16 April 2021

Professor Brendan Murphy  
The Secretary  
Australian Department of Health

By email to: Tammie.Staltari@health.gov.au

Dear Professor Murphy

Re: RANZCP submission in regard to the DOH’s Draft National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the Department of Health’s draft National Aboriginal and Torres Strait Islander Health Plan 2021-2031.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 5100 qualified psychiatrists and 1800 trainees across Australia and New Zealand and is guided on policy matters by a range of expert committees, including our Aboriginal and Torres Strait Islander Mental Health Committee.

The RANZCP recognises the important role the Department’s Plan will have in guiding the delivery of health services for Aboriginal and Torres Strait Islander peoples. The RANZCP submission focuses on the impact of the Plan for people in the community who have a mental health condition/s. This submission includes areas for consideration to further emphasise the importance of mental health within the Plan.

To discuss any of the feedback raised in this letter and submission, I can be contacted via Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department on rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

Associate Professor John Allan  
President

Ref: 2229
Improve the mental health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

RANZCP committees were consulted in preparing this submission to the Department of Health’s National Aboriginal and Torres Strait Islander Health Plan 2021-2031 including:

- Aboriginal and Torres Strait Islander Mental Health Committee
- Community Collaboration Committee
- Faculty of Child and Adolescent Psychiatry
- Faculty of Forensic Psychiatry
- Faculty of Addiction Psychiatry
- Section of Child and Adolescent Forensic Psychiatry
- Section of Leadership and Management
- Section of Social, Cultural and Rehabilitation Psychiatry.

The work was particularly relevant to the RANZCP’s [Aboriginal and Torres Strait Islander Mental Health Committee](https://www.ranzcp.org/About/Committees/Aboriginal-And-Torres-Strait-Islander-Mental-Health-Committee) (ATSIMHC), a constituent committee of the Practice, Policy and Partnerships Committee. It is composed of psychiatrists who have direct experience working in Aboriginal and Torres Strait Islander mental health, as well as Aboriginal and Torres Strait Islander community members who are involved in mental health service provision and policy development. Its purpose includes providing advice and support to the RANZCP on clinical practice and psychiatry training issues as they relate to Aboriginal and Torres Strait Islander peoples and promote and advocate for the optimal mental health of Aboriginal and Torres Strait Islander peoples.

All committees are made up of psychiatrists engaging with community members in a variety of relevant areas. As such, the RANZCP is well-positioned to provide advice concerning mental health and other relevant components of the topic.

Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the Department of Health’s working draft ‘National Aboriginal and Torres Strait Islander Health Plan 2021-2031’ (The Plan), and its overarching aim to provide a framework for the delivery of health services to Australia’s Aboriginal and Torres Strait Islander community.

According to a [Australian Institute of Health and Welfare Health Performance Framework](https://www.aihw.gov.au) report, the burden of disease among Aboriginal and Torres Strait Islander people is 2.3 times that of non-Indigenous Australians. It also reaffirms that the disparity can be explained by disparities in social determinants including education, employment and income.
In many cases, Indigenous Australians also have lower access to health services than non-Indigenous Australians, for a range of reasons including barriers such as cost and a lack of accessible or culturally appropriate health services. For Indigenous Australians to have better health outcomes, improvements in the health system and determinants beyond the health sector are required.

There is therefore a need for an overarching national policy to guide the delivery of needed health for Aboriginal and Torres Strait Islander communities

Key Messages

- National initiatives such as the National Agreement on Closing the Gap as well as key findings from Productivity Commission on Mental Health will enhance the depth and scope of the Plan.

- Any holistic health plan that would cater to the needs of Aboriginal and Torres Strait Islander communities must have equal consideration to mental health.

- A health service workforce that includes more Aboriginal and Torres Strait Islander health workers is critical if the Plan is to progress.

- There is an opportunity for the Plan to better address social issues such as family violence and substance use.

- Adequate resourcing and support of Aboriginal Community Controlled Health Services and Aboriginal Community Health Organisations must be prioritised.

- Access to culturally informed evidence-based research and data is essential for rapid response to Aboriginal and Torres Strait Islander communities health needs.

Supports national initiatives to improve the health of Aboriginal and Torres Strait Islander Communities.

The RANZCP welcomes The Plan’s alignment with the National Close the Gap Agreement, particularly the reform priorities relating to formal partnerships and shared decision making, building the community controlled sector, transforming government organisations and shared access to data and information at a regional level. In general, we believe that The Plan provides an adequate policy framework for the delivery of health services including mental health support for the Aboriginal and Torres Strait Islander communities.

Mental health not highlighted at the forefront and Productivity Commission findings provides an opportunity.

The RANZCP would urge a greater earlier emphasis on mental health which is not specifically mentioned until p.10 of the Plan. The RANZCP welcomes the focus on social and emotional wellbeing throughout the forewords and introduction, but it is a significant omission not to include mental health from the outset.

There is also an opportunity for the Plan to include many of the findings of the Productivity Commission into Mental Health Inquiry. For example, including the Productivity Commission’s call for mainstream services — within and beyond the healthcare system — to provide the support that better meets the needs of Aboriginal and Torres Strait Islander people would provide additional weight to the Plan’s authorisation environment. The Plan should also incorporate the Productivity Commission’s call for the adoption of a whole of life approach, people centred design, access to the right services and valued outcome for service users when it comes to mental health.

Mental health priority strategies are aligned with RANZCP policies and resources
Many of the observations and actions noted in The Plan’s ‘Priority Area 10: Mental Health and Suicide Prevention’ section are aligned with the RANZCP’s position statements and other resources developed with the RANZCP’s Aboriginal and Torres Islander Mental Health Committee. These include:

- Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health
- Aboriginal and Torres Strait Islander Peoples’ mental health
- Aboriginal and Torres Strait Islander Mental Health resources for Fellows and Trainees
- Trauma-informed practice

The RANZCP agrees with the three key strategies identified for this mental health and suicide prevention priority which call for:

- Implementing the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Strengthening ACCHS (Aboriginal Community Controlled Health Services) delivery capacity
- Increasing access to culturally safe and community based early intervention, aftercare and postvention services.

**Increasing mental health workforce numbers is a critical component of progressing the health plans goals and objectives**

The call for more Aboriginal and Torres Strait Islander health workers including in mental health in ‘Priority 3: Workforce’ is strongly supported in the RANZCP’s Aboriginal and Torres Strait Islander mental health workers position statement. Given the complexity of the history, conceptualisation and experience of mental health in Aboriginal and Torres Strait Islander communities, Aboriginal and Torres Strait Islander mental health workers have an important role to play in providing direct, holistic care to consumers and communities. Furthermore, where non-Indigenous mental health workers are working with Aboriginal and Torres Strait Islander consumers and communities, an essential part of their role is to engage and consult with Aboriginal and Torres Strait Islander mental health workers. The RANZCP in its submission to the Productivity Commission Inquiry into Mental Health Final Report advocated for increasing the number of workers with specialised skills, such as Aboriginal Health Practitioners and cultural mentors. As an organisation, the RANZCP is seeking address this gap, through initiatives such as Aboriginal and Torres Strait Islander trainee financial support and grant programs, which provide support for trainees on their training pathway to psychiatry.

**Insufficient attention is being paid to some at risk groups which could limit the impact of the Plan**

Concerns regarding the prevalence of suicide among the Aboriginal and Torres Strait Islander community has been identified by the RANZCP in its position statement. The role of social determinants, historical context, and mental health conditions as some of the key drivers of the disproportional high suicide rate among community members is well documented. With this awareness, there is an opportunity to increase the Plan’s reach and intervention to reduce distress in the community and provide effective, evidence-based treatments which are culturally sensitive.

There is also limited reference in The Plan in relation to the incarcerated population, which includes young Aboriginal and Torres Strait Islander people both identified as at-risk groups. Both the RANZCP’s Joint Statement with NACCHO and the RACP and the recently released Close the Gap Report 2021 highlighted over-incarceration of Aboriginal and Torres Strait Islanders as a source of ongoing trauma and long-term health concern. Access to appropriate services for incarcerated community members during and after returning to the community is seen as critical. It is part of the rationale for RANZCP’s response to the Productivity Commission report, that Government must ensure mental healthcare in correctional facilities is
equivalent to that in the community and internationally agreed with principles. By providing a focus on the mental health and wellbeing for this specific population as well, the Plan would increase its impact.

**Social issues such as family violence and substance use require more attention**

Currently, there is limited reference to family violence in the Plan. Family violence links to mental health have been well documented and its impact on the Aboriginal and Torres Strait Islander community has been highlighted in policy documents such as the 2020 [National Closing the Gap Agreement](https://www.closethegap.gov.au/). There is ample evidence that a complex range of historical and environmental factors have contributed to the discrepancies between Aboriginal and Torres Strait Islander and non-indigenous mental health indicators including higher levels of family violence, substance use disorder and others. The RANZCP recommends that the availability of more specialised social services in addition to clinical services to address this issue would be very useful.

The RANZCP welcomes the inclusion of culturally safe and responsive substance use services in improving Aboriginal and Torres Strait Islander physical and mental health outcomes. Supporting Aboriginal and Torres Strait Islander people and organisations, in leading partnerships with services to improve the quality, accessibility and delivery of healthcare in line with community priorities will be a key element in implementing such actions. Increasing access and reducing barriers to services, particularly in rural and remote areas, continues to be challenging and requires addressing as part of the Plan’s implementation. The inclusion of strategies to increase the Aboriginal and Torres Strait Islanders workforce across all disciplines in the AOD sector should be a priority area to increase the community’s access for treatment.

**Opportunities exist for strengthening needed mental health services in regional and rural areas**

The RANZCP would highlight that the Plan appears to have a focus on remote populations, and the detail regarding the Health Plan for remote populations is welcome. The RANZCP would put forward that there is the potential for the Plan to consider the rural, regional and indeed metropolitan populations to ensure there is sufficient consideration for investment, workforce and services regardless of location. For example, there is an opportunity for all level of governments to provide incentives and supports to build a critical mass of psychiatrists (including private psychiatrists) particularly in regional and rural areas.

The RANZCP also encourages the consideration of a percentage loading that forms part of the MBS for Aboriginal and Torres Strait Islander people to promote access to services, as included in the [RANZCP submission to the Medicare Schedule Taskforce](https://www.ranzcp.org.au) (p10-11).

**Appropriate resourcing of ACCHS is critical to the success of the Plan**

The Plan acknowledges the integral role of Aboriginal Community Controlled Health Services (ACCHS) have in driving its implementation including mental health related services. This is in line with the RANZCP’s assertion that a greater emphasis on cultural safety and recognition of culture, Country and community in the healing process should form part of improving services for Aboriginal and/or Torres Strait Islander communities.

We commend the role of ACCHS in effectively supporting the community resulting in minimal transmission and no recorded deaths from COVID-19 as explained in The Plan. Part of that success involved ACCHS having the resources they needed to protect their community during the pandemic. A relatively similar commitment of public resources and human capital including in relation to mental health services, psychiatry and mental health workforce is needed for this Plan to be implemented successfully. A more detailed description of how that is going to happen should be developed.
Promotes the use of culturally informed evidence-based research and data

The RANZCP supports the Plan’s assertion that culturally informed evidence-based approach will put Aboriginal and Torres Strait Islander people’s experience at the heart of policy, program and service accountability.

In relation to mental health, the RANZCP advocates for rapid, readily accessible data and the establishment of clinical registries that would provide the potential to improve our understanding and monitoring of factors that contribute to quality care.

Conclusion

As the peak body for the psychiatric profession for Australia and New Zealand, the RANZCP strongly supports actions to improve the mental health outcomes for Aboriginal and Torres Strait Islander Communities. We would welcome continued engagement throughout the development, implementation, and monitoring/evaluation of the National Aboriginal and Torres Strait Islander Health Plan.