Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF DR GRAHAM GEE

I, Dr Graham Gee, clinical psychologist and researcher of 48 Flemington Road, Parkville, Victoria, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Professional background and qualifications

2 I am a clinical psychologist with over 10 years' experience working in the Aboriginal Community Controlled Health sector. I worked at the Victorian Aboriginal Health Service (VAHS) from 2008-2018. Clinically, I worked primarily with adult help-seeking community members experiencing mental health and social an emotional wellbeing difficulties. I was a senior psychologist there, and the Clinical Coordinator of the Family Counselling Service in 2018. I am still involved with VAHS, where I provide supervision for Masters students on placements, and support for early career psychologists.

2 Currently I am a Senior Research Fellow at the Murdoch Children's Research Institute where I hold a four-year National Health and Medical Research Council (NHMRC) fellowship. I am a Chief Investigator on several national NHMRC grants, all related to Aboriginal mental health, resilience and recovery. I sit on the Commonwealth Advisory Panel for the Million Minds Mission, the Expert Advisory Panel of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, and the Development Group reviewing the national Australian Guidelines for the treatment of Posttraumatic Stress Disorder. I was also a founding board member of the Aboriginal and Torres Strait Islander Healing Foundation.

3 I completed a Masters in Clinical Psychology from the University of Melbourne, and a PhD from the same university that focused on resilience and trauma recovery among Aboriginal help-seeking clients.

4 Attached to this statement and marked "**GG-1**" is a copy of my curriculum vitae.

What does the phrase "social and emotional wellbeing" mean to Aboriginal and Torres Strait Islander people and how is it important?

5 In this statement, I use the term 'Aboriginal' to respectfully refer to the diversity of Aboriginal and Torres Strait Islander people and cultures in Australia.

6 Social and Emotional Wellbeing (SEWB) is a complex term that for many Aboriginal people refers to a holistic view of health that includes mental wellbeing and mental health disorders - but importantly, it links the mental health of individual and families, and the wellbeing of whole communities, to more than physical, emotional and mental wellbeing. SEWB from an Aboriginal perspective, recognises that mental health is also shaped by connections to culture, land, extended kinship, the ancestors, and spirituality.

7 The other important part of SEWB that distinguishes it from conventional understandings of mental health is that these connections are influenced not only by social determinants of health, but also by historical, political and cultural determinants. Historical, political and cultural factors shape the presentation and meaning of how mental health symptoms are understood for Aboriginal clients, in many different ways.

8 For example, historical determinants include the impact of past government policies and cultural displacement that has been experienced by whole of cultural groups and communities, or conversely, the extent to which communities have managed to maintain cultural continuity. Political determinants include sovereignty, unresolved issues of land and control of resources, and self-determination. These are not abstract concepts. They effectively shape the environments and circumstances into which Aboriginal children are born. They heavily influence the types of coping skills and resources that people can draw upon, including the community and relationship networks that are central for recovery.

What are the key risk factors that may detrimentally impact on the social and emotional wellbeing of Aboriginal or Torres Strait Islander individuals?

9 It is important to start by acknowledging that there is an enormous gap in research on risk and protective factors as they relate specifically to mental health and Aboriginal people. SEWB is a multidimensional concept, and risk and protective factors are specific to outcomes, so we need more Aboriginal-driven research that investigates risk and protective factors specific to depression, suicide, and complex trauma, for example, as well the key factors involved in pathways to empowerment, wellbeing, and cultural connection.

10 With that caveat in mind, there is consistent evidence across the last three Aboriginal and Torres Strait Islander National Health Surveys published by the Australian Bureau

of Statistics[1] (National Surveys) that a range of factors are associated with poorer SEWB outcomes:

(a) Aboriginal people report high to very high psychological distress (which is a predictor mental health problems) at almost 3 times the rate of other Australians (30% versus 11%), and in 2012-13 Aboriginal Victorians reported the highest rates(32%) in comparison to Aboriginal people in other jurisdictions[2].

(b) Aboriginal people who report being removed as children from their natural families report higher levels of psychological distress than those who were not removed, so this factors also needs to be take into consideration in terms of a vulnerability to mental health problems.

This is a really important point because the rate of Victorian Aboriginal children in out-of-home care has reached crisis proportions in my opinion. For example, between 2009 and 2015 Aboriginal children were in out-of-home care at approximately 12 times the rate of non-Aboriginal children, and the rates of Aboriginal children in out-of-home care in Victoria are higher than the national rate[2]. I cannot stress enough that if recommendations from the Royal Commission are implemented to reform the mental health system and decrease rates of mental health problems among Aboriginal Victorians, there needs to focused efforts on reducing the rates of out-of-home care, and supporting Aboriginal children in out-of-home care and in the child protection system.

(c) The other set of critical risk factors to consider is that like other Aboriginal Australians, Aboriginal Victorians report health inequalities across most social determinants in comparison to non-Aboriginal Victorians[3], and some of these determinants are associated with higher rates of psychological distress and mental health problems.[4]

(d) One of our greatest challenges in dealing with mental health is that all of these inequalities – so social determinants such as housing, employment, education -

[1] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5
https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0
https://www.abs.gov.au/ausstats/abs@.nsf/Products/4714.0~2008~Main+Features~Introduction?OpenDocument

[2] Australian Institute of Health and Welfare (2017). Aboriginal and Torres Straits Islander Health Performance Framework 2017 report Victoria. *Australian Institute of Health and Welfare*. Canberra, Australia.

[3] Markwick A, Ansari Z, Sullivan M, McNeil J. Social determinants and psychological distress among Aboriginal and Torres Strait islander adults in the Australian state of Victoria: A cross-sectional population-based study. *Soc Sci Med.* 2015;128:178-87

[4] McNamara, B.J., Banks, E., Gubhaju, L., Joshy, G., Williamson, A., Raphael, B and Eades, S. (2018). Factors relating to high psychological distress in Indigenous Australians and their contribution to Indigenous-non-Indigenous disparities. *Australian and New Zealand Journal of Public Health*, 42 (2), pp. 145-152.

combined with high rates of childhood removal, children in out-of-home care, incarceration rates, elevated rates of family violence, the damage to cultural continuity in terms of loss of language, dispossession of land – these are legacies of colonisation that those most vulnerable in our Aboriginal communities experience as multiple, co-occurring risk factors. It is these adults, children and families that present to our services with serious mental health problems and often experiencing multiple, accumulating crises. It is near impossible to address the mental health side of things unless there are coordinated efforts to address these issues. Our services are not even reaching those most in need, because often those people and families are too unwell to be able to manage getting to our services. Our very real challenge is thinking about what kind of resources and integrated mental health systems will reach those most vulnerable.

11 Our research at VAHS found that the number of stressful life events experienced by clients over 12 months, their weekly levels of stress, and the extent to which they thought about their cultural losses and historical losses, were all associated with higher post-traumatic stress disorder and depression. It was a small study involving 81 clients, so the results need to be interpreted with caution, but the findings are very consistent with the current evidence base[5]. We also real need larger, State-wide mental health surveys and data which looks at mental health outcomes and the cultural determinants and social determinants that I've just outlined.

What are the key factors unique to Aboriginal and Torres Strait Islander communities that may protect social and emotional wellbeing?

12 A good starting point is in recognising that there are some common protective factors that are similar for both the Aboriginal and non-Aboriginal population, as well as factors which are unique to the social, cultural and historical circumstances of Aboriginal people. Common protective factors found globally, across cultural groups, and in Aboriginal research[6], includes factors like self-worth, experiencing a personal sense of control over one's life, participation in sports, family cohesion and social support.

[5] Weetra D, Glover K, Buckskin, Ah Kit J, Mitchell A, Stuart-Butler D, Turner M, Yelland J, Gartland D, & Brown S. (2016). Stressful events, social health issues and psychological distress in Aboriginal women having a baby in South Australia: implications for antenatal care. BMC Pregnancy and Childbirth, 16:88.

[6] Luke J, Anderson I, Gee G, Thorpe R, Rowley K, Reilly R, Thorpe, A, Stewart P. (2013). Suicide ideation and attempt in a community cohort of urban Aboriginal youth. *Crisis*, 34 (4), pp. 251–261.

Thomas A, Cairney, S, Gunthorpe W, Paradies Y, & Sayers S. (2010). Strong Souls: development and validation of a culturally appropriate tool for assessment of social and emotional well-being in Indigenous youth. *Australian and New Zealand Journal of Psychiatry, 44*(1), pp. 40-48.

13 However, 3 decades of Aboriginal led research has also identified a range of unique socio-historical and cultural factors associated with higher SEWB among Aboriginal people. There is an important body of Victorian Aboriginal research[7] , as well as national Aboriginal research[8] that documents the protective effects of factors such as connection to country, engagement in cultural practice and activities, connection to community and Elders, and knowledge of history. Increasingly, these are being called 'cultural determinants' of health.

14 The recent National Surveys that I referred to earlier, include large sample sizes of between 7,000-10,000 Aboriginal respondents, and in the last 10 years these surveys have found that a stronger level of cultural connection was associated with higher self-reported wellbeing, higher socio-economic status in terms of income, higher rates of employment and lower rates of drug and alcohol use.[9]

15 Our research at VAHS found that levels of safety, having a safe space to heal, social support, access to roles models, a sense of personal control and the extent to which people perceive that they have opportunities in their local community (the Victorian Aboriginal community) were all factors associated with lower post-traumatic stress disorder symptom severity.[10] We've also found in our community-designed healthy lifestyle programs that relationships, community and cultural connections were associated with lower psychological distress among both male and female participants, and these programs showed reductions in psychological distress and increases in resilience from baseline to program completion. For the HerTribe program we found that these changes were maintained 6 months later (unpublished data, manuscript in preparation).

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[7] Bamblett, M., Frederico, M., Harrison, J., Jackson, A., & Lewis, P. (2012). *'Not one size fits all': Understanding the social & emotional wellbeing of Aboriginal children*. Bundoora, Australia: La Trobe University.
Frankland, R., Bamblett, M., Lewis, P., & Trotter, R. (2010). *This is' Forever Business': A framework for maintaining and restoring cultural safety in Aboriginal Victoria*. Melbourne, Australia: Victorian Aboriginal Child Care Agency Co-op.
Reilly, R. E., Doyle, J., Bretherton, D., Rowley, K. G., Harvey, J. L., Briggs, P., . . . J. Atkinson, V. (2008). Identifying psychosocial mediators of health amongst Indigenous Australians for the Heart Health Project. *Ethnicity & health, 13*(4), 351-373.

[8] Rowley, K. G., O'Dea, K., Anderson, I., McDermott, R., Saraswati, K., Tilmouth, R., . . . Jenkins, A. (2008). Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community. *Medical Journal of Australia, 188*(5), 283-286.

[9] Dockery, A. M. (2010). Culture and wellbeing: The case of Indigenous Australians. *Social Indicators Research, 99*(2), 315-332.
Dockery, A. M. (2012). Do traditional culture and identity promote the wellbeing of Indigenous Australians? Evidence from the 2008 NATSISS. *In Survey analysis for Indigenous policy in Australia: Social science perspectives, Research Monograph 32* - 9781922144195 ebook, retrieved from https://www.ncsehe.edu.au/publications/chapter-13-traditional-culture-identity-promote-wellbeing-indigenous australians/

[10] Gee, G. J. (2016). *Resilience and recovery from trauma among Aboriginal help seeking clients in an urban Aboriginal community controlled organisation*. PhD thesis, University of Melbourne. https://minerva-access.unimelb.edu.au/handle/11343/91452

How do intergenerational issues impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people?

16 When considering the elevated rates of poor mental health in our communities, we need think about intergenerational and collective trauma, which many leaders in our community argue are a legacy of colonisation. Collective trauma includes individual traumatic experiences, but refers to far wider reaching social, cultural and psychological impacts. It describes the fragmentation of social norms, cultural practices and collective values of entire communities and the breakdown of traditional roles and social relations within families as a result of successive waves of structural violence, such as colonisation. Intergenerational trauma specifically refers to the effects of traumatic experiences endured during childhood and adulthood being transmitted to subsequent generations.

17 I want to preface what I say here, with a couple of points. First, there are countless government and community-led national consultations that consistently document the intergenerational effects or intergenerational trauma that occurs across family generations. The Bringing Them Home Report documenting the experiences of the Stolen Generations, the numerous Family Violence reports[11] – all of them describe people's first-hand experiences, accounts and observations of intergenerational trauma. However, untangling the effects of proximal social stressors and stressful life events from past traumatic experiences is very difficult to do. If the Royal Commission wants to examine the evidence for intergenerational transmission, the most robust evidence comes from international longitudinal studies in the area of child maltreatment and continuity of both harsh and positive parenting practices across multiple generations, after controlling for proximal social adversities, such as poverty[12]. The research of Dr Rachel Yehuda on the children of Holocaust survivors and a potential intergenerational, underlying vulnerability to posttraumatic stress disorder is also important for the Royal Commission to consider in terms of gaining an understanding of how intergenerational issues affect Aboriginal people.[13]

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[11] Dodson, M., & Wilson, R. (1997). *Bringing them home: Report of the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Canberra, Australia: Human Rights and Equal Opportunity Commission.
Victorian Indigenous Family Violence Task Force. (2003). *Victorian Indigenous family violence task force: Final report*. Melbourne, Australia: Aboriginal Affairs Victoria.

[12] Conger, R. D., Belsky, J., & Capaldi, D. M. (2009). The intergenerational transmission of parenting: closing comments for the special section. *Developmental psychology*, *45*(5), 1276.
Schofield, T. J., Lee, R. D., & Merrick, M. T. (2013). Safe, stable, nurturing relationships as a moderator of intergenerational continuity of child maltreatment: A meta-analysis. *Journal of Adolescent Health*, *53*(4), S32-S38.

[13] Yehuda, R., Daskalakis, N. P., Lehrner, A., Desarnaud, F., Bader, H. N., Makotkine, I., . . . Meaney, M. J.
(2014). Influences of maternal and paternal PTSD on epigenetic regulation of the glucocorticoid receptor gene in Holocaust survivor offspring. *American Journal of Psychiatry, 171*(8), 872-880.

18 Returning to your question about how intergenerational issues impact the SEWB of Aboriginal people. Essentially, my clinical experience over 10 years and that of many others working in the community health service sector is that when people and families in the communities experience a toxic combination of multiple risk factors, it creates traumatic environments and circumstances that contribute to re-traumatisation among the younger generations.

19 Socio-historical and cultural risk factors such as being members of the stolen generation, and those that have experienced intergenerational cultural losses, such as dispossession of land, and loss of language, ceremony and other cultural practices, and connections to culture - combined with intergenerational poverty and other social disadvantages such as poor access to education and housing – further compounded by alcohol and drug misuse – especially ice use at this time – and family violence, such as physical, emotional and childhood sexual abuse, and neglect – all of this contributes to re-traumatisation. And when you include ongoing experiences of racism, structural inequality and social exclusion that we see in this country, you end up with younger generations who do not see a future for themselves, who do not see themselves represented in the future of this country.

20 Let me be clear that I'm not suggesting *all* Aboriginal Victorians are victims of traumatisation. Rather, a proportion of Aboriginal Victorians are at higher risk of experiencing intergenerational effects of trauma and mental health problems. And, logically, based on intergenerational trauma theory, those most vulnerable to the effects of trauma are likely to be those who have experienced significant historical and cultural loss, together with high levels of exposure to violence, stressful life events or other forms of social adversity. Among those most vulnerable include members of the Stolen Generation, children in out-of-home care, and members of our community with histories of incarceration. It's also really important to view these issues through the lens of intergenerational resilience and healing because it's the strengths and the cultures of Aboriginal people that provide the very sources of having survived. Improving mental health has to be much more than symptom reduction – which is critical, don't get me wrong – but strengthening culture and community connection, and reducing social disadvantage are also integral that lead to empowerment.

What is trauma-informed care?

21 I haven't yet spent a lot of time and attention on understanding what 'trauma-informed care' is, but in my experience the concept isn't yet well understood or used consistently across the mental health sector. My understanding is that 'Trauma informed care' is distinct from trauma specific services and therapeutic interventions – so that while it might include these elements, it's about incorporating key trauma principles into an

organisation's systems and ways of working.[14] So for example, within a mental health context, it might be about (1) educating staff about the clear links between adverse childhood events and mental health and physical health issues later in life, (2) training staff to learn how to enquire about past trauma with clients in safe, non-threatening ways (3) training staff to have a basic understanding of general trauma principles, such as the need for first establishing safety and stabilisation with people, as early phase therapeutic and support work, and (4) having systems in place to support staff who may experience vicarious trauma.

Which factors support or increase resilience in Aboriginal and Torres Strait Islander Individuals?

22 In terms of building resilience, it is important to think about supporting people to build both internal and external resources. Internal resources include supporting people to strengthen areas of the self, such as self-worth, positive core beliefs and values, and coping skills that are related to things like being able to managing difficult emotions and strategies to cope with stress and adversity. Essentially, these are some of the common protective factors that I mentioned earlier that are well documented across cultures. We also need to focus on supporting people to renew and build cultural strengths, such as connection to country, engagement in cultural practice and activities, and connection to community and Elders. Supporting people to build stronger connections in their relationships is also critical. A third resilience resource, and one that I think isn't recognised enough in the mental health space in terms of allocating resources, is bringing community together in wellbeing programs specifically designed to strengthen community connection. Our resilience research at VAHS found that programs combining exercise, healthy lifestyle and cultural activities were associated with increases in resilience and decreases in psychological distress, without specifically addressing mental health as a topic in the program. These types of programs can take a whole of family approach (e.g., where the whole family participates) and may provide opportunities for health checks, and mental health awareness that results in counselling and support later.

23 I think there's a significant proportion of community members experiencing mental health difficulties who are not necessarily ready to address these difficulties directly. We need to think of better ways to try engage them. Community programs are needed that are not mental health specific but which sow the seeds of readiness in these people. These are programs that may involve exercise and activity and things that people love doing and are enjoyable. A mental health component can be incorporated by having someone talk about mental health by way of a feed-in program. The more enjoyable

[14] https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

activities would be the drawcard and then, after hearing someone talk about mental health, participants might choose to enter a sub-group program. That sows the seeds for people to seek help outside the program and through different services.

24 Another point that I want to make is the importance of increasing engagement and reach for those suffering from moderate to severe end mental illness. In many cases, people who are experiencing moderate to severe mental health issues are not accessing services. They're too unwell to get there. We need more assertive outreach and case management support so that skilled workers can go out to those who are most vulnerable. Wadamba Wilam is a great example of a service that reaches those most in need, however they have limited resources and capacity.

25 We also need to have a more coordinated mental health system approach so that different agencies work together to provide people experiencing serious mental health problems with enough stability to have the time and space to focus on restoring and strengthening resilience.

What are some examples of best practice in Victoria and elsewhere?

26 I'd start by stating how scarce the evidence base is for best practice in the area of Aboriginal mental health.[15] The Aboriginal and Torres Strait Islander Healing Foundation, and the Canadian First Nations Healing Foundation have both identified at least three common elements in the context of healing programs:

(a) One program element is about reclaiming and understanding history.

(b) The second element is a focus on strengthening culture and cultural renewal.

(c) The third element is individual and family therapeutic counselling.

27 There is a limited evidence base because often services have no resources to evaluate what is working. And there is so much good work by dedicated people that isn't recognised/ I'm aware of four Aboriginal Community Controlled Health Organisations (**ACCHO**) in Victoria that are participating in a two-year trial to investigate what is working by mapping already existing work and focusing on evaluating outcomes. I think this is an important initiative and there should be more like this.

28 Nationally, some of the more well-known programs and organisations that I'm aware of include:

[15] Pomerville A, Burrage R, & Gone J. (2016). Empirical Findings From Psychotherapy Research with Indigenous Populations: A Systematic Review. Journal of Consulting and Clinical Psychology, 84 (12), pp 1023-1038.

(a) The Marumali training run by Aunty Lorraine Peeters, which is a journey of healing model for Stolen Generation members.[16]

(b) The We al-li training[17] developed by Professor Judy Atkinson and her daughter, Dr. Caroline Atkinson, which is focussed on healing trauma.

(c) And the National Aboriginal and Torres Strait Islander Healing Foundation[18] fund a diversity of community designed programs to address healing trauma. Their website contains numerous evaluations of programs.

(d) Professor Pat Dudgeon's work on suicide prevention programs, which include programs in in Victoria.

29 Within Victoria, Victorian Aboriginal led programs include:

(a) Dardi Munwurrow[19], a men's family violence program run by Alan Thorpe, a Gunai Kurnai man;

(b) And healthy lifestyle programs grounded in culture, such as those designed by Laura Thompson, a Gunditjmara woman who started up Spark Health[20]

(c) Services like NEAMI Wadamba Wilam Aboriginal client service is the best assertive outreach model that I've seen to date.

30 There are also relevant healthy lifestyle programs. I have worked with Laura Thompson to provide evidence that these types of programs focus on physical health and chronic disease (and not specifically on mental) heath, there are mental health benefits, such as participants reporting reductions in psychological distress from baseline to post-program.

How can Victoria do better at identifying and assisting Aboriginal and Torres Strait Islander people who are at risk of or are affected by trauma-related mental illness?

31 This is a complex area. I'm involved in a national project focused on trying to better support Aboriginal parents with histories of complex trauma and we're learning though our community consultations and workshops just how sensitive the work is.

[16] https://marumali.com.au/marumali-journey-healing-model

[17] https://wealli.com.au/

[18] https://healingfoundation.org.au/

[19] www.dardimunwurrow.com.au

[20] www.sparkhealth.com.au

32 The challenge is to work with Aboriginal and Torres Strait Islander communities and people to find *safe* ways to identify complex trauma and mental health symptoms when people come to services. I emphasise the word 'safe' because parents, particularly young parents who may have experienced complex trauma and mental health issues but are not necessarily aware of it, are concerned that speaking to the services will lead to child notifications and child protection issues.

33 Our learnings so far about how to do it better, are:

(a) Working with Aboriginal services and community members to co-design safe approaches, rather than top down approaches. There needs to be community consultation, engagement and co-design right from the beginning – and it needs to be ongoing at every stage of service development.

(b) Recognition and assessment processes need to be developed in a language that is going to speak to people and it has to be situated within a strength-based approach. It likely involves not just asking assessment questions, but also providing information about coping, support and what the person can do in the short term. I think there needs to be a balance between having specialist services but also providing training for the rest of the workforce, because there's a lot of work that can be done around safety and stability, and combined with developing trust and respect, this is where healing usually needs to begin.

(c) The area we simply have to do better is that systematically, there are no Aboriginal designed services to deal with childhood sexual abuse. Personal violence within the form of childhood sexual abuse is a huge driver of long-term, often life-long mental health and emotional difficulties. This is world over, across all cultural groups. We do not have any Aboriginal designed services in Victoria yet, and it needs to happen. And it needs to involve extensive consultation with all sectors of the community and mental health sector.

34 We also need to start much earlier, with a far greater focus on early childhood and adolescence. Aboriginal children aged 10-14 years are more than 8 times more likely to commit suicide than non-indigenous children. We need prevention and early intervention programs and funding directed to Aboriginal day care centres such as Bup Bup Wilam and Yappera, and day care centres in suburbs with high Aboriginal populations to focus on prevention and mental health promotion. The staff working in this area who know the children and young families best need to be resourced and supported to co-design resilience programs and receive mental health and trauma informed training.

35 There needs to be far greater communication, and clearly established transitions pathways between our Aboriginal services that work with infants, children and

adolescents and child and family acute medical, health and community services. Maternal and perinatal services are well placed to identify risk for mental health problems among children and young families, although they need resources and support, and training to develop early recognition skills.

Are there any key impediments, at a systemic level, to being able to detect and intervene into mental illness in Aboriginal and Torres Strait Islander communities in Victoria?

36 There are many.

(a) One is that the current Victorian mental health system, for Aboriginal people, and indeed most if not all Victorians, is fragmented and disconnected. It is very difficult for people to access and navigate. We need integrated care and better coordination across primary, secondary and tertiary services. For example, there has to be greater links established between ACCHOs that work with families across the life span - such as the Victorian Aboriginal Health Service working more closely with the Victorian Aboriginal Childcare Agency, and with Aboriginal child care centres – and better communication and client transition pathways with emergency departments and psychiatric units. This needs to be facilitated through additional government funding for additional dedicated workforce.

(b) At the moment, services and data are not connected and therefore systems of care for clients are disconnected. Consequently, families are not able to navigate the system. We need employed positions that help adults, children and families – especially with moderate to severe end mental health difficulties - to navigate the mental health system.

(c) There also needs to be a focus on improving the quality of care for Aboriginal people and families within the current mental health system. We need workforce training for staff at Aboriginal Community Controlled Health and other Aboriginal organisations. This includes mental health and trauma-informed care training, but also mentoring and governance training for managers and high-level staff. So there needs to be systems level change to facilitate co-ordinated care and integrated pathways. This requires a dedicated for mental health capacity in government to coordinate implementation, and work with services to co-design evaluation.

(d) Another impediment is that there aren't enough resources allocated to the development of Aboriginal designed screening, assessment and outcome measures. There is a huge need for real world, applicable research for services that are devoted specifically to developing these tools – in a co-designed way

with community organisations - and supporting organisations to embed these in their health care data systems.

(e) Finally, I think a big challenge that lies before us is understanding the demographics of our current population and the implications for mental health service delivery. One third of the Aboriginal and Torres Strait Islander population is between 15 to 29 years old. We have a young population and the way they use mental health services, and their perceptions of mental health service, may be different to our older population. I think we need to engage with the youth more, talk to them about what's going to work in terms of getting support. They are a new generation with new ideas. I think engaging with organisations like the Koori Youth Council[21] and consulting young Koori and other young Aboriginal Victorians, is really important.

sign here ►

print name Dr Graham Gee

date 10 July 2019

[21] https://www.kgi.org.au/eventsactivities/koorie-youth-council/

Royal Commission into
Victoria's Mental Health System

ATTACHMENT GG-1

This is the attachment marked 'GG-1' referred to in the witness statement of Dr Graham Gee dated 10 July 2019.

CURRICULUM VITAE

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July 2019

EDUCATIONAL QUALIFICATIONS:

2016 University of Melbourne, Masters (Clinical) Psychology, Doctor of Philosophy (Psychology) (combined degree, Masters component completed 2010)

APPOINTMENTS:

March 2019-present	Murdoch Children's Research Institute	Senior Research Fellow
Oct 2018 - present	The University of Melbourne	Honorary Fellow
Jan 2018 – Jan 2019	The Victorian Aboriginal Health Service	Clinical Coordinator
Jan 2008 – Jan 2018	The Victorian Aboriginal Health Service	Psychologist

SIGNIFICANT DISTINCTIONS/AWARDS:

2018 National Health and Medical Research Council Rising Star Award

2015 Koori Community Justice Award Men's Program

RESEARCH GRANTS/FUNDING (In 2013 18% of grant holders held more than 2 NHMRC grants):

2019 AU$338,192 National Health & Medical Research Council Early Career Fellowship 1161841. (2019-2022) **Gee G. (CI-A)** Prevention, resilience and recovery from complex trauma among Aboriginal and Torres Strait Islander peoples across the lifespan.

2019 AU$4,991,608 Million Minds Research Grant 1105089 (2019-2023). Dudgeon D, Milroy H, Calma T, Wright M, Milroy, J, **Gee G (CI-F).** Generating Indigenous patient-centred clinically and culturally capable models of mental health care.

2019 AU$1,900,000 National Health & Medical Research Council Grant 1105089 (2019-2022) Kehlar M, Paradies Y, **Gee, G (CI-C),** Nicholsan J, Ritte R, Brown, S, Hegarty K, Smith D, Armstrong G. Responding to Aboriginal and Torres Strait Islander Family Aspirations to Foster Self-Determination and Social and Emotional Wellbeing.

2018 AU$1,193,719 National Health & Medical Research Council Grant 1141593 (2018-2022) Chamberlain C, **Gee G (CI-B),** Brown S, Atkinson J, Nicholsan J, Gartland D, Herrman H, Glover K, Clark Y. Healing the Past by Nurturing the Future - Learning to identify and support Indigenous parents who have experienced complex childhood trauma.

2017 AU$1,111,633 National Health & Medical Research Council Grant 1129796 (2017-2021) Brown A, Brown N, Zuckerman G, **Gee G (CI-D).** Examining the impact of Language Reclamation on Social and Emotional Wellbeing among the Barngala.

RESEARCH SPECIALTIES/CAREER:

My early career research fellowship program at the Murdoch Children's Research Institute focuses on prevention, resilience and recovery from complex trauma among Aboriginal and Torres Strait Islander peoples across the lifespan. The program involves validating the Aboriginal Resilience and Recovery Questionnaire (Gee, 2016) and investigating resilience among several different Aboriginal populations groups in Australia. It also examines trauma and recovery across multiple Aboriginal service providers and programs that cover the lifespan of adult, child and adolescence. Other national research programs that I am involved with have a focus on improving models of mental health care for Aboriginal and Torres Strait Islander peoples and investigating the protective effects of language revitalisation and other cultural determinants of health.

CLINICAL CAREER:

From 2008-2018 I was employed as a psychologist at the Victorian Aboriginal Health Service (VAHS). During that time, I worked as a provisional psychologist, general registered psychologist, clinical registered psychologist, and Clinical Coordinator. As Clinical Coordinator I was responsible for overseeing and supporting the wellbeing and practice of approximately 20 practitioners.

PROFESSIONAL SOCIETIES/SERVICE/OTHER ACTIVITIES:

Board membership
2009-2012 Founding board member of the Aboriginal and Torres Strait Islander Healing Foundation

Advisory panels and committees

2018-current	Million Minds Mental Health Research Mission National Advisory Panel
2018-current	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention Expert Advisory Panel
2019-current	Guideline Development Group for the Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder

Editorial Guidance

2015-2017	Editorial guidance for the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023
2015-2017	Editorial guidance for the Victorian Balit Murrup Aboriginal Social and Emotional Wellbeing Framework 2017-2027.

Key Note Speaker Events

2019	Psychotherapy and Counselling Federation of Australia Conference, Sydney
2018	Australian Psychological Society Congress, Sydney

Research Publications:

Refereed Journal Articles

1. Hackett M, Teixeira-Pinto A, Farnbach S, Glozier N, Skinner T, Askew D, **Gee G,** Cass A, Brown A. Getting it Right: validating a culturally specific screening tool for depression (aPHQ-9) in Aboriginal and Torres Strait Islander Australians. MJA 211(1), July 2019.

2. Chamberlain C, **Gee G,** Brown S, Atkinson J, Herrman H, Gartland D, Glover K, Clark Y, Campbell S, Mensah F, Atkinson C, Brennan Sue, McLachlan H, Hirvonen T, Dyall D, Ralph N, Hokke S, Nicholsan J. Healing the Past by Nurturing the Future – co-designing perinatal Strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. BMJ Open 2019; 9:e028397.

3. Chamberlain, C, **Gee G,** Harfield S, Campbell S, Brennan S, Clark Y, Mensah F, Arabena K, Herrman H, Brown, S, for the 'Healing The Past by Nurturing the Future group. Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. PLoS ONE 2019: 14(3):e0213460.

4. Clark Y, **Gee G,** Ralph N, Atkinson C, Brown S, Glover K, McLachlan H, Gartland D, Hirvonen T, Atkinson J, Andrews S, Chamberlain C, & the Healing the Past by Nurturing the Future Investigators Group and Co-Design Group (in press). The Healing the past by nurturing the future: Cultural and emotional safety framework. Journal of Indigenous wellbeing. Te mauri-pimatisiwin (accepted 7.5.19)

5. Farnbach S, Evans J, Eades, Fernando J, **Gee G,** Hackett M. Process evaluation of a primary healthcare validation study of a culturally-adapted depression screening tool for use by Aboriginal and Torres Strait Islander people: Study protocol: BMJ Open, 2017.

6. Hackett M, Farnbach S, Glozier N, Skinner T, Teixeira-Pinto A, Askew D, **Gee G,** Cass A, & Brown A. Getting it Right: study protocol to determine the diagnostic accuracy of a culturally-specific measure to screen for depression in Aboriginal and/or Torres Strait Islander people. BMJ Open; 2106; 6:e015009. Doi:10.1136/bmjopen-2016-015009.

7. Luke J, Anderson I, **Gee G,** Thorpe R, Rowley K, Reilly R, Thorpe, A, Stewart P. Suicide ideation and attempt in a community cohort of urban Aboriginal youth. Crisis, 2013: 34 (4), p. 251–261.

8. Kelly K, Dudgeon P, **Gee G,** & Glaskin B. Living on the Edge: Social and Emotional Wellbeing Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People. Discussion Paper No. 10. 2009, Cooperative Research Centre for Aboriginal Health, Darwin.

Book chapters

1. **Gee G,** Dudgeon P, Schultz C, Hart A, Kelley K. (2014). Understanding Social and Emotional Wellbeing and Mental Health from an Aboriginal and Torres Strait Islander perspective. Chapter 3 in Dudgeon P, Milroy H, Walker R. (Eds). *Working Together: Aboriginal and Torres Strait Islander Health and Wellbeing Principles and Practice (2nd Edition).* Australian Council for Education Research and Telethon Institute for Child Health Research, Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing: Canberra.

2. Zubrick S, Dudgeon P, **Gee G,** Glaskin B, Kelly K, Paradies Y, Scrine C, Walker R. (2014). Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. Chapter 6 in Purdie, N., Dudgeon, P. & Walker, R. (Eds) *Working Together: Aboriginal and Torres Strait Islander Mental Health Wellbeing Principles and Practice.* (2nd Edition). Office of Aboriginal and Torres Strait Islander Health, Department of Ageing: Canberra.

Manuscripts in preparation for submission

1. **Gee G,** Lesniowska R, Santhanam R, Chamberlain C. (2019) Breaking The Cycle of Trauma – Koori Parenting, What Works For Us.

2. **Gee G,** Boldero J, Dwyer J, Egan J, Holmes L, Hulbert C, Mobourne A, Paradies Y, Kennedy H. (2019). Understanding resilience and recovery from trauma in an urban Aboriginal Australian community: Development of the Aboriginal Resilience and Recovery Questionnaire.