



## **THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS**

### **Aboriginal and Torres Strait Islander Mental Health Committee Submission to the Senate Select Committee on Mental Health**

The Royal Australian and New Zealand College of Psychiatrists wishes to address the Term of Reference in respect to the special needs of Aboriginal and Torres Strait Islander peoples. The College is concerned about the significant level of mental health morbidity and mortality currently affecting Aboriginal and Torres Strait Islander people. The College considers that improvements in educational curriculum and high quality research into the mental health of Aboriginal and Torres Strait Islander people are important measures to inform the health profession and community generally about the need for improvement in mental health services for Aboriginal and Torres Strait Islander people. The College also supports the development and validation of the crucial role of Aboriginal and Torres Strait Islander Mental Health Workers in Australian Indigenous mental health service delivery.

The College has had a leading role amongst the Australian Medical Colleges in its interest in and advocacy for Aboriginal and Torres Strait Islander Health Issues. The college interest was founded on the recognition of Aboriginal and Torres Strait Islander sovereignty and the right for all Australians to experience good mental health and hence the need to redress the inequality in health and mental health status.

Since 1996, the College 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 College for the interaction between the College 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 College directly about issues of importance in Aboriginal and Torres Strait Islander mental health.

The significant College 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 this 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.

The College 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. The College 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 (College 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 (2) also shows the severe ongoing impact of the Stolen Generations policy on the wellbeing of members of the Stolen Generation and their children. 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 College has developed a number of initiatives to promote the awareness of Australian Aboriginal and Torres Strait Islander mental health issues amongst College 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 (College Ethical Guideline 11. Principals and Guidelines for Aboriginal and Torres Strait Islander Mental Health-Attached).

The College 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 College 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](http://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 College Congresses. The workshops have featured an interactive experience between local Aboriginal and Torres Strait Islander mental health workers and College 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 College 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 College 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 College is also 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 College 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 College has also seen 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 College that it produced a statement in support of the status and work of Aboriginal Mental Health Workers (College 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.

The College 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 the above submission notes a number of initiatives developed in respect to Aboriginal and Torres Strait Islander Mental Health by the College, the College 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 it's enquiry.

## References:

- (1) Trewin D and Madden R. (2003) The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Australian Bureau of Statistics ABS 4704.0
- (2) De Maio JA, Zubrick SR, Silburn SR, Lawrence DM, Mitrou PG, Dalby RB, Blair EM, Griffin J, Milroy H, Cox A. (2005) The Western Australian Aboriginal Child Health Survey: Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation. Perth: Curtin University of Technology and Telethon Institute for Child Health Research
- (3) Milroy H, Milroy J, Parker R and Phillips N. (2002) Australian Indigenous Mental Health. New South Wales Institute of Psychiatry.
- (4) Hillman S, Silburn SR, Zubrick SR, Nguyen H (2000). Suicide in Western Australia, 1986 to 1997. Perth WA, Youth Suicide Advisory Committee, TVW Telethon Institute for Child Health Research and Centre for Child Health Research, Faculty of Medicine and Dentistry, The University of Western Australia.
- (5) Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades S, D'Antonio H, Read A, Ishiguchi P, Doyle S, (2004) The Western Australian Child Health Survey: The Health of Aboriginal Children and Young People. Perth. Telethon Institute for Child Health Research
- (6) Dollard J, Stewart T, Fuller J and Blue I. (2001). Aboriginal Health Worker Status in South Australia. Aboriginal and Islander Health Worker Journal 25 (1) :28-30
- (7) Jeeawody B and Havelka J. (2002) The Djirruwang National Indigenous Mental Health Pilot Project. Addressing Promotion and Prevention. Ausinetter. Issue 15 July (2) 7-10
- (8) Standing Committee on Aboriginal and Torres Strait Islander Health: Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, AHMAC, Canberra 2002.
- (9) Australian National Training Authority: Partners in a Learning Culture: Australia's National Aboriginal and Torres Strait Islander Strategy for Vocational Education and Training 2000-2005.
- (10) Community Services and Health Industry Skills Council 2004. Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards and Qualifications. Second Draft.