Submission
No 164

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

Organisation: UNSW Indigenous Health Education Unit (IHEU) and the Illawarra Aboriginal Medical Services (IAMS)

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On behalf of the UNSW Indigenous Health Education Unit (IHEU) and the Illawarra Aboriginal Medical Services (IAMS), we would like to thank the committee for allowing us to submit a late submission to this inquiry into the equity, accessibility, and appropriate delivery of outpatient and community mental health care in New South Wales.

The author of this submission has experience working as an Aboriginal Mental Health Clinician and is now an academic teacher at UNSW Medicine and Health.

In 2021, Aboriginal and Torres Islander people in New South Wales experienced high rates of mental health conditions compared to non-Indigenous people. Aboriginal Females are more likely than Aboriginal males to report mental health conditions, 18%, compared with 12.6% of males[1]. As a result, it can be assumed that Aboriginal and Torres Strait Islander people require access to appropriate community mental health services.

In first-hand experience with the NSW Health System, mental health services have lost trust and respect within Aboriginal communities because of a lack of cultural recognition of culturally based health care. For Aboriginal and Torres Strait Islander people, culture is central to the model of health; it is holistic, and it places Aboriginal ways of knowing, doing and being in the delivery of disease prevention, intervention, and management. Therefore, mental health systems need to encompass the interconnection of the body, mind, spirit, Country, and community in the delivery of culturally safe mental health care.

Unfortunately, the biomedical approach of much of the mental health service does not allow for a holistic approach to social and emotional well-being. The community mental health services prioritise medication and treatment compliance, and much of the workload of clinicians is around medication management and CTO compliance. This approach is not in line with the holistic model of health for Aboriginal and Torres Strait Islander peoples. It hurts meaningful engagement with Aboriginal and Torres Strait Islander consumers.

How the community mental health teams utilise Aboriginal Mental Health Clinicians is detrimental to both the staff member and the consumer. Having Aboriginal and Torres Strait Islander clinicians enforcing CTOs holds a level of unsafe cultural practice that I was never comfortable with as a clinician. Coercive treatment of mental health consumers is within the usual scope of practice of a clinician. However, there are cultural complexities when an Aboriginal and Torres Strait Islander clinician is working with members of the Aboriginal and Torres Strait Islander community in which they live. Aboriginal and Torres Strait Islander communities have significant historical and contemporary trauma directly related to the police and justice systems. The use of these systems, especially when enacted by an Aboriginal Mental Health Clinician when a consumer is in breach of their CTO, is highly traumatic for the clinician, the consumer, and, by extension, the local community.

Further issues that arise for Aboriginal and Torres Strait Islander staff working in community mental health services are similar to those of any workplace that lacks cultural safety. The high turnover of Aboriginal and Torres Strait Islander staff is a testament to the lack of appropriate cultural support. There is no current policy or guideline for providing cultural supervision to Aboriginal and Torres Strait Islander staff, who are regularly suffering vicarious trauma from

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[1] https://www.abs.gov.au/articles/new-south-wales-aboriginal-and-torres-strait-islander-population-summary

working within the space, which is compounded by the intergenerational trauma it is likely they are already experiencing.

Unfortunately, many of these issues stem from the lack of identified positions in the workforce. The identified available positions are bottom-heavy, with many being trainee and entry-level graduate positions. The lack of positions at the management and executive level means a gap in strategic direction and appropriate support for lower-level staff. This can also be a deterrent from taking up an entry-level position as there is little chance of career progression; career progression is also made more difficult as many of the mainstream position descriptions do not recognise experience as an Aboriginal Mental Health Worker or Clinician as appropriate experience to apply. Many Aboriginal and Torres Strait Islander individuals are doing great work in the space, but without the proper resources and support, are quickly burning out or disengaging, taking with them a wealth of both cultural and clinical knowledge.

Community mental health teams could benefit significantly from reciprocal collaboration with ACCHOs, but unfortunately, this is not the norm. The community mental health team in ISLHD rely heavily on the IAMS as a referral service for Aboriginal and Torres Strait Islander consumers during their engagement with the LHD and on discharge. However, the LHD regularly makes minimal contact with IAMS while consumers are engaged with the service, and it is far below the expected level of handover on discharge. The LHD expects that IAMS will provide ongoing medication management and culturally appropriate mental health treatment to Aboriginal and Torres Strait Islander consumers. Still, they cannot do so when requested to reciprocate with assistance for acutely unwell consumers.

When considering the issues outlined above, there are several strategies that could be implemented within community and outpatient services that could reduce the instances of some of these barriers:

1. Culturally responsive services:

- Move towards a strength-based and holistic model of care that incorporates the social, emotional, spiritual, and cultural needs of Aboriginal and Torres Strait Islander people. This could involve:
    - Providing adequate training for non-Indigenous staff in cultural safety. Focussing on community collaboration and reduction of individualistic deficit framing.
    - Prioritising holistic interventions like group activities, art therapy, and accessing traditional healers alongside medication when appropriate.

2. Ethical utilisation of Aboriginal and Torres Strait Islander staff:

- Review CTO practices: Explore alternative approaches to managing mental health crises that avoid cultural and ethical conflicts for Aboriginal and Torres Strait Islander clinicians. Better utilising Aboriginal and Torres Strait Islander staff for their clinical/cultural knowledge in conjunction with non-Indigenous staff.
- Provide cultural supervision: Develop and implement culturally safe supervision policies and practices for Aboriginal and Torres Strait Islander staff to address vicarious trauma and ensure their wellbeing.

3. Supporting staff development and retention:

- Create career pathways: Establish management and leadership positions for Aboriginal and Torres Strait Islander staff within the mental healthcare system.
- Recognise existing experience: Develop hiring practices that acknowledge and value the expertise of Aboriginal and Torres Strait Islander mental health workers and clinicians.
- Invest in staff wellbeing: Provide resources to support the mental and emotional well-being of Aboriginal and Torres Strait Islander staff.

4. Strengthening collaboration with ACCHO's:

- Formalise reciprocal partnerships: Establish transparent and collaborative referral, communication, and handover protocols between community mental health teams and ACCHOs like IAMS. Ensure these partnerships are reciprocal and there are two-way collaborations between services.
- Invest in joint programs: Develop and deliver culturally appropriate mental health programs and services in collaboration with ACCHOs, leveraging their community knowledge and expertise.

5. Addressing the root causes:

- Invest in social determinants of health: Address the broader issues of racism, discrimination, and social disadvantage that contribute to the higher mental health burden faced by Aboriginal and Torres Strait Islander communities.
- Invest in cultural determinants of health: Address the cultural determinants of connection to Country, community and culture that contribute to the higher mental health burden faced by Aboriginal and Torres Strait Islander communities.

Thank you again for allowing us to respond to the inquiry; we look forward to hearing the outcomes.