This latter policy has led to the development of a plethora of private providers of mental health and related services that are not part of Aboriginal primary health care services and are not community based. If these funds in the NT were part of the primary health care pool and allocated in the same way that we currently allocate primary health care funds then in every Aboriginal Health Service Delivery Area (populations of around 3000 people) there would be social and emotional well being services with *resident* psychologists, social workers and Aboriginal Family Support Workers (see the attached AMSANT service model for the integration of mental health, AOD and primary health care services). There is enough funding in the current health system to achieve this if it was pooled and allocated in this way. *Therefore, we encourage you to support the national primary health care reform process as a key pathway to improving access to mental health services, especially early intervention services.*

We have also attached a recent powerpoint presentation that was given to FaHCSIA and DoHA as part of our advocacy to halt competitive tendering in favour of the integration of their mental health funding into primary health care. In addition to outlining our policy position in this presentation, we showcase what has been achieved in social and emotional well being service delivery in one of our member services, the Central Australian Aboriginal Congress.

Aboriginal community controlled comprehensive primary health care services provide the vehicle for the integration of mental health services that can then be delivered in ways that are non stigmatised and universally accessible. One of our member services, the central Australian Aboriginal Congress has been able to integrate social and emotional well being services in key areas such as community well being, alcohol and other drug treatment, family support and youth services. The latter includes a *headspace* service which is part of Congress. In the Congress health service area there are over 1200 young people between the ages of 15 and 25 and they access Congress services every year an average of 4 or more

times - this is more than 90% of the service population in this age group. This is typical of the level of access that young people and others with mental health issues enjoy to our services

This level of access has been achieved because there are no financial, physical, cultural or gender barriers to access with our service model – we are bulk billing health services with salaried health professionals working under the direction of the Aboriginal community. We also provide access on site to all PBS pharmaceuticals at no cost in remote areas and subsidised cost in Darwin. Although *headspace* is a very welcome new program for early intervention in adolescent health it is much more effective when it is part of an existing social and emotional well being service within an existing community controlled health service that has already established community links and access to young people. This applies to other key programs such as the Rural and Remote mental health program, the ATAPS program, PHAMS and others.

It is also critical to ensure that the level of funding available to our sector is sufficient to ensure that health professional at the required skill level are able to be recruited and retained. The AMSANT service model makes it clear that there is a need for a minimum team of two - a skilled therapist and an Aboriginal Family Support Worker. The skilled therapist needs to be able to deliver CBT, along with other focused psychological therapies and we therefore require a minimum level of qualification for this person as either a registered psychologist or a social worker accredited as a counsellor with the ASSW.

We are very concerned that Aboriginal people have had little or no access to therapists of at least this skill level and this leads to a lack of community awareness about the benefits of access to mental health professionals with these qualifications. Unfortunately, Aboriginal people do not have much experience of how much such professionals can effectively treat depression, anxiety states, addictions and other mental health conditions.

Service models have been promoted in Aboriginal communities where certificate 4 level workers on their own are expected to be the sole provider of mental health services. Other models have included cultural interventions only. These services are necessary but not sufficient to address mental health issues on their own and AMSANT believes this is simply a way to provide cheap mental health services and is not acceptable to us. As we stated earlier there is enough funding in the current system to provide much more than this and this is what is needed. It needs to be better allocated according to need to Aboriginal community controlled health services and not tendered out to other private providers.

The inquiry provides another opportunity to get this right. Our sector needs grant funding to be able to employ the necessary health professional who can then take advantage of Medicare rebates. Medicare rebates alone are not sufficient to sustain services in remote areas.

John Paterson

Chief Executive Officer