NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
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Draft National Safety and Quality Mental Health Standards for Community Managed Organisations

Submission to the Australian Commission on Safety and Quality in Health Care

February 2022

About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our Members provide about 3.1 million episodes of care per year for about 380,800 people across Australia, including more than 923,000 episodes of care in remote and very remote areas.

Sector Support Organisations, also known as Affiliates, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their Members including advocacy, governance, training and advocacy on State and Territory Government health care policies and programs.

Affiliates also support ACCHOs to deliver accessible, responsive, and culturally safe services for Aboriginal and Torres Strait Islander people. The leadership and support provided by Affiliates strengthens governance and financial expertise in the Aboriginal and Torres Strait Islander community controlled health sector. Affiliates provide a strong interface for the Aboriginal and Torres Strait Islander community controlled health sector with the national reform agenda occurring in the health system. Together NACCHO and Affiliates harness better coordinated, more cohesive and cost-effective mechanisms for stakeholder and community engagement on Aboriginal and Torres Strait Islander health issues, and providing advice to State, Federal and Territory Governments.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. Our 144 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.

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Recommendations

1. The Standards must acknowledge culturally safe practice throughout and incorporate the needs of Aboriginal and Torres Strait Islander people across each individual criterion. The language must address the specific needs of Aboriginal and Torres Strait Islander peoples, and their right to access culturally competent services. Specific recommendations include:
    a. Under criterion 'Practice governance, leadership and culture' (1.12), a specific item on cultural safety in the context of Aboriginal and Torres Strait Islander peoples should be added. *Suggested wording*: The service provider implements and monitors strategies that recognise, respect, and nurture the unique cultural identities of Aboriginal and Torres Strait Islander people, and delivers its services in a manner that is culturally safe.
    b. Under criterion 'Workforce qualifications and skills' (1.26-1.29) and 'Establishing the model of care' (3.04), adding an action outlining cultural safety training for mainstream mental health workers.
    c. Under criterion 'Safe environment for the delivery of care' (1.32), a separate action for Aboriginal and Torres Strait Islander people. *Suggested wording*: The service provider demonstrates a welcoming and culturally safe environment that respects the diversity of cultures, beliefs and practices of Aboriginal and Torres Strait Islander people and their Communities.
    d. Under criterion 'Rights' (2.01 and 2.02), an action identifying cultural safety in the charter of rights and the inclusion of systems and processes to actively support culturally safe practices.
    e. Under criterion 'Establishing the model of care' (3.01), cultural safety should be included in designing a model of care for Aboriginal and Torres Strait Islander people. NACCHO also notes that Aboriginal and Torres Strait Islander people must be involved in the design and implementation of this model of care.
    f. Under criterion 'Developing the comprehensive care plan' (3.10), the extension of the action to develop, document and share individualised culturally safe care plans.
2. The Standards must acknowledge holistic mental health models of care. For example, ACCHOs incorporate social and emotional wellbeing services within mental health clinical practice to ensure their clients receive holistic health services. Expanding the remit will also need to consider the workforce required to provide these integrated health services.
3. The Standards must acknowledge the sensitivities around transfer and transition of care for Aboriginal and Torres Strait Islander people, and the need to ensure continuity of care between mainstream and non-mainstream services.
4. The Standards should strengthen the approach to 'Medication Safety' for at risk groups including Aboriginal and Torres Strait Islander people.

Introduction

NACCHO welcomes the opportunity to provide a submission to the Australian Commission on Safety and Quality in Health Care on the draft National Safety and Quality Mental Health Standards for Community Managed Organisations (the Standards).

The National Agreement on Closing the Gap (National Agreement), agreed to by all Australian Governments, represents a new approach where policy making that impacts Aboriginal and Torres Strait Islander people occurs in full and genuine partnership with Aboriginal and Torres Strait Islander people[1]. In seeking to improve the quality of mental health service standards for Aboriginal and Torres Strait

[1] Coalition of Peaks (2020). National Agreement on Closing the Gap.

Islander people, it is essential that the Standards align with the National Agreement and the following four priority reforms:

- Strengthen and establish formal partnerships and shared decision-making
- Build the Aboriginal and Torres Strait Islander community-controlled sector
- Transform government organisations so they work better for Aboriginal and Torres Strait Islander people
- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions.

Aboriginal and Torres Strait Islander people are disproportionately represented in mental health and death by suicide statistics in Australia. The Australian Institute of Health and Welfare has estimated that mental health and substance use are the biggest contributors to the overall burden of disease for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander adults are 2.7 times more likely to experience high or very high levels of psychological distress than other Australians[2].

While Aboriginal and Torres Strait Islander people make up around 3% of the population, they comprise 11% of all emergency department mental health presentations across the country[3]. Further, Aboriginal and Torres Strait Islander people comprised 10.8% of all community mental health care patients in 2019–20, more than 3 times the rate of non-Indigenous patients[4].

These statistics highlight that the current mainstream mental health system is failing to adequately support Aboriginal and Torres Strait Islander people who present with mental health concerns. It is vital that community mental health services, mental health services provided by local health districts and primary health networks, mental health units in public and private hospitals, and other mainstream mental health services are consistently providing a high standard of culturally competent care to Aboriginal and Torres Strait Islander people, including their accessibility and engagement. Importantly, a holistic approach that includes both clinical and cultural context is required to ensure mental health services acknowledge and embed Aboriginal and Torres Strait Islander mental health experiences within their model of care. This approach is vital to ensure both clinical and cultural safety. It is essential that the Standards actively support these services to improve how they are designed and operated to support Aboriginal and Torres Strait Islander clients. The Standards must include cultural context to ensure appropriate ways to hear the story, listen and provide the validation in a way that holds meaning for Aboriginal and Torres Strait Islander people.

It is important that the Standards understand and acknowledge the different understanding of health and wellbeing between Aboriginal and Torres Strait Islander cultures and mainstream Australia. For Aboriginal and Torres Strait Islander people, health is understood as Social and Emotional Wellbeing' (SEWB) which connects the health of a person to the health of their family, kin, community, connection to Country, culture, spirituality, and ancestry[5].

Mental health from an Aboriginal and Torres Strait Islander perspective is seen as an intrinsically linked aspect of a person's overall health that sits under the umbrella of SEWB and healing models. It is a more collective and holistic concept than the mainstream view of mental health. Mental health services need

[2] AIHW, The Health and Wellbeing of Aboriginal and Torres Strait Islander peoples: 2015 https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare2015/contents/determinants-of-health-key-points

[3] Mitchell Institute for Education and Health Policy, 2020. Nowhere else to go. Found at: https://acem.org.au/getmedia/5ad5d20e-778c-4a2e-b76a-a7283799f60c/Nowhere-else-to-go-report_final_September-2020

[4] AIHW, Community mental health services 2021. Found at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/community-mental-health-care-services

[5] Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (2016). Solutions that work: What the evidence and our people tell us.

to understand Aboriginal and Torres Strait Islander people's worldviews and understanding of health if they are to be able to provide them with appropriate care. The Standards need to reflect care for Aboriginal and Torres Strait Islander people in line with their holistic view of health, combining the clinical and cultural aspects of health to treat the individual, not just the diagnosed clinical health condition.

Understanding the cultural context will also help to ensure a reduction in misdiagnosis of mental health conditions. As highlighted by Parker and Milroy (2014), "*the recognition of cultural factors and use of Aboriginal Mental Health Workers is an important component of care and diagnosis for any Aboriginal and Torres Strait Islander person"*. As an example of this, they state that *"it is common for Aboriginal people to experience the voices of their relatives, and this may be misinterpreted as a hallucination by clinicians who do not have an appropriate understanding of relevant cultural issues".*[6] NACCHO recommends that the Standards encourage services to have appropriately skilled, multidisciplinary teams crossing clinical, non-clinical and cultural expertise to enable culturally appropriate SEWB and mental health support for Aboriginal and Torres Strait Islander people.

Feedback

There needs to be a focus on cultural safety. The Standards do not currently adequately focus on the need for culturally safe mental health service delivery for Aboriginal and Torres Strait Islander people.

While we acknowledge the inclusion of 'safety' as an overarching action of the Standards, it does not go far enough to explicitly identify and address the need for cultural safety, and in turn, cultural competency of service providers. Cultural safety is more than just being aware of cultures and respecting all people. It is about overcoming the power imbalances that occur between the majority non-Indigenous and the minority Aboriginal and Torres Strait Islander[7] cultures. Cultural safety is a fundamental human right and a minimum standard to uphold.

Priority Reform Three of the National Agreement commits Government mainstream institutions and agencies, and their funded service providers, to embed and practice meaningful cultural safety[8]. The Standards should make every effort to show leadership in implementing the commitments outlined in the National Agreement.

Community managed organisations are more than just health care professionals. As outlined in the standards, community managed organisations have varying complexities that greatly impact service type and service delivery. Whilst the Standards acknowledge the different workforce make up of these organisations, the content seems directed towards a workforce of mainstream health care professionals. The language, structure and approach of the Standards do not adequately accommodate workers from diverse backgrounds, including non-clinical and cultural health services such as social and emotional wellbeing (SEWB) workers and Traditional Healers. The Standards should promote the need for service providers to understand SEWB and to implement care for Aboriginal and Torres Strait Islander people in line with this view of health.

It is equally important to understand the complexity and potential trepidation felt by Aboriginal and Torres Strait Islander people accessing or transitioning to mainstream service providers, that historically have not provided culturally safe services. It is acknowledged that some consumers may require additional mainstream clinical services outside the scope of ACCHOs, and the Standards should consider

[6] Parker, R and Milroy, H (2014) *Mental Illness in Aboriginal and Torres Strait Islander Peoples.* Found in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Pg. 113 – 125.
[7] Coalition of Peaks (2020). National Agreement on Closing the Gap.
[8] National Agreement on Closing the Gap. https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/6-priority-reform-areas/three

these transition requirements, whilst ensuring continuity of culturally competent care for Aboriginal and Torres Strait Islander people throughout these referral pathways.

The historical, political, cultural, and social determinants of Aboriginal and Torres Strait Islander people's health must be acknowledged. Aboriginal and Torres Strait Islander people's health and wellbeing is intrinsically intertwined with other social determinants of health. The disproportionate rates of mental illness, suicide and intergenerational trauma experienced by Aboriginal and Torres Strait Islander people must be understood through the ongoing impacts of colonialisation, past government policies and practices, and those that still negatively impact Aboriginal and Torres Strait Islander people today. Moreover, acknowledgement of continuing cultural practices today must be considered and catered for.

Health care and support for Aboriginal and Torres Strait Islander people must be built on trust, and the Standards need to reflect this necessary approach. There needs to be a gradual and considered transfer of care, allowing consumers, families, and carers the time to build rapport and trust with any new service, to ensure willingness of the consumer to engage, and allow appropriate continuity of care.

Medication safety standards are especially important. Given the increased incidence of substance use and potential misuse in the Aboriginal and Torres Strait Islander community, greater safety standards around medication management for mental health conditions must be considered. Where a consumer is identified to be at greater risk of medication overdose, the Standards should support the limited supply of medications to these consumers.

There is also an opportunity for the Standards to identify and promote collaboration with other local community support services – such as pharmacists or medication prescribers – to support the consumer in managing medications. This could be through a limited supply of medications, or webster packs, to assist safer medication management for consumers, families and carers.

The Standards could benefit from explicitly referencing that community managed organisations should be familiar with relevant medicines and pharmacy programs that exist in their practice environment, that may help their consumers to safely manage their medications. This could include programs such as Dose Administration Aids (DAA) Subsidies, and Home Medicine Reviews.

Conclusion

For the Standards to promote better mental health services for Aboriginal and Torres Strait Islander people, there needs to be a greater and more holistic focus on the needs of Aboriginal and Torres Strait Islander people throughout. There needs to be a greater prioritisation of culturally safe service delivery that respects Aboriginal and Torres Strait Islander cultures. The Standards must acknowledge the variety of staff who provide support and service for community managed organisations, particularly for Aboriginal and Torres Strait Islander consumers.