

Community Mental Health Australia Submission to Close the Gap Refresh

Introduction

Community Mental Health Australia (CMHA) would like to thank the Council of Australian Governments (COAG) for the opportunity to comment on Closing the Gap through the Closing the Gap: The Next Phase Public Discussion Paper (the Discussion Paper).

CMHA is a coalition of the eight state and territory peak community mental health organisations. CMHA, through its state and territory bodies, has a direct link and contact to mental health organisations delivering services at the community level. CMHA provides a unified voice for approximately 800 community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

CMHA promotes the recovery of people living with a mental health condition so that they are contributing citizens and included in all the economic and social aspects of their community. The organisation presents a united and representative voice for the community managed mental health sector who work every day on mental health issues and have the expertise through a specialised workforce, including a peer workforce and lived experience.

CMHA is a member of the Close the Gap Campaign Steering Committee and supports input by the Close the Gap Campaign to the Close the Gap Refresh.

CMHA would like to make some specific comments in relation to aspects of Close the Gap which relate to the social and emotional well-being of Aboriginal and Torres Strait Islander people, and address the questions posed in the Discussion Paper.

Discussion Paper Questions

How can governments, Aboriginal and Torres Strait Islander Peoples, and businesses work more effectively together? What is needed to change the relationship between government and community?

CMHA is a member of ACOSS and a signatory to the Joint Statement supporting First Nations¹, which states support for First Nations peoples' Uluru Statement from the Heart and calls on the Australian Parliament to make this a national priority. The key points of the Statement are:

- concerns about the negative response from the Australian Government to the Uluru Statement from the Heart;
- strong support for progressing Australia's First Nations people's rights to a say in the decisions that affect their lives; and

¹ Joint Statement - A call to the Prime Minister and Australian Parliament http://www.acoss.org.au/media-releases/?media_release=united-call-for-australian-parliament-to-respect-and-back-full-uluuru-statement-from-the-heart

- urging the Australian Parliament to listen to First Nations peoples' recommendations in the Uluru Statement, and to back this attempt to improve their circumstances and participate more fully in Australian society.²

As the Joint Statement notes, a more effective relationship between different sectors can be improved by the responses developed by government being led by Aboriginal and Torres Islander people, and for government and other sectors to use the responses already developed by Aboriginal and Torres Strait Islander people, such as the Uluru Statement and the Redfern Statement. This goes to the core stated aim of the Close the Gap Refresh for Australian governments to:

...work in genuine partnership with Indigenous leaders, organisations and communities, to identify the priorities that will inform how governments can better design and deliver programs and services to close the gap.

With reference to the community-managed mental health sector, the Redfern Statement³ in particular identifies a number of areas of relevance to the work that the sector does with Aboriginal and Torres Strait Islander communities including setting targets and developing evidence-based, prevention and early intervention oriented national strategies to drive activity and outcomes addressing areas such as incarceration and access to justice; child safety and wellbeing; and increasing Aboriginal and Torres Strait Islander access to disability services; and funding an Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013-2023) and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

CMHA supports the Aboriginal Community Controlled Services (ACCHS) being considered the preferred providers for health services for Aboriginal and Torres Strait Islander people, and calls on Government to ensure this is done collaboratively with the community-managed mental health sector to extend and retain the expertise that exists in the community-managed mental health sector. This once again should be about providing the conditions for collaboration and strong relationships between different sectors.

A key factor is making national policies and strategies relevant to Aboriginal and Torres Strait Islander people. What happens at a national level and decisions made by all levels of government will trickle down and affect what happens on the ground. For example, we cannot take one approach developed at the national level and then try and force it to fit into communities that are dealing with a range of different circumstances. In respect of mental health, many people are experiencing not just 'mental health problems' but a whole range of factors that are contributing to the issues in their community. For example, in relation to the Fifth National Mental Health and Suicide Prevention Plan, developing a Plan that is a 'health ministers' plan and not a plan that looks at mental health and well-being and all the

² Ibid

³ Redfern Statement, National Congress of Australia's First Peoples, <http://nationalcongress.com.au/redfern-statement/>

factors that impact a person's mental health - such as housing, employment, education, transport – will not help any community and definitely not an Aboriginal and Torres Strait Islander community.

Understanding the whole picture of the person and why they are going through what they are is not a simple task. People and communities are complex and when a history of colonisation, intergenerational trauma, high rates of suicide, and high rates of chronic disease are a part of your every-day life, it means that if these factors are not addressed and confronted, then the 'solutions' offered by government will just be a patching up of problems. This must form the basis of any policy or approach that is developed in mental health in that we must work with communities to develop approaches that suit them, otherwise we will keep repeating what has happened before and it will fail.

- *How could the Closing the Gap targets better measure what is working and what is not?*
- *What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander Peoples? Should governments focus on indicators such as prosperity, wellbeing or other areas?*
- *Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?*

As noted previously in relation to the Redfern Statement and funding an Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan and National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, a part of examining what is working would be to include where funding for the priorities is situated and what it funds. For example, a response to a Question on Notice from the 2017-18 Supplementary Budget Estimates on how much funding the Commonwealth Government provided to deliver the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan stated that funding was provided through the Indigenous Australians' Health Program (IAHP) and mainstream programs, including the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme, aged care, health workforce, and public hospital funding. This does not show any identification of funding specifically to address key policies through Closing the Gap or any other strategies and appears to be for existing programs and programs that are not actually specifically for Aboriginal and Torres Strait Islander people. Any action plans associated with Closing the Gap should also include what specific funding and resourcing is being allocated.

Indicators which best support the needs and aspirations of Aboriginal and Torres Strait Islander people and incorporating culture in Closing the Gap are intrinsically linked. There does however need to be a description or indication of what is meant by 'culture'. There should be indicators which either reflect or are directly about services and programs incorporating culturally appropriate practices and policies including training; the experiences of Aboriginal and Torres Strait Islander people in their interaction with services and programs; and how cultural aspects form the basis of all policies and programs. Prosperity and well-being should also be an aspect of and referred back to in any indicators, as this is the ultimate indicator that what is being invested in is working. Measurable indicators should be around

social determinants of health, such as health, education, housing and racism. Prosperity and wellbeing need to take into account immediate problems including suicide prevention.

The Aboriginal Peak Organisation Northern Territory (APO NT) have developed the *Guiding principles for our research, advocacy and policy work*⁴ which provide an example of a social determinants approach forming the basis of any work associated with Aboriginal communities. The principles are based on and informed by the following:

Our shared interests are underpinned by an unwavering commitment to the principles of Aboriginal community control and self-determination.

We share an understanding that tackling the plight of our communities can only be achieved through coordinated action across a broad range of policy areas: in housing, employment, education and health; but equally importantly in ensuring that the right conditions are in place for creating strong, resilient communities.⁵

In terms of setting targets and indicators these can be linked to existing data where funding may be directed, particularly sources which relate directly to Aboriginal and Torres Strait Islander people, to examine effectiveness. For example, the Primary Health Networks (PHNs) are receiving funding in mental health and suicide prevention which relates to programs which directly funded Aboriginal and Torres Strait Islander services or was funding specifically allocated for Aboriginal and Torres Strait Islander people. There is a Minimum Data Set being developed for the PHNs and the PHNs are required to report against their funding, therefore these are sources which could be used.

What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda?

In terms of mental health, linking all targets to social and emotional well-being is important. This may also include links to suicide prevention and the work of projects such as the Aboriginal and Torres Strait Islander Suicide Prevention Project (ATSISPEP). It is also important to recognise that all the targets will link, for example as school attendance will impact to what then happens in employment.

Conclusion

CMHA is a member of the Close the Gap Campaign Steering Committee and supports the submission by the Close the Gap Campaign to the Close the Gap Refresh.

⁴ Aboriginal Peak Organisations Northern Territory, *Guiding principles for our research, advocacy and policy work*, July 2012, <http://www.amsant.org.au/apont/wp-content/uploads/2015/01/120723-APO-NT-Guiding-Principles.pdf>

⁵ Ibid

The key points by CMHA in relation to mental health and well-being are:

- A more effective relationship between different sectors can be improved by the responses developed by government being led by Aboriginal and Torres Islander people, and for government and other sectors to use the responses already developed by Aboriginal and Torres Strait Islander people.
- CMHA supports the Aboriginal Community Controlled Services (ACCHS) being considered the preferred providers for health services for Aboriginal and Torres Strait Islander people, and calls on Government to ensure this is done collaboratively with the community-managed mental health sector to extend and retain the expertise that exists in the community-managed mental health sector.
- A key factor is making national policies and strategies relevant to Aboriginal and Torres Strait Islander people. What happens at a national level and decisions made by all levels of government will trickle down and affect what happens on the ground.
- A part of examining what is working would be to include where funding for priorities is situated and what it funds. Any action plans associated with Closing the Gap should also include what specific funding and resourcing is being allocated.
- There should be indicators which either reflect or are directly about services and programs incorporating culturally appropriate practices and policies. Prosperity and well-being should also be an aspect of and referred back to in any indicators. Measurable indicators should be around social determinants of health, such as health, education, housing and racism.