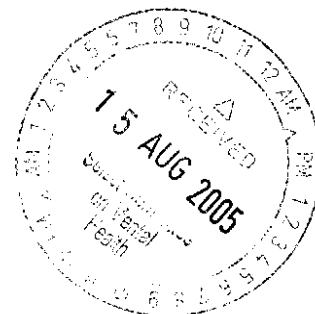




THE ROYAL
AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS



11 August 2005

Mr Ian Holland
Secretary, Senate Select Committee on Mental Health
Parliament House
Canberra ACT 2600

Dear Mr Holland

Thank you for the opportunity to respond to the Senate Select Committee's questions on notice. Our answers to questions one and two are given below; in response to question three we attach a submission from the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee as a separate document.

Question one: Psychiatrists identifying as Aboriginal or Torres Strait Islander

At present, there is one psychiatrist in Australia who identifies as Aboriginal.

Question two: A breakdown of required funding for mental health

In calling for funding of \$1bn per year, the RANZCP seeks a level of funding for mental health care commensurate with the burden of disease. We provide below a breakdown of the major targets for increased funding.

- An additional **\$500 million** per year is required for primary mental health care, including access to allied health professionals, the Better Outcomes in Mental Health Care Initiative, and reform of the Medicare Benefits Schedule rebate for psychiatrists to encourage better delivery of consultancy services.
- Youth mental health requires an additional **\$50 million** per year.
- Funding for mental health research should be increased from \$15 million to **\$50 million** per year.

The remaining funding we envisage would be spent on the following components, although these components are not all individually costed.

- Employment participation, including:
 - Specialised schemes for people on a Disability Support Pension to resume work;
 - Trials of workplace mental health awareness, screening and implementation programs.
- Population measures (such as destigmatisation programs, community education, prevention, and early intervention).
- Assistance for consumers and carers.
- Annual and independent reporting on progress in national mental health reform (**\$300,000** per year).

It would be expected that state and territory jurisdictions would be required to commit on a dollar for dollar basis to support partnership approaches to service improvements. We believe that significant gains could be made through strategic re-alignment of state and federal bureaucracies to reduce duplication and the barriers these cause to service development.

The RANZCP does not believe it is appropriate to fund mental health care by transferring money from other areas of the health budget when the Federal budget has run at a surplus for eight consecutive years, and when spending in other areas, outside the health budget, could be reconsidered. The current inquiry offers an opportunity to redress the chronic underfunding of Australia's mental health system

We trust that the information provided here answers the Committee's questions, but we are happy to provide any additional information the Committee may require.

Yours faithfully,



Dr Julian Freidin
President

Cn:00570

Question Three: Submission by the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee on Indigenous mental health

Since 1996, the RANZCP has had an Aboriginal and Torres Strait Islander Mental Health Committee as part of its Board of Professional and Community Relations. The Board is an important organization within the RANZCP for the interaction between the organisation and consumers and carers of mental health services as well other professionals involved in the treatment of clients with mental illness. The Board also has a strong association with other organizations involved with consumer and carer issues such as the Mental Health Council of Australia.

The Aboriginal and Torres Strait Islander Mental Health Committee is composed of psychiatrists who have a direct experience of Aboriginal and Torres Strait Islander mental health as well as Aboriginal and Torres Strait Islander members who are involved in mental health service provision and policy development. The Committee contributes to Board discussions but may also advise the RANZCP directly about issues of importance in Aboriginal and Torres Strait Islander mental health.

The significant RANZCP involvement in Aboriginal and Torres Strait Islander mental health issues is in recognition of the substantial disadvantage of the health status of Aboriginal and Torres Strait Islander peoples compared to the health status of the rest of the Australian community. A recent publication by the Australian Bureau of Statistics (1) demonstrates the significant inequality in Aboriginal and Torres Strait Islander mental health status. In 1999 to 2001, Aboriginal and Torres Strait Islander mortality in Queensland, South Australia, Western Australia and the Northern Territory was significantly higher relative to their proportion in the population. Mental and Behavioural Disorders accounted for 4.1 times as many deaths for Indigenous males and 2.1 times as many deaths for Indigenous females as expected based on total Australian rates in these four States and Territories. Aboriginal and Torres Strait Islander populations also appear to be more prone to harmful substance abuse. Aboriginal and Torres Strait Islander males and females appear to have substantially higher rates of admission to hospital as a result of serious mental illness in its own regard or in association with substance abuse. Suicide rates for Aboriginal and Torres Strait Islander males and females living in the four States and Territories also appear to be substantially higher than the non-Aboriginal and Torres Strait Islander population.

RANZCP recognises the important emphasis placed on Aboriginal and Torres Strait Islander Mental Health in the Third National Mental Health Plan 2003-2008. It also recognises the importance of the Second National Social and Emotional Wellbeing Action Plan in addressing the long standing trauma experienced by the Aboriginal and Torres Strait Islander population of Australia following almost two hundred and thirty years of European settlement. RANZCP also recognises the severe trauma experienced by the Aboriginal and Torres Strait Islander population who are members of the Stolen Generations. It has issued an apology to Aboriginal and Torres Strait Islander people in this regard (RANZCP Statement #42 Stolen Generations – attached) and has prepared a submission to the Senate Enquiry on the Stolen

Generations. Recent West Australian Aboriginal Child Health Survey data on mental health of children also shows the severe ongoing impact of the Stolen Generations policy on the wellbeing of members of the Stolen Generation and their children (2). The data showed that members of the Stolen Generation were generally more likely to live in households where there were problems related to alcohol abuse and gambling. They were less likely to have a trusting relationship and more likely to have been arrested for an offence. They were more likely to have been in contact with Mental Health Services. Children of members of the Stolen Generation had a much higher rate of emotional and behavioural difficulties and had high levels of alcohol and other substance abuse compared to Aboriginal children whose parents were not a member of the Stolen Generation.

The RANZCP has developed a number of initiatives to promote the awareness of Australian Aboriginal and Torres Strait Islander mental health issues amongst RANZCP Fellows and psychiatry registrars in training. It has promoted appropriate ethical guidelines for the treatment of Aboriginal and Torres Strait Islander people by the psychiatric profession (RANZCP Ethical Guideline 11. Principals and Guidelines for Aboriginal and Torres Strait Islander Mental Health – attached).

RANZCP has required a formal training experience in Aboriginal and Torres Strait Islander and Maori Mental Health for its registrars in Australia and New Zealand since 1994. More recently, the RANZCP has developed a more rigorous and high quality curriculum for training for all psychiatry registrars in Aboriginal and Torres Strait Islander mental health that is monitored directly by its Committee for Basic Training. An example of this high quality curriculum development is the CD Rom on Aboriginal and Torres Strait Islander mental health produced by the New South Wales Institute of Psychiatry to train psychiatry registrars in that state (3). It is also hoped that Australia may follow the initiative of Maori psychiatrists in New Zealand to develop a website on Maori mental health (www.teiho.org) that can be accessed by the psychiatry profession as well as the wider community. The New Zealand website also contains specific programs to train psychiatry registrars in that country.

In recent years, training workshops on Aboriginal and Torres Strait Islander mental health have been introduced to annual RANZCP Congresses. The workshops have featured an interactive experience between local Aboriginal and Torres Strait Islander mental health workers and RANZCP Fellows and Registrars. As well as these workshops, there has been an increasing academic focus on Aboriginal and Torres Strait Islander mental health within the Congress. The Congress has a Welcome to Country performed by a local Aboriginal or Torres Strait Islander elder from the local region. The RANZCP also awards the Mark Sheldon Medal to a psychiatrist or other individual for meritorious service to or research in Aboriginal and Torres Strait Islander mental health at its annual award ceremony. These initiatives by the RANZCP are a continuing effort to improve the awareness of issues of Aboriginal and Torres Strait Islander mental health in Australia amongst the profession of psychiatry with the hope that this will improve the care of Aboriginal and Torres Strait Islander people suffering from mental illness.

The RANZCP is supportive of the wide incorporation of Aboriginal and Torres Strait Islander health issues into medical school curricula in Australia as a way of generally increasing awareness of the Aboriginal and Torres Strait Islander health predicament amongst the medical profession in training.

The RANZCP also supports high quality research into Aboriginal and Torres Strait Islander mental health issues. In recent years, there have been a number of important research initiatives in Western Australia in respect to Aboriginal Health and Mental Health issues (4,5). The AIMHI projects currently underway in Queensland and the Northern Territory are a further attempt at high quality research in Aboriginal and Torres Strait Islander Communities in those regions.

The RANZCP sees the role of the Aboriginal Mental Health Worker as of being of crucial importance in the development of culturally appropriate mental health services for Aboriginal and Torres Strait Islander Australians. The term "Aboriginal Mental Health Worker" currently covers a wide range of people doing a variety of work under markedly different circumstances. A further factor that influences their situation is whether the Aboriginal Mental Health Worker works in a Government based, or "Mainstream" job or has a position in the Aboriginal community controlled health sector.

Various state-based industrial awards and management structures as well as the lack of formal registration for Aboriginal Mental Health Workers in every state further confuse the picture. The term "Aboriginal Mental Health Worker" also covers a range of qualifications and experience. Aboriginal and Torres Strait Islander people possessing Doctorates in Philosophy and professional recognition as social workers, psychologists and nurses have an association with this role. However, the term may also apply to an Aboriginal elder with a significant amount of "life experience" of the Aboriginal and Torres Strait Islander predicament of mental illness who is undertaking the first year of a diploma course in Aboriginal Mental Health Work. The various expectations of the professional skill and "cultural brokerage" issues in respect to a specific Aboriginal and Torres Strait Islander understanding that such a person may bring to their position is also poorly defined.

The current Aboriginal and Torres Strait Islander Mental Health workforce is a particularly dedicated group of people who wish to work for their people and improve the severe mental health problems currently affecting the Aboriginal and Torres Strait Islander population. However, available evidence appears to indicate that they have significant concern about their lack of recognition as a professional, inequality compared to other health professionals, a lack of recognition of the Aboriginal Mental Health Worker role, differences in pay and differences in qualifications required for appointment between employers (6). This issue was of significant concern to the RANZCP that it produced a statement in support of the status and work of Aboriginal Mental Health Workers (RANZCP Statement #50 Aboriginal and Torres Strait Islander Mental Health Workers –attached). It is hoped that this statement will

enhance the recognition of the valuable role of the Aboriginal Mental Health Workers by the psychiatric profession and the community generally.

RANZCP supports any further strategies to validate and improve the quality of health care offered by Aboriginal and Torres Strait Islander Mental Health Workers. This support for Aboriginal Mental Health Workers occurs in the context of a number of other important state and national initiatives in respect to Aboriginal and Torres Strait Islander health that may have a flow on benefit for Aboriginal and Torres Strait Islander mental health in Australia.

The Aboriginal Health and Medical Research Council which is the peak organisation for Aboriginal Community Controlled Health Organisations in New South Wales and the Health Department of New South Wales recently signed a Health Partnership Agreement in an attempt to improve health outcomes for Aboriginal and Torres Strait Islander people resident in New South Wales. Charles Sturt University in Wagga and the Federal Office of Aboriginal and Torres Strait Islander Health have worked together to set up a model Djirruwang Aboriginal Mental Health Worker Course that provides an educational progression through basic certificate to Doctor of Philosophy for Aboriginal Mental Health Workers nation wide (7).

It should also be noted however that a number of local Aboriginal controlled health organisations have set up their own educational courses for Aboriginal Mental Health Workers suited to their local community. There is also an emerging Commonwealth initiative to improve Health Worker status generally through the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (8). The strategy generally aims to address methods to increase the number of Aboriginal Health workers, a clarification of their role, improvement of training, the role of other groups contributing to Aboriginal Health Worker needs and accountability of Government programs in respect to Aboriginal Health Workers. Strategy 26 of the Strategic Framework states that *the Commonwealth, States and Territories will consider specific training to develop a quality Aboriginal Mental Health Workforce.*

The Australian National Training Authority has also developed a set of guidelines for the vocational education for Aboriginal and Torres Strait Islander Australians that renews and shares an Aboriginal and Torres Strait Islander learning culture in partnership with Australian government and Industry (9,10). This may guide the development of such training in Aboriginal and Torres Strait Islander Mental Health.

Although our submission notes a number of initiatives developed in respect to Aboriginal and Torres Strait Islander Mental Health by the RANZCP, the RANZCP still feels that there is still a great need for much better access to services, culturally secure systems of care and for all services to accept their responsibility for making steps to redress inequity and improve Aboriginal and Torres Strait Islander health and wellbeing. It hopes that the Australian Senate may assist these processes as a result of its inquiry.

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