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Bendigo and District Aboriginal Co-operative submission to The Royal Commission into Victoria's Mental Health System

Bendigo and District Aboriginal Co-operative (BDAC) is an Aboriginal Community Controlled Organisation (ACCO) established in 2001 to offer culturally appropriate, safe and accessible services and programs within the Dja Dja Wurrung catchment.

BDAC's services have been researched and developed to reflect the ever changing social, economic and legislative environment leading the community towards change, acceptance and self-determination.

We are driven by excellence and commitment to our community. We deliver programs and services across core areas of health, education, employment, culture, community development, justice, family violence, early years, capacity building, family and community services. We have a strong focus on social and emotional wellbeing.

As an ACCO we deliver a comprehensive and integrated model of primary health care (Aboriginal Health & Medical Research Council 2015).

The BDAC community, and the services we provide, continue to grow.

Aboriginal concepts of health are different from Western biomedical perspectives of health. In our work we address:

... not just the physical well-being of an individual but ... the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential.... (National Aboriginal Community Controlled Health Organisation 2016).

In this submission, we draw upon our extensive experiences in delivering holistic health and social services, our community and staff identified needs and issues, and also in recognition of the social and cultural determinants that strongly impact the mental health and social and emotional wellbeing of our community. In the following sections we have addressed the Commission's questions.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

We strongly support a range of initiatives to address stigma and increase understanding of mental illness, which should include:

- community engagement workshops
- mental health awareness days in all workplaces.
- Aboriginal people from our communities (localised content so people can connect with it) featuring in posters, TV ads, social media and other promotional materials
- changing the language we use, such as illness, to reframe how we position mental health and social and emotional wellbeing issues.



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- mental health first aid made available to not only staff of Aboriginal organisations but to the wider community.
- more education for people in working in services that people living with mental health issues may commonly access e.g. Centrelink, mainstream health services, housing organisations, police, ambulance officers and receptionists.
- encourage workplaces to better support employees who have mental health issues.
- encourage workplaces to communicate it is okay not to be okay, and to also promote appropriate support services.
- deliver age appropriate education, across all age groups
- deliver school based education
- provide support and education for family members of people living with mental illness
- monitor the appropriateness of how the media report on mental illness and Aboriginality

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

The focus on de-stigmatisation of mental health issues is starting to have an impact - this needs to keep going - people need to keep talking, education needs to be ongoing across ages, sectors and settings. But further effort needs go towards reducing shame around asking for help.

A strong focus on early years and children is important for prevention and generational change. This could include providing for early years programs and for children with trauma, as well as build strong partnerships with the education department to better support children in school settings, and with DHHS Child Protection and youth services to improve child mental health outcomes.

Ten free appointments per year with a psychologist is inadequate – there needs to be an increase in options for free or reduced-fee psychology.

The provision of psychological services within ACCOs is important.

More funding is required for more specialised wellbeing and mental health workers within ACCOs so that culturally appropriate care, support and service can be provided. Having mental health workers at ACCOs will also reduce any shame associated with seeking help.

Stable, longer term, funding is required for support services. This is particularly important in regional and rural areas where employment markets are less fluid, and it is hard to retain staff if there is uncertainty around future funding.

The triage system needs an overhaul and improved assessment processes - people with a mental illness should not have to go through multiple assessment procedures with every service they require - it is traumatic and does not encourage people to attend appointments.

Community and cultural programs have an important role in prevention, and in supporting people living with mental health issues. As part of the holistic nature of Aboriginal concepts of health and wellbeing and the comprehensive, wrap-around



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services ACCOs provide, community and cultural programs play a very important role in supporting social and emotional wellbeing.

There is a need for an Aboriginal specific step-up, step-down service facility and service for Aboriginal people, which would allow people to sign themselves in when they are feeling unwell and before their illness progresses.

We note the following mainstream activities are working well in our region:

- HALT activities <https://thehaltbrekky.com/>
- SPAN Network <https://www.spancv.org.au/>
- Murray PHN's Stop the Stigma campaign <https://www.murrayphn.org.au/stopstigma>

3. What is already working well and what can be done better to prevent suicide?

Response to suicide needs to be multi-layered and localised, and be developed with a deep understanding of the causes of Aboriginal suicide. Opportunities to address may include:

- draw on the work and evidence from Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (<https://www.cbpatisp.com.au> and Dudgeon, Milroy et al. 2016).
- improve health professionals' understandings about fatal and non-fatal suicide within an Aboriginal context
- move beyond medical models and explore humanistic approaches to care (Fitzpatrick and River 2018)
- continue to do build community awareness around suicide to improve understanding.
- foster hope in community and individuals and across age groups.
- have an Aboriginal specific helpline, with stable funding
- age appropriate education, and where to seek support (in the family, at school, services etc.)

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

For Aboriginal people, we need culturally-safe organisations to provide services and support.

Self-determination brings many benefits to community and individuals. To support self-determination, move mental health and suicide funding for Aboriginal people to ACCOs so that ACCOs can employ more staff to support community members with mental health issues, and to develop localised, culturally appropriate responses.



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Many Aboriginal men feel shame and reluctance to talk about their mental health issues. Programs that allow Aboriginal men to feel safe in acknowledging and raising their mental health issues is imperative.

Aboriginal women also need culturally safe places to raise their needs, experiences and issues.

Support individuals to develop skills to be better able to live and deal with mental health issues

The wellbeing of Aboriginal families and communities is paramount for supporting good mental health; as such families and communities need to be supported.

Mainstream services are often siloed and too narrow, with people knocked back from services when they do not fill the service requirements. There needs to be better linkages between services, and information on the different services available. Services need to be local, and accessible. If travel is required, this can reduce attendance. Funding constraints and processes can limit service access.

Access to treatment is a significant issue for our BDAC community – there are very long wait times. ACCO based psychologists are very much needed.

There is opportunity to improve the service system for Aboriginal people by creating service/community hubs which understand and work within Aboriginal understandings of health and wellbeing, connecting people with culture and with kin and community, rather than just treating them as an individual with an illness.

There is a need for more strategies to engage employers to employ people with mental illness (e.g., understanding of needs, incentives to employ).

Better support individuals/clients when they are unwell, so they are not overwhelmed with too many options and decisions.

Support stronger community and cultural connection through community and cultural programs and strengthening our community. This begins with a strong early years program and early intervention for children and families.

Focus on prevention

More understanding and training around dual diagnoses.

Encourage shared resources between services, not a competition. We all want better outcomes, we need the environment and conditions to enable us to do this.

More beds to reduce wait times.

Improved access to regular follow up appointments,

Affordable access to specialists

Prioritise more facilities and service providers - the current providers are stretched to their limits.



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Support better access through every health facility in every town being able to provide assistance to people with mental health issues.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Some of the key issues that drive poorer mental health outcomes for Aboriginal people in Victoria include:

- intergenerational trauma caused by colonisation
- unaddressed trauma
- disconnection from culture
- racism
- drugs and alcohol
- homelessness
- lack of services and/or difficulty accessing services and/or culturally inappropriate services
- unemployment
- poverty
- family violence and relationship breakdowns
- lateral violence
- stigma and shame

Ways of addressing these issues include:

- Culturally appropriate and accessible services, in particular services at ACCOs, and ACCO based outreach services to allow service provision to rural areas
- Initiatives that increase connection to culture
- Increased staffing levels and funding

6. What are the needs of family members and carers and what can be done better to support them?

Family and carers are key to our mental health system. The mental health service system needs to engage meaningfully with families.

- provide opportunities for families to be heard.
- understand the nature of Aboriginal kinships and family structures.
- ensure ACCOs have funding for enough staff to support clients *and* their family and carers.
- information and support packs for families and carers
- provision of family and carer assessments, regular visits and checking for changes to circumstances
- more inclusion of families and carers in care planning and emergency strategies.
- improve access to emergency Centrelink benefits for carers if they need to take time off work to care for a family member - many carers quickly use up all their own sick/family leave caring for their family member with a mental illness.



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- support families and carers to understand medication, and support the living person with mental illness to take it as prescribed.
- ensure there is enough access to services that people living with mental illness do not need to be carers for other people living with mental illness.
- include family members and carers in the referral process, and allow opportunities for family participation in the healing and recovery process, i.e. dual services that wrap around the family as a whole, and communicate as a care team.
- carer support funding – there is great concern that many mental health clients will not receive NDIS support and then the family are left trying to hold everything together
- provide holistic wrap-around support for the individual and family, not have to go to different agencies to be able to do this.
- education and support for family and loved ones is paramount to the healing and wellbeing of the individual living with mental health issues.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

The mental health workforce could be supported through:

- adequate funding to support appropriate staff to client ratios
- access to funded clinical supervision
- fund ACCOs adequately to make remuneration competitive to mainstream organisations.
- localised and ongoing training and education so rural/regional workers do not have to travel to Melbourne.
- support ACCOs to develop peer support models.
- support pathways for community members to develop careers in mental health
- increase funding to allow for employment of more staff, so existing staff do not 'burn out'
- support employer-based programs which encourage self-care of mental health workers.
- Stable funding and resources - no eleventh hour of "this is your next round of funding" – these scenarios cause huge amounts of stress for workers.

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Fund community groups, men's shed, women's groups, youth groups, art and cultural groups etc. which support social connection and skill development in culturally appropriate, accessible and non-threatening settings, and that are age and stage appropriate.

Fund peer workers so that people with lived experience are delivering programs This will also reduce shame and stigma, and demonstrate roles for people living with mental illness



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Ensure programs support the development of life skills not just address mental health issues.

Support for access to gyms, physical activity programs and sporting teams to improve social connection and physical health.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Invest in our Aboriginal communities, through ACCOs, including Aboriginal facilities with Aboriginal workers.

Support self-determination.

Ensure adequate numbers of Aboriginal staff in tertiary mental health services.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Include Aboriginal people and ACCOS in all planning - take a bottom-up approach, not top down.

Understand the challenges our Aboriginal communities experience, including ongoing impacts of colonisation.

Understand and support Aboriginal concepts of health and wellbeing.

Focus on children and young people to support generational change.

Improve wages and career structure.

11. Is there anything else you would like to share with the Royal Commission?

ACCOs and Aboriginal communities' knowledge, experiences and values should be used to improve services for our communities.

Support self-determination throughout the mental health system.

Ensure ACCOs are supported to be involved in regional mental health planning being undertaken by PHNs and DHHS.

Support models of care that address links between physical health and mental health.

Support holistic programs that address the multiple social and cultural determinants of mental health issues.

Support longitudinal research to examine the benefits of ACCO holistic service provision.



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Ensure there is a focus on children, and children within family and community to support generational change.

Support and fund programs that can work across multiple issues and domains; e.g. mental health, AOD, trauma, family violence, homelessness.

Support flexibility and opportunity to collaborate with other services, rather than create funding arrangements that create direct competition.

Stable and predictable funding for the workforce and resources.

Develop and use Aboriginal measures of success for reporting and evaluation.

A handwritten signature in blue ink, appearing to be 'Raylene Harradine', is written over a horizontal line.

Raylene Harradine
CEO

5.7.19
Dated



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