NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Draft National Safety and Quality Health Service Standards user guide for acute and community mental health services.

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

November 2021

About NACCHO

NACCHO is the national peak body representing 143 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 410,000 people across Australia, which includes about 800,000 episodes of care in very remote and outer regional areas.

Sector Support Organisations, also known as Affiliates, are State based and 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 143 ACCHOs operate approximately 700 facilities, including about 550 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.

The COVID-19 pandemic has highlighted how effective the structure and combination of NACCHO, State and Territory Affiliates and Aboriginal Community Controlled Health Services is in responding to COVID-19.

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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 Health Service (NSQHS) Standards user guide for acute and community mental health services (user guide).

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 provision for Aboriginal and Torres Strait Islander people, it is essential that the Standards and user guide align with the National Agreement and the four priority reforms to:

- 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, and
- 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 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 providing a high standard of culturally appropriate care to Aboriginal and Torres Strait Islander people and considering 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 belief systems. This approach is vital to ensure both clinical and cultural safety. It is therefore essential that the Standards and the user guide actively support these services to improve how they are designed and operated to support Aboriginal and Torres Strait Islander

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

clients. The Standards and user guide 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 user guide understands and acknowledges the different understanding of health and well-being 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. The user guide must acknowledge these belief systems, inclusive of cultural processes, if it is going to be effective for Aboriginal and Torres Strait Islander people.

Issues

The user guide does not currently adequately articulate the need for services to improve the way they provide culturally competent services for Aboriginal and Torres Strait Islander people, nor support them to facilitate organisational change to achieve this.

The historical, political, cultural, and social determinants of Aboriginal and Torres Strait Islander people's health must be acknowledged and addressed. 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.

While we acknowledge the inclusion of Action 1.04 in the user guide, the strategies that underpin this action are minimal and give the impression that improving the safety and quality of care for Aboriginal and Torres Strait Islander people is the role of other strategies and organisations. NACCHO supports the intent of the action that *"*[it is the] *mental health services' responsibility to work with local communities to deliver safe and effective mental health care that meets the needs of Aboriginal and Torres Strait Islander people, both those who use the service, and those who might if existing barriers to access are mitigated."* This includes the need to engage ACCHOs and their SEWB teams, and to co-design services for Aboriginal and Torres Strait Islander people. In practice, this requires ACCHOs to undertake significant work, without funding, to improve the service provision and cultural safety of other organisations. Importantly, it is the role of Elders in community that must also be acknowledged and included as part of the paid workforce.

To improve Action 1.04, the user guide could make clear some key principles of co-design, the need to provide Aboriginal and Torres Strait Islander organisations with funding to undertake this work, for work to be done in genuine partnership at all stages, and for Aboriginal and Torres Strait Islander leadership to be involved at all levels. All of which align with the four priority reforms outlined in the National Agreement.

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

The user guide must also acknowledge Aboriginal and Torres Strait Islander people throughout the whole document and incorporate their needs across each individual action, rather than relying on one Aboriginal and Torres Strait Islander specific action (Action 1.04). This will ensure the standards and user guide are not homogenous culturally and reflect/acknowledge the cultural diversity of Australia. While the intention of action 1.04 is acknowledged, the experience of Aboriginal and Torres Strait Islander people across all parts of the mental health system must be included in the user guide, so that each part of the system is considering the needs of Aboriginal and Torres Strait Islander people. An example of this can be seen in Action 1.05 and the need for mental health services to provide adequate resources to ensure the delivery of safe and high quality mental health care. This action needs to address the specific needs of Aboriginal and Torres Strait Islander peoples, and their right to access culturally appropriate and therefore safe supports.

Workforce issues must also be articulated in the user guide, for example, to value the non-clinical and cultural knowledge of Aboriginal and Torres Strait Islander employees, and to provide a workplace free of racism and discrimination. There are significant barriers for Aboriginal and Torres Strait Islander people who experience significant barriers to employment, retention, and career progression, particularly in mainstream services. This must be acknowledged and actioned if the user guide is to promote an improved system for Aboriginal and Torres Strait Islander people as clients and employees.

Mental health services need 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 user guide should promote the need for services to understand SEWB and to implement care for Aboriginal and Torres Strait Islander people in line with this view of health. A holistic approach centred around SEWB combines the clinical, non-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 user guide 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.

The user guide would benefit from strengthening the language around the need for Aboriginal and Torres Strait Islander leadership at all levels of governance, including in evaluating the impact of programs and services. These evaluations need to be led by Aboriginal and Torres Strait Islander people and include cultural expertise. It is important that programs and services continually monitor their performance in a critical way to ensure they are improving service delivery to Aboriginal and Torres Strait Islander people seeking to access care.

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[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.

Conclusion

For the user guide and 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 an acknowledgement of SEWB, culturally safe service delivery that respects Aboriginal and Torres Strait Islander cultures, a strong and supported Aboriginal and Torres Strait Islander workforce, and services that are free from racism and discrimination.