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 responsible for training, educating and representing psychiatrists in Australia and New Zealand. The College has over 7700 members, including more than 5500 qualified psychiatrists and over 2100 members who are training to qualify as psychiatrists. The RANZCP operates the Psychiatry Interest Forum which promotes the profession of psychiatry and encourages medical practitioners and students studying undergraduate or graduate courses to enter the psychiatry progression. The RANZCP also provides financial support to Aboriginal, Torres Strait Islander and Māori trainees. The financial support consists of grants of up to $6,000 to assist with the costs of specialist training, participation in RANZCP congress and conferences, and other activities deemed necessary to achieve Fellowship. The RANZCP is proud to work closely with Aboriginal, Torres Strait and Māori psychiatrists and community members to improve the cultural safety of psychiatry and empower Aboriginal, Torres Strait and Māori psychiatrists to serve their communities.

Key findings

- The Implementation Plan is a significant document and presents a compelling plan for change in the Australian Health System.
- Medical Colleges and other medical educational institutions can do more to develop a future Aboriginal and Torres Strait Islander workforce and ensure the existing Mental Health workforce develops a greater understanding of cultural safety.
- Involving the justice system in the Implementation Plan has the potential to improve the Mental Health of some of the most vulnerable members of the Aboriginal and Torres Strait Islander community.

Introduction

The RANZCP welcomes the opportunity to contribute to the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan 2022 – 2032. The recommendations contained within this submission are based on consultation with the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee which is made up of indigenous community members and psychiatrists as well as non-indigenous psychiatrists.

The RANZCP has an extensive history of advocating for a mental health system that better serves Aboriginal and Torres Strait Islander people. The RANZCP has contributed to significant public health documents including the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.

The RANZCP has also published a range of documents regarding Aboriginal and Torres Strait Islander Mental Health and other issues including:

- Reconciliation Action Plan
- Position Statement 42: Acknowledging the Stolen Generations
- Position Statement 50: Aboriginal and Torres Strait Islander Health Workers
- Ethical Guideline 11: Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health
- Position Statement 68: Recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution.
As such, the RANZCP is well-positioned to provide assistance and advice on this issue due to the breadth of academic, clinical and service delivery expertise available to the RANZCP.

Public Comment Questions

1. **Do you believe that the appropriate partners have been identified (and suitably described) below to support the Implementation Plan?**
   The RANZCP recommends that the institutions of the justice system (Police, courts, prisons and post-release services) be identified as partners in the Implementation Plan. Every year a disproportionate number of Aboriginal and Torres Strait Islander people become involved with the justice system.[1] A significant number of these people enter the justice system with pre-existing mental health conditions. The justice system presents a significant opportunity to treat these mental health conditions as part of preparing them for a healthy life after release.

2. **Are there other actions needed to ensure concepts of Social and Emotional Well-being (SEWB) are integrated into the mental health system?**
   A significant number of the people involved in the justice system are Aboriginal or Torres Strait Islander people with mental health conditions.[1] Due to shortages of forensic mental health beds, it is not uncommon for treatment to be provided in prison. It is important that the principles of SEWB are integrated into the justice system to enable them to be places of recovery.

3. **Are there other actions needed to ensure services are culturally safe and accessible?**
   The RANZCP highlights that culturally safe principles must be embedded within training and continuing professional development programs which prepare health practitioners for practice. For more information on the RANZCP’s views on cultural safety, please see [Position Statement 105: Cultural Safety](#).

4. **Are the actors listed in the responsibility column the right ones?**
   Action 1. Promote Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing across all parts of the Australian mental health system. Actors: All Governments, Aboriginal and Torres Strait Islander representatives from peaks and communities, Public Health Networks (PHNs), Local Health Networks (LHNs), Aboriginal Medical Services (AMSs), Aboriginal Community Controlled Health Organisations (ACCHOs), the Australian Institute of Health and Welfare (AIHW) and Australian Local Government Association.
   Action 2. Aboriginal and Torres Strait Islander peoples guide and agree to all policy developments and service and program delivery relevant to their communities. Actors: All Governments, Aboriginal and Torres Strait Islander Representatives PHNs and LHNs.
   Action 3. All government-funded service providers complete and maintain an annual commitment to cultural safety training to ensure services are culturally competent and accessible. Actors: All Governments.
   Action 4. Introduce new and revise existing funding streams (eg: Medicare) to enable Aboriginal and Torres Strait Islander peoples to access affordable and safe programs, services, and professionals, free from racism and discrimination. Actors: Commonwealth Government and Aboriginal and Torres Strait Islander Representatives.
   Action 5. Recognise the role of healing services through legislation, funding models and the protection of cultural intellectual property. Actors: Commonwealth, state and territory governments, Aboriginal and Torres Strait Islander Representatives, PHNs, LHNs, ACCHOs and AMSs.

   The RANZCP views the actors listed to be appropriate.
5. Are there other actions needed to deliver the best of SEWB and clinical perspectives?
Institutions such as prisons, courts and police forces should be included in discussions about referral pathways and maintaining care while proceeding through the justice system. The impact of arrest, conviction, and imprisonment on SEWB is significant,[2] and should be addressed as part of the Implementation Plan. When someone is released, they should already be linked in with a service to maintain their SEWB while they reintegrate into the community.[3]

6. Are the actors listed in the responsibility column the right ones? (6-8)
Action 6. Design and implement pathways to enable the seamless transition of Aboriginal and Torres Strait Islander peoples between services providers. Actors: All Governments, Aboriginal and Torres Strait Islander Representatives PHNs, LHNs, AMS and ACCHOs.
Action 7. Enhance culturally safe performance across the mental health sector to ensure services are inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples. Actors: Commonwealth, state, and territory governments the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Tertiary Education Quality Standard Agency (TEQSA) and Aboriginal and Torres Strait Islander peak bodies, The National Mental Health Commission (NMHC) and Aboriginal and Torres Strait Islander Representatives.
Action 8. Ensure mental health education and qualifications include Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing and increased opportunity for Aboriginal and Torres Strait Islander students. Actors: All Governments, TEQSA, Aboriginal and Torres Strait Islander peak bodies, Universities, TAFEs, medical professional associations Universities and medical colleges.

The justice system can play a vital role in referring people who have been incarcerated to mental health services on release to ensure they are supported following their release. Institutions of the justice system should also be listed as responsible in action six for building stronger referral pathways. Additionally, medical colleges have a role in increasing student places in mental health-related professions and have a role in adopting education models that achieve and maintain Aboriginal and Torres Strait Islander student population parity for mental health qualifications. The RANZCP would be interested in collaborating with Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) to use the Psychiatry Interest Forum to encourage Aboriginal and Torres Strait Islander medical students and practitioners to enter the progression of psychiatry and increase the number of Aboriginal and Torres Strait Islander psychiatrists.

7. Are the actors listed in the responsibility column the right ones? (9-10)
Action 9. Develop SEWB measurement tools, data sets and reporting mechanisms to support the effective assessment of Aboriginal and Torres Strait Islander mental health and SEWB services. Actors: All governments, Aboriginal and Torres Strait Islander peak bodies PHNs, LHNs, ACCHOs, AMSs, NMHC, GDPSA, ABS, NIAA and ACCHS.
Action 10. Support Aboriginal and Torres Strait Islander-led evaluations of SEWB and mental health activities. Actors: Commonwealth government, PHNs, Aboriginal and Torres Strait Islander Representatives.

The RANZCP finds that the parties listed as responsible are appropriate.

8. Are there other actions needed to support Aboriginal and Torres Strait Islander-led evaluation?
The RANZCP notes that the evaluation strategy outlined will provide sufficient flexibility for Aboriginal and Torres Strait Islander communities to define their own needs and concerns around social and emotional wellbeing. The RANZCP supports this evaluation framework.

9. Are the actors listed in the responsibility column the right ones? (11-14)
Action 11. Identify opportunities to employ Aboriginal and Torres Strait Islander peoples (including those with Lived Experience) in regional mental health services and systems to grow the Aboriginal and Torres Strait Islander mental health workforce. Actors: All Governments, PHNs, LHNs, Aboriginal and Torres Strait Islander representatives.

Action 12. Strengthen existing jurisdictional Aboriginal and Torres Strait Islander peak bodies to include workforce advisory groups. Actors: Commonwealth Government and Aboriginal and Torres Strait Islander peak bodies.

Action 13. Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce to ensure Aboriginal and Torres Strait Islander workers are trained, employed, valued, and culturally safe to work across all parts of the Australian mental health system. Actors: All governments and Aboriginal and Torres Strait Islander peak bodies.

Action 14. Establish interdepartmental committees across agencies and portfolios that affect the mental health of Aboriginal and Torres Strait Islander peoples to improve SEWB and cultural safety. Actors: All Governments, relevant agencies, and Aboriginal and Torres Strait Islander representatives.

Medical colleges, universities and other medical training providers should be included in the responsibility column of action 11 as they also have responsibility for the promotion of Aboriginal Torres Strait Islander mental health. These areas also present an opportunity to use the Psychiatry Interest Forum to promote the profession of psychiatry to Aboriginal and Torres Strait Islander medical students and practitioners to ensure an adequate supply of Aboriginal and Torres Strait Islander psychiatrists for the workforce.

10. Are there other actions needed to support Aboriginal and Torres Strait Islander workers in the mental health system?

Getting their first qualification or additional qualifications is necessary for any Aboriginal or Torres Strait Islander person to be employed in the mental health system. Scholarships and other financial assistance can greatly assist Aboriginal and Torres Strait Islander workers to get the qualifications they need to participate in all aspects of the mental health system. Medical colleges and other training providers should ensure that barriers to entry or additional difficulties faced by Aboriginal and Torres Strait Islander workers in attaining qualifications are eliminated or minimised. The RANZCP would be interested in working with GDPSA to ensure the Psychiatry Interest Form, the RANZCP’s training program and the RANZCP’s financial support to Aboriginal and Torres Strait Islander trainees do not present such barriers. There should be realistic career paths with opportunities for professional and managerial advancement for Aboriginal and Torres Strait Islander mental health workers within employing organisations.

11. Are the actors listed in the responsibility column the right ones? (15-17)

Action 15. Develop a national leadership framework for Aboriginal and Torres Strait Islander peoples to ensure they are recognised, valued and supported across all areas of leadership within the mental health system. Actors: All Governments, Aboriginal and Torres Strait Islander representatives, and Aboriginal and Torres Strait Islander peak bodies.

Action 16. Review and update existing leadership programs to be effective for Aboriginal and Torres Strait Islander peoples. Actors: All governments and Aboriginal and Torres Strait Islander representatives.

Action 17. Establish a professional association of Aboriginal and Torres Strait Islander mental health workers to support networking, knowledge exchange and self-care. Actors: Commonwealth government Aboriginal and Torres Strait Islander representatives.
The RANZCP considers that Public Health Networks and Local Health Networks should be included in the responsibility column for action 15 as they also bear responsibility for contributing to the implementation of a national leadership framework.

12. Are there other actions needed to support Aboriginal and Torres Strait Islander influence?
Aboriginal and Torres Strait Islander leadership will be crucial for the effectiveness of the Implementation Plan. As part of the proposed national leadership framework, organisations should set targets for Aboriginal and Torres Strait Islander people in senior positions to ensure indigenous voices are present at senior levels within health organisations. Organisations also need to have clear plans to ensure consultation with lived experience including the voices of Aboriginal and Torres Strait Islander people with lived experiences. The RANZCP also believes that it is important for Aboriginal and Torres Strait Islander people to be involved in the evaluation of existing leadership programs to ensure effective evaluation.

13. Is priority given to the implementation of activities appropriate
The RANZCP is of the view that activity 7 (Enhance culturally safe performance across the mental health), 13 (implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce) and 17 (establish a professional association of Aboriginal and Torres Strait Islander mental health workers) should be given high priority and implemented earlier.

Culturally unsafe care makes access to mental healthcare difficult for Aboriginal and Torres Strait Islanders. Prioritising the enhancement of cultural safety in the mental health sector can improve outcomes for Aboriginal and Torres Strait Islander people and increase their contact with existing services while structural improvements are being developed and implemented. National employment standards should be implemented earlier to retain existing Aboriginal and Torres Strait mental health workers and reduce the need for additional recruitment later. A professional association for Aboriginal and Torres Strait Islander mental health workers will also greatly assist the Implementation Plan and should be prioritised.

14. Are the accountability and monitoring mechanisms described below sufficient?
The RANZCP finds that the accountability, monitoring mechanisms and sources of data generation and gathering described in the Implementation Plan to be sufficient.

References