

# Aboriginal Health and Medical Research Council of NSW

## Select Committee **Inquiry** into Mental Health and Suicide Prevention

*The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.*



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## Summary

Aboriginal and Torres Strait Islander people in NSW are overrepresented in the mental health and suicide statistics at an alarming rate. The Aboriginal Community Control Health Organisation (ACCHO) sector both nationally and at a state level have worked for over 50 years to provide culturally appropriate, prevention focused, responsive mental health and suicide prevention services. Despite a long history of delivering extensive and effective services with inadequate funding, very few efforts have been made to financially support and resource the ACCHO sector to ensure these services can be provided to the number of people seeking to access them.

There are two overarching issues that this response will address:

**(1)** the funding mechanisms and management of mental health and suicide prevention through the Medicare Benefits Scheme (MBS) and the Primary Health Networks (PHNs) has created barriers for the ACCHO sector seeking to access funding for these services

**(2)** the current commonwealth strategies to address the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander people are inadequately implemented leading to failure to address the community's needs.

### Summary Recommendations:

The Australian Government should focus on implementing accountability measures that ensure Aboriginal and Torres Strait Islander health funding is reaching ACCHOs to support communities on the ground. Aboriginal and Torres Strait Islander health funds earmarked to address community needs should be directly allocated to ACCHOs instead of the current tender and commissioning practices that have failed to deliver services and ensure accountability to Aboriginal and Torres Strait Islander communities.

1. Directly fund ACCHOs to address the mental health and suicide prevention needs of their communities. Remove tendering processes and action accountability measures within the PHNs.
2. Allocate funding and take action to ensure the adequate implementation of Commonwealth strategies and frameworks.

## Background

Mental health and suicide prevention in Australia must be adequately addressed to meet the needs of Aboriginal and Torres Strait Islander people as well as the wider Australian community. Aboriginal and Torres Strait Islander people experience higher levels of psychological distress, suicide rates and mental health conditions compared to their non-Indigenous counterparts. Mental health and suicide rates are almost double the rate of non-Indigenous Australians<sup>1</sup>. Immediate action is required to address gaps in services to support mental health and underlying factors contributing to this.

Mental health is a key driver of economic and social participation, and has the potential to impact the connectedness, engagement, and standards of living of people. Based on the Productivity Commission's inquiry into mental health, the current health system has been unable to meet the needs of Australians seeking support and services. Aboriginal and Torres Strait Islander people

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<sup>1</sup><https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>

are overrepresented in mental health care and suicide services, despite making up only 3% of the population. The Australian health system has a responsibility to address this disparity through access and availability of services provided with a cultural lens.

Availability and access are key issues impacting mental health service delivery for Aboriginal and Torres Strait Islander communities. Currently there are three main gateways for entry to mental health services: online resources, community health services and hospital emergency departments. These gateways have existing barriers to entry which are further compounded for Aboriginal and Torres Strait Islander people. Some of these barriers include stigma, lack of trust, unavailability of services due to remoteness and limited cultural appropriateness<sup>2</sup>. Given that Aboriginal and Torres Strait Islander people are disproportionately burdened by suicide and poor mental health, it is necessary to improve access to culturally appropriate mental health services. The ACCHS sector has been key in delivering services that are culturally appropriate and engaged with the community, having been able to address some barriers. However, they have not been adequately supported to deliver comprehensive and targeted mental health care.

Trauma is also an inherent experience of many in the Aboriginal and Torres Strait Islander community due to the impacts of colonisation, pervasive institutional racism, and intergenerational trauma. As such, mental health heavily intersects with these experiences. Trauma informed care is the understanding of how trauma affects individuals, the needs and usage of supports which is then interwoven through service delivery. The understanding of this framework is necessary to provide culturally appropriate and effective mental health services to the community. The delivery of culturally appropriate services in mainstream mental health organisation is inconsistent. It is necessary to both adequately train the existing workforce and support the Aboriginal Community Controlled Health Service's (ACCHS) to provide mental health services in Aboriginal communities.

## About the AH&MRC

The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRC) was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83.

The AH&MRC assists the ACCHO Sector across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities.

As the Peak Body for Aboriginal Health in NSW the AH&MRC represents the rights and interests of 47 Member Services. The AH&MRC is committed to the delivery of four key priorities. These are:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC works collaboratively with the ACCHO Sector across NSW to ensure accessibility, sustainability and adequate resourcing of a skilled workforce providing comprehensive primary health care services for Aboriginal communities.

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<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5985563/>

## Opportunity to respond to the Select Committee Inquiry into Mental Health and Suicide Prevention

The AH&MRC on behalf of its 47 ACCHO Member Services thank the Select Committee for the opportunity to respond to the Inquiry into Mental Health and Suicide Prevention.

The following submission was developed in consultation with the AH&MRC Mental Health and Suicide Prevention lead staff who work directly with the mental health and suicide prevention workforce in ACCHOs across NSW, as well as representatives from the 47 ACCHO Member Services of the AH&MRC.

### AH&MRC response

Preventative measures have a central role to play in mitigating the impacts of mental health and suicide rates in Aboriginal and Torres Strait Islander communities. Prevention refers to activities that focus on reducing risks factors and enhancing protective factors. For Aboriginal and Torres Strait Islander people, preventative measures must recognise and prioritise the cultural protective risk factors and resilience of Aboriginal and Torres Strait Islander people. Preventative approaches are both a long-term cost-effective measure with a strong evidence base to support preventative care and early intervention as strong measures that can support mental health. However, prevention measures are not appropriately funded in the health system, particularly in community-based health. The AH&MRC has highlighted two significant overarching issues that dominate the state of mental health and suicide prevention for Aboriginal and Torres Strait Islander people in NSW at a macro level. Despite this, we acknowledge that there are a range of community-based factors that require local level solutions to improve the mental health and suicide prevention in Aboriginal communities.

#### **Issue 1: the funding mechanisms and management of mental health and suicide prevention through the Medicare Benefits Scheme (MBS) and the Primary Health Networks (PHNs) has created barriers for ACCHO Sectors seeking to access funding for these services.**

The ACCHO sector is key in delivering mental health and suicide prevention services across Aboriginal and Torres Strait Islander communities in NSW, however state and federal funding mechanisms for ACCHOs has been dysfunctional. This issue has been repeatedly raised by ACCHO CEO's, outlining that without the required resourcing they are unable to provide vital mental health services that are essential for their communities.

Referring to the Productivity Commission's Inquiry into Mental Health<sup>3</sup>, a reoccurring constraint that mental health organisations identified is the limitations created by short-term funding arrangements. Short term contract cycles have had major implications on service delivery and the continuity of care for patients due to uncertainty of staffing and short timeframes to deliver effective mental health programs. This is a particular concern for the mental health system given the need to provide consistent and stable services to patients. The consequences of short-term contracts have resulted in the lack of continuity of services and short-term care arrangements for patients. The impact of which is an increase in acute emergency department presentations and inpatient stays. This is a particular concern for Aboriginal and Torres Strait Islander patients whose needs are often failed by mainstream health services including hospital emergency departments. This funding arrangement prevents easy access to mental health services within ACCHOs and is not supporting safe, high quality and effective care.

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<sup>3</sup> <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

Given that regional ACCHOs' face existing challenges with limited resources and a smaller workforce, short funding cycles have created additional challenges for recruiting and retaining staff. As a result, the ACCHO sector has been unable to take a longer-term approach to mental health in the community. This funding structure impacts across the organisation and has ultimately impacted both access and availability of services. While this issue has been recognised by some Governments and as such annual funding cycles were extended to a three-year period in 2019 for Primary Health Networks (PHN), **PHN's were not required to enter longer term contracts with their service providers with no reports that this occurred.** There has been gross mismanagement of allocating funds to the ACCHO sector, PHN's have required ACCHOs to compete against one another and waste already limited resources to fund tender submissions that they are ultimately not awarded.

Further to this, current funding structures do not support the development of culturally appropriate services. Short timeframes have impacted the capacity to develop long-term partnerships with community and service providers. Partnership building is vital to meaningfully engage with communities and deliver holistic health interventions while supporting Aboriginal and Torres Strait Islander voices and leadership. Partnerships and engagement are key principles identified in the National Agreement 2020 and the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 and considered a priority element by communities and providers. It should be noted that cultural competence, engagement, and partnerships are not always featured in government tenders as an evaluation approach, signalling a systemic gap perpetuated in government funded health planning<sup>4</sup>.

## **Issue 2: The current commonwealth strategies to address the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander communities are inadequately implemented leading to failure to address the communities needs.**

Commonwealth strategies to support mental health and suicide prevention services have been inadequately implemented. The Australian government has established a stepped care approach to primary mental health service delivery which has been earmarked by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23<sup>5</sup>. However, there have been significant issues with the implementation of this model. ACCHOs are not funded to provide services for moderate and severe mental illness. This has been exacerbated by a lack of transparency and integration of services by PHN's, despite playing a key role in the commissioning of services. The ACCHO sector is left with a lack of resources under the stepped care approach. Given that this model refers to a hierarchy of interventions, successful implementation relies on clear clinical governance and safe clinical pathways both of which are prevented by current PHN governance.<sup>6</sup>

As a result, clients are forced into mainstream primary health services where handover back to the ACCHOs are limited, disrupting the patient's journey and experience of care. Aboriginal and Torres Strait Islander patients are unable to access culturally appropriate services within these systems, which leads to disengagement and delayed interventions.

Trauma informed care training is an additional priority area under the National Strategic Framework given the ability to improve mental health outcomes<sup>7</sup>. However, there is an inherent lack of trauma informed training in the mental health workforce. This undermines the lived experiences and generational trauma of Aboriginal and Torres Strait Islander people while also

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<sup>4</sup> <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-020-09983-w>

<sup>5</sup> [https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework\\_0.pdf](https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf)

<sup>6</sup> <https://onlinelibrary.wiley.com/doi/abs/10.1002/pmh.1467>

<sup>7</sup> [https://aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0008/561977/ACI-Mental-Health-Trauma-informed-care-mental-health-NSW.pdf](https://aci.health.nsw.gov.au/__data/assets/pdf_file/0008/561977/ACI-Mental-Health-Trauma-informed-care-mental-health-NSW.pdf)

perpetuates a culture of blame towards the community. The absence of trauma-informed care can re-traumatise and re-victimise patients particularly when compounded with stigma and discrimination by health professionals. The Aboriginal and Torres Strait Islander health sector should be supported to undertake and lead initiatives in workforce training of services that aim to support Aboriginal and Torres Strait Islander families and communities. There is, however, a lack of scholarships available outside mainstream organisations to expand the existing workforce. Mainstream organisations have an inconsistent approach to cultural competency practices including in training staff. Thus, it is vital to both invest in trauma informed practices and developing the Aboriginal and Torres Strait Islander workforce. A trauma informed response to mental health care can deliver meaningful impact to prevention measures and overall mental health concerns.

Prevention measures have the capacity to reduce barriers to services however a system-wide approach to reform must be undertaken. To do so, developing the mental health workforce to effectively reduce stigma and discrimination, and support community resilience is essential. Embedding trauma-informed care into workforce training can address this concern, particularly in meeting the needs of the Aboriginal and Torres Strait Islander communities. Aboriginal Health Workers and Practitioners have a dedicated subject requirement in trauma-informed care. This has been training that the Aboriginal health sector has already implementing to enhance the quality of services and provide the Aboriginal and Torres Strait health workforce with resilience and stigma reduction training that can be translated into the consumer experience. This training must be implemented system-wide to provide culturally safe and competent mental health services.

## Recommendations

**The AH&MRC proposes the following two recommendations:**

- 1** Directly fund ACCHOs to address the mental health and suicide prevention needs of their communities. Remove tendering processes and action accountability measures within the PHNs.
- 2** Allocate funding and take action to ensure the adequate implementation of Commonwealth strategies and frameworks.



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