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Committee: The Standing Committee on Health, Ageing, Community and Social Services

Inquiry: Inquiry into Youth Suicide and Self Harm in the ACT

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ACT Aboriginal and Torres Strait Islander Elected Body

The ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB) is comprised of seven people who are elected to give a strong voice to the interests and aspirations of Aboriginal and Torres Strait Islander people in the ACT.

ATSIEB was established under the ACT *Aboriginal and Torres Strait Islander Elected Body Act 2008* and provides direct advice to the ACT Government with the aim of improving the lives of Aboriginal and Torres Strait Islander people in the ACT.

ATSIEB would like to assist the ACT Government improve its strategic approach to youth suicide and self harm prevention. ATSIEB's submission to the Inquiry considers 2 (d) of the terms of reference:

> ACT government-funded services, agencies and institutions, including schools, youth centres, and specialist housing service providers' role in promoting resilience and responding to mental health issues in children and young people.

ATSIEB notes that, according to the ABS 2014 Causes of Death data, national suicide statistics are indicating an upward trend that is at the highest rate in ten years and that suicide remains a leading cause of death in people aged 15-34. Most alarmingly, the suicide rate for the Aboriginal and Torres Strait Islander community is double that of non-Indigenous people.

ATSIEB agrees with and supports the purpose, goals, scope and objectives of the ACT Government's previous suicide prevention strategy, *Managing the Risk of Suicide: A suicide prevention strategy for the ACT 2009–2014*. Its policy context supported strong engagement with the Aboriginal and Torres Strait Islander community. The significant focus in the previous strategy – whole of community responsibility, working together – is also a significant focus for the Aboriginal and Torres Strait Islander community. It is reflected in the *ACT Aboriginal and Torres Strait Islander Agreement 2015-18,* which commits government 'service directorates and service partners to collaborate to provide culturally appropriate holistic service delivery through strategies and programs'.

ATSIEB notes that the ACT's 2009-14 suicide prevention strategy policy states that: Suicide prevention is everybody's responsibility. Building a fair and safe community requires involvement from all sectors of a community including individuals, health professional groups and service providers. From the Aboriginal and Torres Strait Islander perspective, government and community working together to prevent suicide and self harm must focus on two areas for improvement:

- Firstly, working in a community development framework, and
- Secondly, working with non-Indigenous professionals.

In terms of a whole of government policy approach these two foci need to be embedded in all parts of any new suicide prevention strategy.

These foci are also essential to occur within institutional settings where our young people reside.

It is necessary in the ACT that Aboriginal and Torres Strait Islander professionals, for example, social workers and psychologists, counsellors / therapists and general practitioners work in a community development framework within the Aboriginal and Torres Strait Islander community to be able to engage more closely with community, families and individuals and to take note of needs regarding possible harm, trauma, and stressors that may present during such engagements. This is preferable to clients just coming into a mainstream service with individual Indigenous workers. This is fundamentally about funding this kind of service.

What is needed is an increase in the number of Aboriginal and Torres Strait Islander professionals, for example social workers and psychologists, counsellors / therapists and general practitioners to be available for the presentation of any Aboriginal or Torres Strait Islander person, or working in community engagement with our Aboriginal and Torres Strait Islander families in the ACT, to asses signs of trauma and stress that would lead to issues such as suicide ideation, in a community or service area.

Additionally, we must also work with non-Indigenous professionals to assist them to work in community engagement and building relationships with our communities, families and individuals to ensure assessments of social, emotional and mental wellbeing. They must be enabled them to have a deeper cultural understanding when working with Aboriginal and Torres Strait Islander people. This is because past practices of non-Aboriginal and Torres Strait Islander professionals in assessment and diagnosis of Aboriginal and Torres Strait Islander people has resulted in people being assessed incorrectly. It is crucial for non-Indigenous professionals to build relationships with individuals, families and communities 'outside of the office'; otherwise there is no relationship between the two. The best is build relationship 'outside the building'.

There are two community-controlled services in the ACT, which many Aboriginal and Torres Strait Islander people attend. However, many Aboriginal and Torres Strait Islander people also access mainstream services. Mental health services, whether community-controlled or mainstream, should work with Indigenous professionals to work communally to create relationship, and keep in touch with Aboriginal families so that signs of stress or trauma are recognised and responded to.

We must be mindful to ensure to build the capacity of our families, communities and other groups who are expert or professional in this field. Professionals must continue to be educated on generational trauma, chemical dependencies (alcohol and other drugs); physical, sexual and emotional violence; institutional racism; and cultural violence.

There needs to be increased support for services and workers in the in the field, both in prevention and responses. In the ACT, there is a significant gap in dedicated mental health services for Aboriginal and Torres Strait Islander people. People need access to culturally competent suicide prevention as soon as possible. For example, at present there is only one Aboriginal liaison officer in the ACT's mental health system. *All* Crisis Assessment and Treatment Team (CATT) members in the ACT service must undertake mandatory culturally informed generational trauma recovery education as part of their induction to the CATT team.

Professor Pat Dudgeon, member of the National Mental Health Commission recommends that mental health plans must aim:

> to close the mental health service gaps by providing specialist Aboriginal and Torres Strait Islander mental health services, much needed social and emotional wellbeing and mental health teams in Aboriginal medical services, and ensuring general population services are accessible and able to work effectively with Aboriginal and Torres Strait Islander people.
>
> These goals would be supported by the training and development of a dedicated Indigenous mental health workforce, and by ensuring general population mental health workers are able to provide a culturally appropriate serve. (Mental Health Commission media release, 04 June 2015)

From a broader perspective, building community strength and resilience is important. Increasing social cohesion and supporting groups and communities improves mental health and wellbeing.

Actions must support families, schools and whole communities before problems arise. This reduces harmful drug use, mental health problems and delinquency and leaving school early.

ATSIEB is aware that the new Public Health Networks (PHNs) will now be the leading mental health and suicide prevention planning and integration sites at the regional level consistent with the Government Response to the Review of Mental Health Programmes and Services.

ATSIEB welcomes the establishment of a flexible funding pool and expanded new service delivery arrangements for mental health and suicide prevention services.

ATSIEB welcomes the development of regional mental health and suicide prevention plans and the broader regional model of stepped care. This will facilitate the development of new pathways, make optimal use of available workforce and resources as well as helping to target investment by PHNs in mental health and suicide prevention activity.

The regional mental health and suicide prevention plans should highlight opportunities for Aboriginal and Torres Strait Islander professionals and services to work closely with government agencies, NGOs, private organisations and most importantly with Indigenous professional educators in the field.

Yours sincerely

Jo Chivers
Deputy Chair
ACT Aboriginal and Torres Strait Islander Elected Body
11 April 2016