

Queensland Health
**Aboriginal and
Torres Strait Islander**



**Mental Health
Strategy**

2016–2021

Acknowledgements

The Queensland Government acknowledges and respects traditional custodians and Aboriginal and Torres Strait Islander elders past and present.

Queensland Health recognises the social and cultural differences that exist between and within communities of Aboriginal and Torres Strait Islander people. Where the term Indigenous is used in this document, it refers to a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal person or a Torres Strait Islander person, and is accepted as such by the community in which he or she lives.

This strategy has been developed by Marianna Serghi and Jonathan Wood of the Aboriginal and Torres Strait Islander Health Branch. The authors would like to thank the Aboriginal and Torres Strait Islander Health Branch, and staff of the Mental Health, Alcohol and Other Drugs Branch, Hospital and Health Services, the Department of Aboriginal and Torres Strait Islander Partnerships and the Queensland Aboriginal and Islander Health Council for their contributions to this strategy.

Indigenous artwork produced for Queensland Health by Riki Salam of Gilimbaa Indigenous Creative Agency.

Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021

Published by the State of Queensland (Queensland Health),
September 2016

ISBN 978-1-925028-92-8



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2016

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Aboriginal and Torres Strait Islander
Health Branch, Department of Health
GPO Box 48 Brisbane QLD 4001

Telephone: 07 3222 2899

Email: ATSIHB_Corro@health.qld.gov.au

An electronic version of this document is available at
www.health.qld.gov.au/atsihealth

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

Foreword.....	3
Summary.....	4
Strategy at a glance.....	5
The context.....	6
Aboriginal and Torres Strait Islander mental health.....	6
Policy environment.....	8
Collaborative funding and service delivery arrangements.....	9
The need for change.....	10
Determinants of mental health.....	10
Aboriginal and Torres Strait Islander mental health status.....	11
Developing effective mental health services for Indigenous Queenslanders.....	13
Early identification and intervention.....	13
Partnerships at the primary and acute care interface.....	13
Cultural capability.....	15
Focussing on recovery, not illness.....	17
Delivering trauma-informed care.....	18
The strategy.....	20
Result areas.....	22
Result area 1: Developing culturally capable mental health services.....	22
Result area 2: Connecting healthcare.....	25
Result area 3: Partnering for prevention and recovery.....	27
Result area 4: Enhancing the evidence base.....	29
Performance monitoring.....	30
Appendices.....	31
Appendix 1 Related policies and strategies.....	32
Appendix 2 Framework for Recovery Oriented Mental Health Services (excerpt).....	33
Appendix 3 Growth and Empowerment Measure.....	36
Appendix 4 Stay Strong Plan.....	37
Appendix 5 Cultural Information Gathering Tool.....	38
Appendix 6 Mental health service responsiveness.....	39
Appendix 7 Gayaa Dhuwi (Proud Spirit) Declaration.....	40
Glossary.....	42
References.....	44
Abbreviations.....	46



Figures

Figure 1	The holistic Aboriginal and Torres Strait Islander perspective on social and emotional wellbeing.....	7
Figure 2	The key investors in Indigenous mental health and their investment areas.....	9
Figure 3	Mental health patient care continuum.....	9
Figure 4	Social and economic determinants of health – Indigenous and non-Indigenous Queenslanders.....	10
Figure 5	Differentials in Queensland acute mental health service delivery 2012–13 to 2014–15, Indigenous and non-Indigenous Queenslanders.....	12
Figure 6	Improving referral pathways for Indigenous Queenslanders with severe mental illness.....	14
Figure 7	The recovery support system and the Indigenous patient journey.....	17

Foreword

‘If we do not improve mental health outcomes for Indigenous Queenslanders, we will not close the health gap.’



Cameron Dick MP
Minister for Health
Minister for
Ambulance Services

Mental health and social and emotional wellbeing are fundamental to all of us living happy and healthy lives and fulfilling our potential. The impact of mental health and substance misuse problems can be devastating for individuals, their families and communities.

Underpinning and compounding chronic disease and other physical health conditions, mental health problems can severely limit achievement of health outcomes. If we do not improve mental health outcomes for Indigenous Queenslanders, we will not close the health gap. If we do not close the health gap, we will not achieve our vision for Queensland that by 2026 Queenslanders will be among the healthiest people in the world.

Consultations undertaken in Queensland and across Australia in the last two decades have revealed two separate but interlinked areas of need. The first is described by Indigenous Australians as *social and emotional wellbeing*, a broad concept of social and cultural wellness where its absence is indicated by widespread trauma and grief, anxiety and substance misuse. The second is that of *severe mental illness* or mental disorder, which includes clinical depression, post-traumatic stress disorder and psychosis.

This *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* primarily focuses on improving the responsiveness of Queensland Health’s mental health services to the needs of Aboriginal and Torres Strait Islander Queenslanders with severe mental illness. In particular, it provides direction to Queensland Health’s mental health services on priority areas for action and emphasises the need for effective partnerships between Hospital and Health Services, Aboriginal and Torres Strait Islander community controlled health services and Primary Health Networks, and between the health sector and wider social services sector. Aboriginal and Torres Strait Islander people need and expect providers to deliver services that will make real improvements in their mental health and wellbeing in a way that respects the richness, diversity and strength of Indigenous communities and cultures.

This strategy is the first step. It focuses attention on result areas where improvements to the Queensland Health service system can be made in the short term, and commits to undertake further research that will build the knowledge base to inform future policies and investments.

We look forward to working with health service providers across Queensland Health and the non-government sector, with other government and non-government agencies, and with Aboriginal and Torres Strait Islander communities in the implementation of this strategy.



Michael Walsh
Director-General
Queensland Health



Summary

Mental illness is the leading contributor to the Indigenous burden of disease in Queensland, contributing up to 20 per cent of the total disease burden¹.

Aboriginal and Torres Strait Islander Queenslanders experience higher rates of psychological distress, mental illness, assault and suicide than other Queenslanders².

The overarching vision of this *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* is elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders.

Queensland Health delivers services predominantly in the treatment of mental illness and drug and alcohol misuse through specialist hospital and community mental health services and drug and alcohol treatment services. Accordingly, the objective of this strategy is to strengthen Queensland Health services for Aboriginal and Torres Strait Islander Queenslanders with severe mental illness. This complements work being undertaken by the Queensland Mental Health Commission to address social and emotional wellbeing more broadly. In recognition of the significance of substance misuse as both a risk factor for, and consequence of, mental illness, this strategy aims to enhance drug and alcohol services and programs targeted to Indigenous Queenslanders.

Actions against four result areas will help achieve this vision:

1. Developing culturally capable mental health services.
2. Connecting healthcare.
3. Partnering for prevention and recovery.
4. Enhancing the evidence base.

In particular, attention will be targeted to developing culturally and clinically effective models of care within mainstream mental health services and developing or strengthening partnerships between Hospital and Health Services (HHSs) and primary healthcare providers, particularly Aboriginal and Torres Strait Islander community controlled health services (A&TSICCHSs).

Implementation of the actions in this strategy will be monitored through six-monthly qualitative and quantitative progress reports and analysis of national and state datasets undertaken by the Aboriginal and Torres Strait Islander Health Branch. The branch will include and address key mental health performance indicators in the annual Queensland Health Aboriginal and Torres Strait Islander Close the Gap Performance Reports.

Under this strategy, the Queensland Government, through the Department of Health, will invest more than \$55 million on mental health and drug and alcohol services and programs targeted to Aboriginal and Torres Strait Islander Queenslanders living with severe mental illness.

1 Queensland Health, 2014a: *The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2014*, Brisbane.

2 Australian Institute of Health and Welfare, 2015. *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Queensland Report*, Canberra.

Strategy at a glance

Vision

Elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders

Objective

Aboriginal and Torres Strait Islander Queenslanders with severe mental illness receive culturally capable mental health services from Queensland Health

Principles

Culturally capable services • Person-centred care
Community engagement • Indigenous leadership
Partnerships • Community control • Value for money

RA1: Developing culturally capable mental health services

- Embedding cultural capability into clinical practice
- Accelerate implementation of recovery-oriented and trauma informed models of care.

RA2: Connecting healthcare

- Integrating mental health and wellbeing services
- Ensuring continuity of mental healthcare.

Result Areas (RAs)

RA4: Enhancing the evidence base

- Improving the quality and availability of data
- Identifying and addressing needs and service gaps.

RA3: Partnering for prevention and recovery

- Shared action with services outside the health system.

Performance monitoring

Annual monitoring of mental health indicators through Close the Gap performance reports

Health and wellbeing status

- Alcohol-related mortality
- Suicide rates
- Hospitalisation rates for mental and behavioural disorders
- Hospitalisation rates for psychoactive substance use
- Hospitalisation rates due to intentional self-harm.

Health system performance

- Pre-admission community care
- Post-discharge community care
- Re-admission rates
- Involuntary Treatment Orders
- Length of stay (inpatient)
- Seclusion events
- Discharge against medical advice
- Aboriginal and Torres Strait Islander workforce participation.

Social and economic determinants

- Education attainment
- Labour force participation
- Median weekly household income
- Child protection notification rates
- Child protection orders
- Child protection—out of home care
- Juvenile detention 10–17 years of age
- Adult incarceration rates.



The context

Aboriginal and Torres Strait Islander mental health

Key facts

population

Indigenous Queenslanders make up **4.3 per cent of Queensland's population.**

Almost **half of all Indigenous** Queenslanders are **under 20 years of age.**

Most Indigenous Queenslanders live in **regional centres (51.4 per cent)** and **major cities (31.8 per cent)**.
About **16.9 per cent** live in **remote and very remote areas.**

health and mental health

Indigenous Queenslanders experience **more ill-health and disability than non-Indigenous Queenslanders** and are more likely to die at a younger age. This disparity is known as the **'health gap'**.

Mental illness is the highest contributor (20 per cent) to the Indigenous burden of disease in Queensland.

Indigenous Queenslanders comprise **7.7 per cent** of individuals hospitalised with a mental disorder.

(Source: Queensland Health, 2016)

Aboriginal and Torres Strait Islander Queenslanders embrace a holistic concept of health which inextricably links mental and physical health within a broader concept of social and emotional wellbeing. This encompasses:

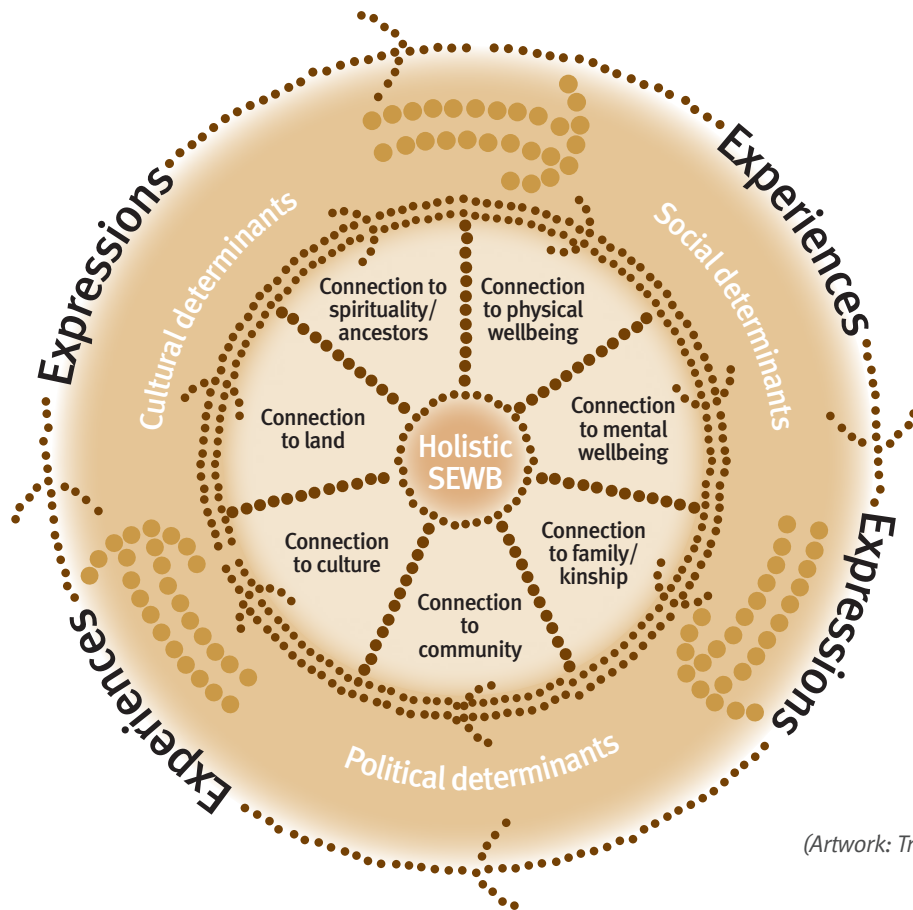
*'not just the physical wellbeing of the individual but the social, emotional, spiritual and cultural wellbeing of the whole community. This is a whole of life view and it also includes the concept of life-death-life. Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total wellbeing of their communities'*³.

Aboriginal and Torres Strait Islander cultures are underpinned by connectedness. In addition to regarding physical health, mental health and social and emotional wellbeing as indivisible, many Indigenous Australians see the individual as inseparable from the family and the community. Connections to country and to ancestors are also seen as essential foundations for strong health and wellbeing.

This connectedness is shown in Figure 1, which illustrates the holistic nature of social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective. Implicit in this model are the links between the health and wellbeing of the individual and the health and wellbeing of the family and community, and the importance of balance and harmony between the various elements. However, at any one time people may experience strong connections and resilience in some areas while in others they may feel there is difficulty and/or the need for healing. The balance of wellbeing is likely to vary across the lifespan according to the different needs of childhood, youth, adulthood and old age.

³ National Aboriginal Health Strategy Working Party 1989: *A National Aboriginal Health Strategy*, Canberra.

Figure 1. The holistic Aboriginal and Torres Strait Islander perspective on social and emotional wellbeing (SEWB)



(Artwork: Tristan Schultz, 2012⁴)

There is evidence that disruption to this holistic social and emotional wellbeing caused by dispossession, dislocation and trauma over many generations has—for many Indigenous Australians—created a legacy of profound grief and psychological distress. This has potential to impact on both physical and mental health, so closing the health gap requires both a direct focus on health outcomes as well as sustained action to improve the determinants of social and emotional wellbeing.

The mental and physical health of Aboriginal and Torres Strait Islander Queenslanders continues to be challenged by the impact of intergenerational trauma and disadvantage at the individual, family and community levels. Aboriginal and Torres Strait Islander Queenslanders fare significantly worse than other Queenslanders on every indicator of economic and social disadvantage, and experience multiple stressors that are pre-determinants

of mental health problems and substance use. These factors affect physical health as well as mental health, and in order to close the gap in life expectancy and other key health indicators urgent attention is needed both to improve social and emotional wellbeing at the community level and to address severe mental illness and substance use disorders at the individual level.

While Aboriginal and Torres Strait Islander Queenslanders with severe mental illness and substance use disorders access Queensland Health mental health services at higher rates than non-Indigenous Queenslanders, evidence suggests that it is unlikely that the current level of access is commensurate to need. More can be done to ensure Queensland Health acute mental health services are supported to deliver culturally responsive and appropriate care to Aboriginal and Torres Strait Islander Queenslanders.

⁴ Dudgeon P, Milroy H & Walker R (Eds) 2014. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* – 2nd Edition. Commonwealth of Australia.



Policy environment

The Queensland Government vision for the health of Queenslanders is that by 2026 Queenslanders will be among the healthiest people in the world⁵. This is a vision for all Queenslanders, which will not be achieved without addressing the health gap between Indigenous and non-Indigenous Queenslanders. Fundamental to closing the gap in physical health outcomes is improved mental health.

In 2009, the Council of Australian Governments signed the *National Indigenous Reform Agreement* which committed all governments to achieving two health targets:

- close the gap in life expectancy within a generation (by 2033)
- halve the gap in mortality rates for Indigenous children under five years of age within a decade (by 2018).

To achieve these and other health outcome targets, the Queensland Government has been implementing *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability framework* published in 2010, through a series of triennial investment strategies. Published in July 2015, the most recent *Making Tracks – Investment Strategy 2015–2018* emphasised the importance of improving mental health outcomes as a major contributor to closing the overall health gap.

In 2014, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), supported by mental health commissions across Australia, proposed *Six Steps to Closing the Indigenous Mental Health Gap*⁶:

1. Closing the mental health gap is recognised as a priority in Indigenous Affairs.
2. A dedicated plan to close the Indigenous mental health gap is developed.
3. Over time, reinvestment from expensive hospital based treatment towards primary mental health services and prevention and promotion occurs.
4. Culturally appropriate and accountable mental health services are expanded.
5. Indigenous Australians are supported to transition across the mental health system.
6. Australian governments work in partnership with Indigenous mental health leaders, experts and stakeholders in relation to the above steps.

In 2015, NATSILMH developed the *Gayaa Dhuwi (Proud Spirit) Declaration* to provide a framework for Indigenous leadership in addressing Aboriginal and Torres Strait Islander mental health. The full declaration is at Appendix 7.

Also at the national level, the Australian Health Ministers' Advisory Council (AHMAC) is developing a suite of actions and performance measures for implementation by governments.

This strategy relates to, and seeks to align with, key Aboriginal and Torres Strait Islander health and mental health policies developed and under development at the national level and in Queensland. These documents are listed at Appendix 1.

In particular, this strategy is aligned with Queensland Health's *Connecting Care to Recovery: a plan for Queensland's state-funded mental health, alcohol and other drug services 2016–2021*, which governs service planning and delivery of services for the general population. It also complements the Queensland Government's *Aboriginal and Torres Strait Islander social and emotional wellbeing action plan* being developed by the Queensland Mental Health Commission, which focuses primarily on the social determinants of mental illness and seeks to strengthen community based social service support for Indigenous Queenslanders. Together these plans seek to enhance service responses across the healthcare continuum described in Figure 3.

⁵ Queensland Health, 2016b. *My health, Queensland's future: Advancing health 2026*, Brisbane.

⁶ National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2014: *Six steps to closing the mental health gap*, Sydney.

Collaborative funding and service delivery arrangements

Responsibility for funding and providing mental health and substance misuse services is shared by the Australian Government and state/territory governments (see Figure 2). In Queensland, the Australian Government primarily funds social and emotional wellbeing programs and Indigenous drug and alcohol services through A&TSICCHSs and Primary Health Networks (PHNs).

The Queensland Government is the predominant funder and provider of specialist community and hospital-based mental health services for people with severe mental illness and drug and alcohol rehabilitation services.

Enhancing the responsiveness of Queensland Health mental health services to the needs of Aboriginal and Torres Strait Islander Queenslanders with severe mental illness will require attention across the mental health patient care continuum. While this strategy includes actions to improve identification of risk and early intervention at the primary healthcare level, it directs most attention to strengthening health service responses at the ambulatory, acute and post-acute phases of the mental health patient care continuum (see Figure 3).

Figure 2. The key investors in Indigenous mental health and their investment areas

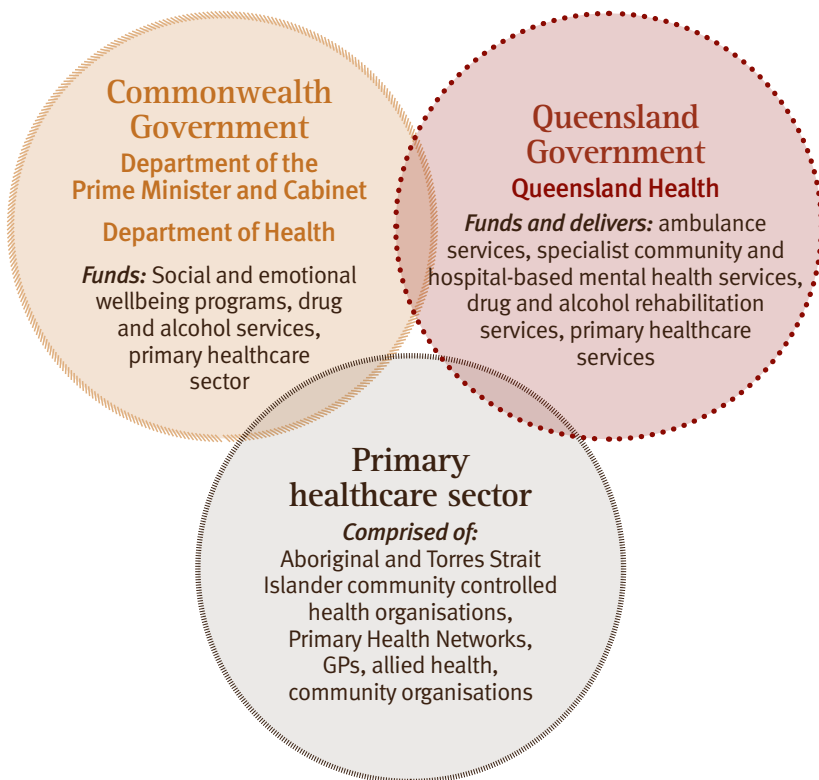
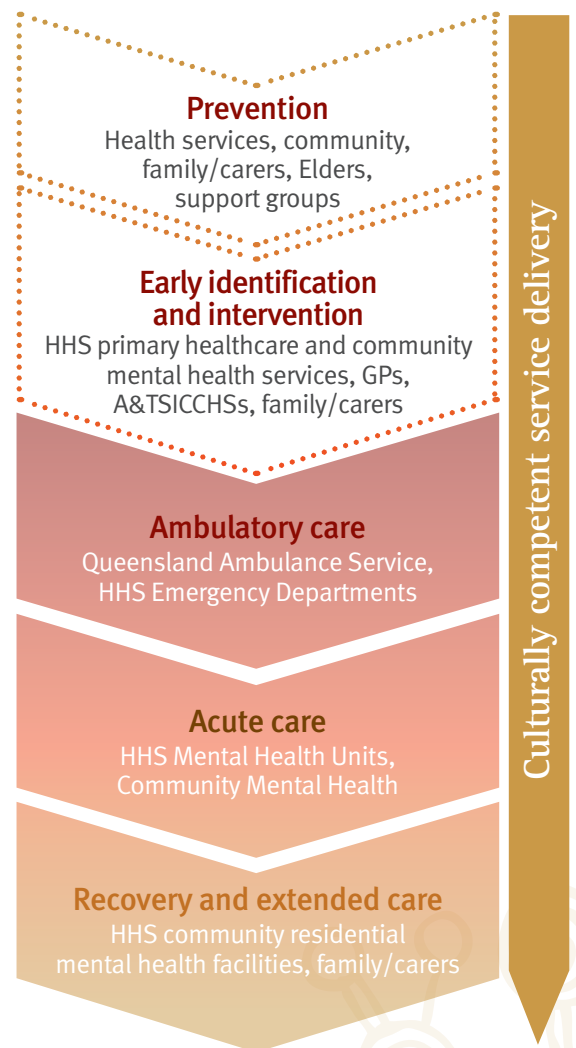


Figure 3. Mental health patient care continuum



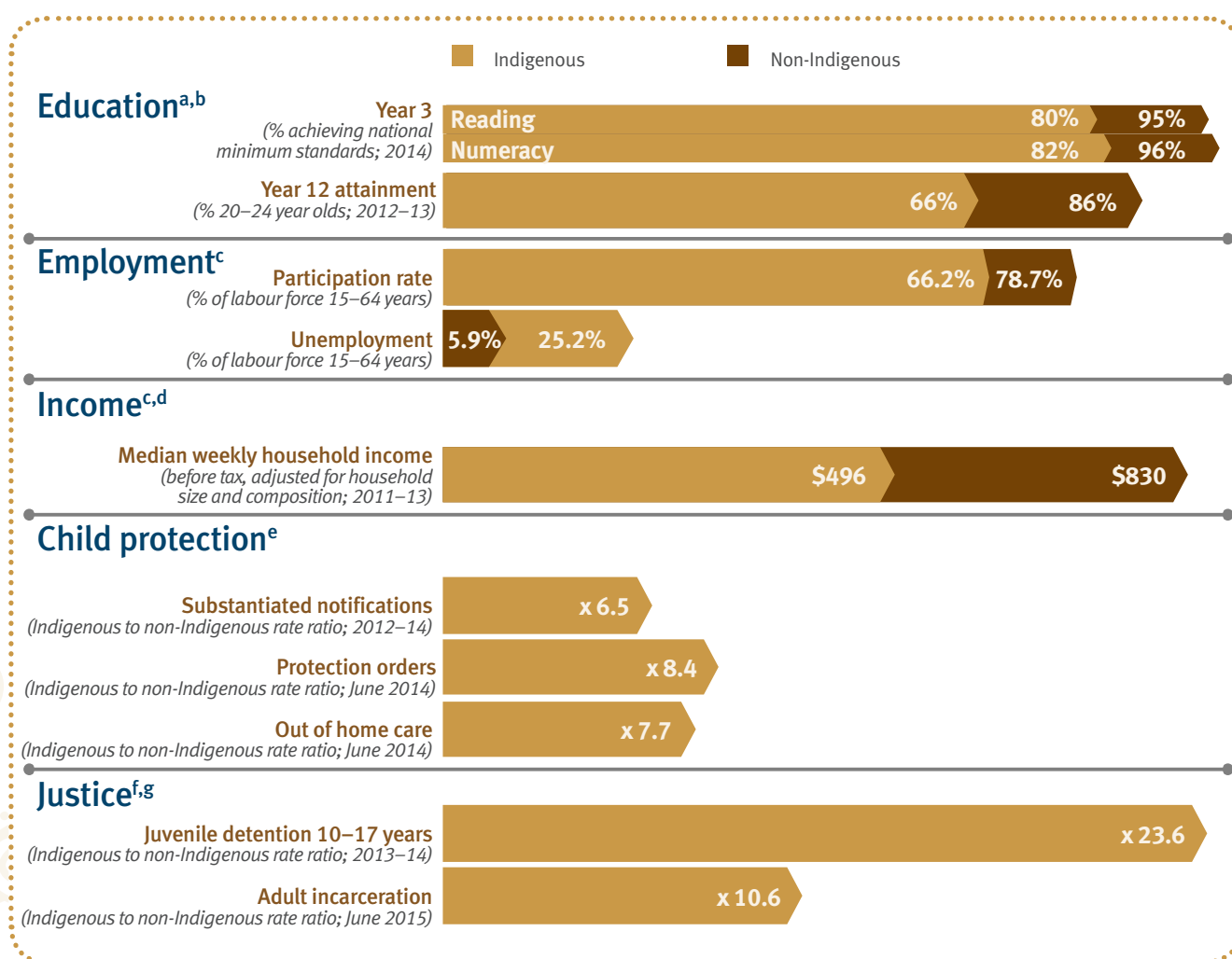
The need for change

Determinants of mental health

There is clear evidence about the impact of social and economic stressors on the mental health and wellbeing of populations and there is also evidence that these stressors are distributed unequally between Indigenous and non-Indigenous Queenslanders. Stressors include poverty, unemployment, discrimination, social exclusion, risks of violence and physical ill health.

When the social and economic stressors, some of which are described in Figure 4, are combined with the historical social and cultural displacement of Aboriginal and Torres Strait Islander people, the ongoing effects of racism and social exclusion, and the relatively high burden of illness, the result is a significantly increased risk of mental health problems.

Figure 4. Social and economic determinants of health—Indigenous and non-Indigenous Queenslanders



Sources

- a. Steering Committee for the Review of Government Service Provision (SCRGSP) 2015, *Report on Government Services 2015, Indigenous Compendium*
- b. SCRGSP 2013, *National Agreement Performance Information 2012–13: National Indigenous Reform Agreement*
- c. Australian Bureau of Statistics (ABS) 4727.0, *National Aboriginal & Torres Strait Islander Health Survey 2014–15*
- d. ABS 4364.0, *Australian Health Survey 2011–13*
- e. Australian Institute of Health and Welfare (AIHW) 2015, *Child Protection Australia: 2013–14*
- f. AIHW 2015, *Youth justice in Australia 2013–14*
- g. ABS 4517.0 – *Prisoners in Australia, 2014.*

Aboriginal and Torres Strait Islander mental health status

Across Australia, Aboriginal and Torres Strait Islander people have significantly higher mental health needs than other Australians. For example:

- Between 2001–2010 the combined suicide rate across States and Territories (excluding Australian Capital Territory and Tasmania) was 21.3 per 100,000 people—more than double the non-Indigenous rate (10.3/100,000).
- In 2008, nearly one-third (31 per cent) reported experiencing high or very high levels of psychological distress—more than twice the proportion of other Australians.
- In 2012–13, Aboriginal and Torres Strait Islander people reported being 1.4 times as likely as other Australians to have experienced one or more stressful events in the previous 12 months. The most common reported stressors were death of a family member or friend (37 per cent), a serious illness (23 per cent), an inability to get a job (23 per cent) and mental illness (16 per cent). Other stressors include divorce or separation; being a witness to or victim of violence or violent crime; drug and/or alcohol-related problems, and trouble with the police⁷.

There is no robust population-level data available on the prevalence of mental illness and/or substance misuse among Aboriginal and Torres Strait Islander Australians. Therefore, information on the mental health status of Indigenous Queenslanders is derived from:

- Small, site-specific research studies that identify the prevalence of mental health conditions in sub-populations such as people in custody and people living in remote regions of Queensland.
- Hospital and community mental health datasets which provide information on people who have accessed hospital and community mental health services.
- The National Aboriginal and Torres Strait Islander Social Survey (NATSISS), which provides self-reported information about life stressors and substance intake.

An analysis of these sources (and others focused on more general indicators of health) suggested that in 2011 mental illness (including substance use disorders) was the leading contributor to the burden of disease for Indigenous Queenslanders, causing about one-fifth of their total burden of disease and injury⁸.

A summary of available data is outlined in Figure 5. This shows that Aboriginal and Torres Strait Islander Queenslanders are over-represented in:

- Involuntary assessments under the *Mental Health Act 2000* which enable treatment without consent.
- Use of seclusion while admitted.
- Discharge against medical advice (which can be used as a proxy indicator that the hospital has not been responsive to the individual's needs or that the individual feels unsupported within the hospital environment).

7 Australian Bureau of Statistics, 2014: *National Aboriginal and Torres Strait Islander Social Survey*, Canberra.

8 Queensland Health, 2014b: *The health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland*. Queensland Government. Brisbane 2014.



Figure 5. Differentials in Queensland acute mental health service delivery 2012–13 to 2014–15, Indigenous and non-Indigenous Queenslanders^{9, 10}

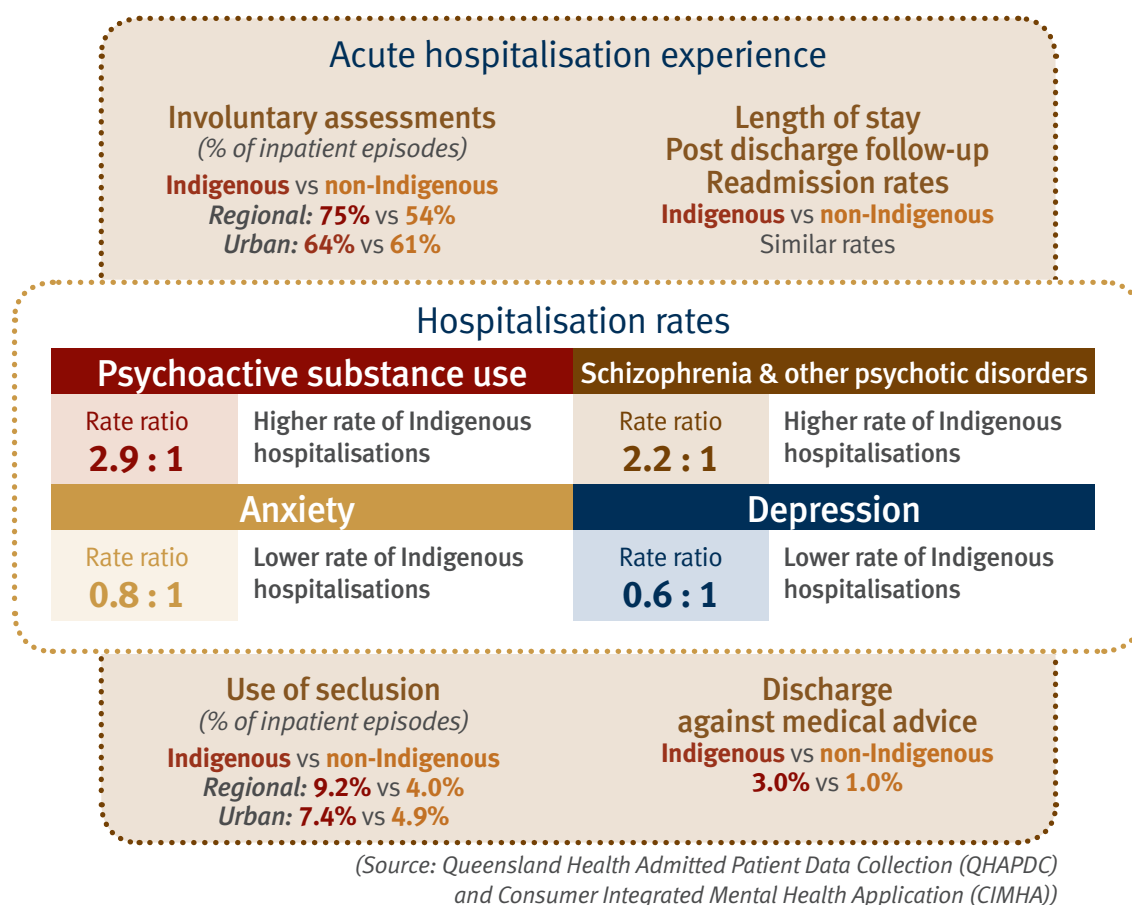


Figure 5 shows that Aboriginal and Torres Strait Islander people are hospitalised at higher rates than other Queenslanders for psychoactive substance use, and schizophrenia and other psychotic disorders. These tend to be chronic conditions requiring ongoing treatment (often medication) and repeated periods of hospitalisation—particularly if the conditions cannot be effectively managed in the community. These conditions are therefore challenging for individuals, their families and communities, and can be relatively resource-intensive for health providers and clinicians.

On the other hand, Figure 5 shows that Indigenous Queenslanders are hospitalised at lower rates than other Queenslanders for depression and anxiety. Given the evidence that the determinants of these disorders and self-reported levels of psychological distress are higher among Aboriginal and Torres Strait Islander people, lower hospitalisation rates for depression may be indicative of a significant untreated (and possibly undiagnosed) prevalence of depression amongst Indigenous Queenslanders.

⁹ For involuntary assessments and use of seclusion, remoteness classification is based on mental health facility location. Regional HHSs include Cairns and Hinterland, Central Queensland, Darling Downs, Mackay, Townsville and Wide Bay; and urban HHSs include Metro North, Metro South, Sunshine Coast, Gold Coast and West Moreton.

¹⁰ Hospital episode and diagnosis data is sourced from the QHAPDC and involuntary assessment, seclusion and community service contact data is sourced from CIMHA and linked to the QHAPDC data.

Developing effective mental health services for Indigenous Queenslanders

Early identification and intervention

In 2015, the National Mental Health Commission's *Review of Mental Health Programmes and Services* (NMHC Review) recommended that the focus of health investment should be shifted towards 'upstream' services (such as prevention, early intervention, recovery and participation) rather than the more costly 'downstream' services. This includes hospital emergency department presentations and inpatient hospital care.

As the commission stated, one of the implications of such a shift is that it increases the emphasis on primary mental healthcare. Policy and funding for the primary mental healthcare system is the responsibility of the Australian Government, but in many rural and remote areas of Queensland (including discrete Aboriginal and Torres Strait Islander communities) Queensland Health is the default provider of primary healthcare services. HHSs also provide community mental health services and some primary healthcare in regional and urban areas. Therefore, HHSs have the opportunity to 'rebalance' (to use the commission's term) their mental health resources towards primary and preventive care.

Shifting resources upstream also means intervening earlier and at a younger age to reduce the risk of mental health disorders occurring, and if they do occur, minimising the effect they can have on people's lives. If conduct disorders or other mental health conditions remain untreated in childhood they significantly increase the social and economic costs to the individual and the community later in life¹¹. To reduce this risk, HHSs need to strike an appropriate balance between investments in adult mental health services and in services for children, families and adolescents.

Partnerships at the primary and acute care interface

A range of providers and organisations have roles in preventing, identifying and treating mental health conditions across the continuum of care. Unless these organisations are integrated and connected, the boundaries between them can become obstacles on the patient pathway and barriers to timely and effective detection, treatment, management and recovery.

One of the most critical interfaces in Indigenous mental healthcare is between HHSs and primary care providers, especially A&TSICCHSs. Partnerships between HHSs and A&TSICCHSs are essential to ensuring there is continuity of care for Indigenous Queenslanders entering or leaving hospital. These partnerships can support implementation of culturally effective models of care and robust entry and discharge planning.

An integrated Aboriginal and Torres Strait Islander patient pathway across the primary and hospital interface is described at Figure 6.

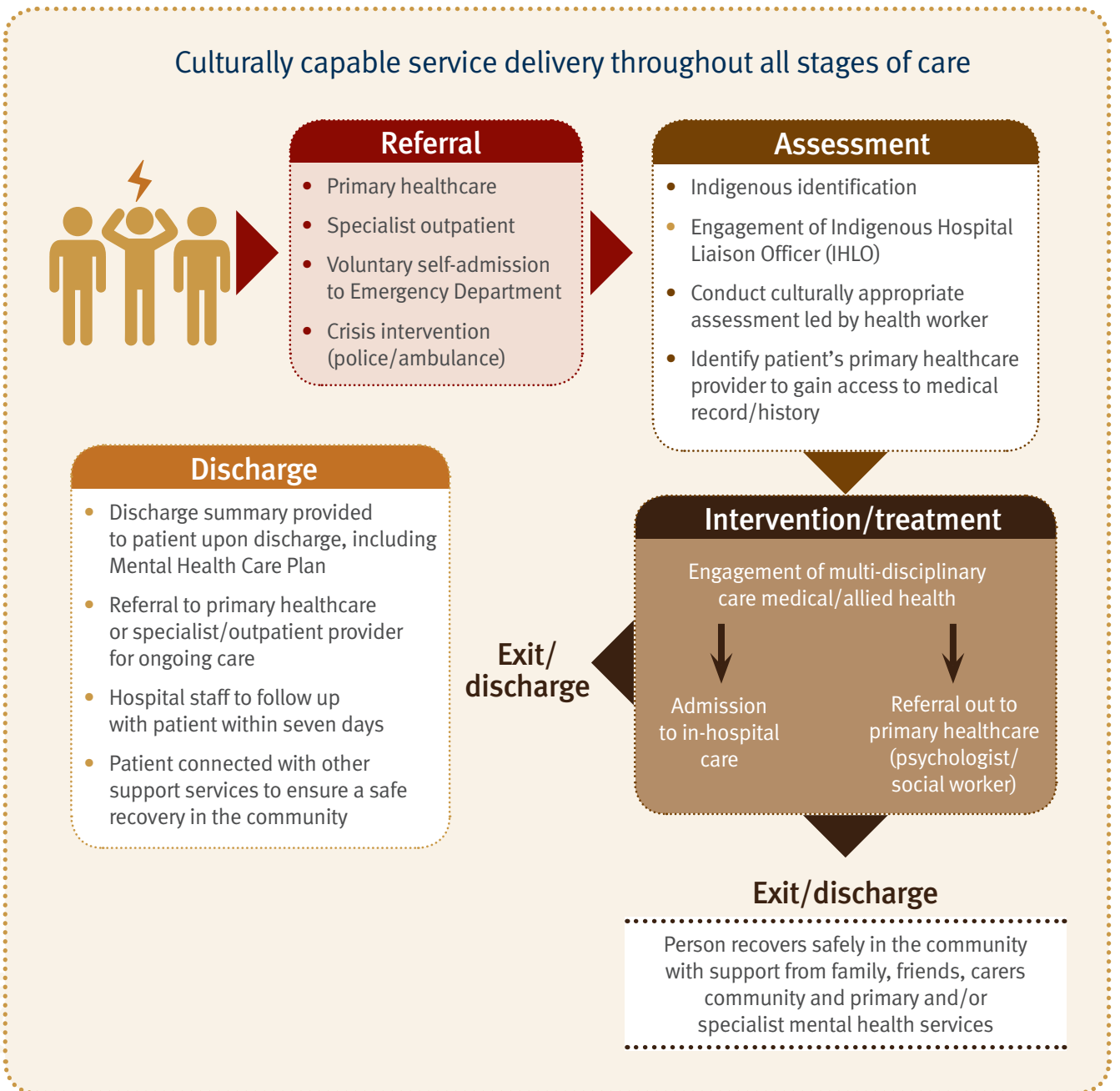
Partnerships between clinical and community support services

Another important interface to support recovery in the community of Aboriginal and Torres Strait Islander people with mental illness is the partnership between the health system and broader community support services. People with severe and persistent mental illness can find daily living challenging and may need help accessing affordable housing, employment, income support and disability support services. Fundamental to care coordination for Aboriginal and Torres Strait Islander people with severe and persistent mental illness is the development of a single care plan that links their physical and mental health clinical care needs with any other community based social and disability support services they may require and which are in scope under the National Disability Insurance Scheme.

¹¹ Australian Government Department of Health, 2011: *National Mental Health Reform: Early intervention and prevention, and mental health services for children and young people*.



Figure 6. Improving referral pathways for Indigenous Queenslanders with severe mental illness



Cultural capability

The NMHC Review recommended that Australia's mental health system needs to be:

'designed to fit around the needs of people, not around what the providers of services have to offer.'

This is particularly relevant when providing services for Aboriginal and Torres Strait Islander people, whose personal perspectives, as well as familial and cultural needs, can be very different from those of other Australians.

Aboriginal and Torres Strait Islander people can present to mental health services with a complex and inter-related mix of social stressors. In addition to symptoms of mental illness these stressors could include cultural disconnection, poverty, inadequate housing, child removal, as well as trauma, abuse and loss¹².

The difficulty in assessing, diagnosing and treating mental illness in this context is compounded by cultural interpretations of experiences and of verbal and non-verbal communication. For example, experiences which may be seen as indicators of mental health problems in non-Indigenous communities may not have these associations in Aboriginal and Torres Strait Islander communities, and vice versa.

Language barriers can also hinder communication and accurate assessment. Such gaps in cultural understanding and knowledge can lead to misdiagnosis or mental disorders remaining undiagnosed. In addition, clinicians would benefit from understanding how to incorporate culture into therapy, as culture can be both a protective factor which promotes and builds resilience, and a therapeutic tool which can aid recovery.

Non-Indigenous clinicians must be able to interpret presenting 'symptoms' from the perspective of a person within an Aboriginal or Torres Strait Islander culture. In his paper titled *Reviewing psychiatric assessment in remote Aboriginal communities*, Dr Mark Sheldon offers valuable practical advice to non-Indigenous clinicians on culturally capable practice in assessing and treating Aboriginal people with mental illness¹³.

Cultural capability is crucial for clinicians working with Aboriginal and Torres Strait Islander people and must be embedded within service delivery models. Non-Indigenous mental health staff should be encouraged and supported to improve their own cultural capability.

The number of qualified Indigenous staff will remain small relative to the wider mental health workforce, and if significant change is to be realised in the cultural capability of mainstream mental health services non-Indigenous clinicians need to be provided with the information, support and incentives to increase their cultural knowledge and associated clinical skills.

'It is sometimes difficult to know what are the sociocultural norms for different expressions of affect and behaviour... It requires learning about Aboriginal culture, being guided by Aboriginal people, and developing appropriate mental state examination skills... Care must be exercised to avoid stereotypical attributions that can suggest psychological problems.'

Dr Mark Sheldon, 2000

12 Gee G, Dudgeon P, Schultz C, Hart A and Keely K, 2014. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Dudgeon P, Milroy H & Walker R (Eds) 2014. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* – 2nd Edition. Commonwealth of Australia.

13 Sheldon M, 2010. Reviewing psychiatric assessment in remote aboriginal communities in Purdie N, Dudgeon P, & Walker R (Eds). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia.



The skills, knowledge and behaviours of non-Indigenous mental health staff can be significantly enhanced through practical training and tools enabling cultural capability to be embedded into clinical practice. Training in Aboriginal and Torres Strait Islander mental health for non-Indigenous clinical staff can include brokering the cross-fertilisation of skills between community-controlled health services and state-run mental health services through mentoring, in-reach, shared care models, referral and discharge protocols. Actively addressing stigma, racism and discrimination to Indigenous clients within health services is also crucial to building a culturally capable mental health service¹⁴.

Implementing a culturally capable model of care starts with identifying Aboriginal and Torres Strait Islander people by mandating the inclusion of an Indigenous identifier in the collection of patient details upon contact with a service. Once identified, Aboriginal and Torres Strait Islander people can then be immediately connected with available cultural support mechanisms, such as Indigenous hospital liaison services, offered by the service.

Important elements of a culturally capable service are Indigenous leadership and a strong Indigenous workforce. Aboriginal and Torres Strait Islander people working within Queensland Health's mental health services play a pivotal role in developing this capability by providing services

directly and by providing guidance, advice and support to non-Indigenous colleagues. Action is required to strengthen the leadership and other roles that Aboriginal and Torres Strait Islander staff can play, and to attract, train and retain more Indigenous staff in mental health and other health services.

Indigenous mental health workers are an important component of any multidisciplinary mental health team responding to an Aboriginal and Torres Strait Islander client. Under this strategy, the roles, scope of practice and career structures for Indigenous mental health workers will be reviewed and strengthened.

Peer workers are also an important part of a service response. Employing and upskilling Aboriginal and Torres Strait Islander peer workers as part of a multidisciplinary mental health team may help treating teams to engage with and support Aboriginal and Torres Strait Islander patients.

'Recovery occurs within a web of relations, including the individual, family and community, and is contextualised by culture, privilege or oppression, history and the social determinants of health. Recovery also occurs within the context of gender, age and developmental stages.'

Australian Health Ministers' Advisory Council, 2013

¹⁴ Kelaher MA, Ferdinand AS, and Paradies Y, 2014. Experiencing racism in healthcare: the mental health impacts for Victorian Aboriginal communities in *Medical Journal of Australia* 201(1), 7 July 2014.

Focussing on recovery, not illness

Health providers can strengthen the foundations for improved cultural capability by accelerating implementation of the *National Framework for Recovery-Oriented Mental Health Services* (NFROMHS).

Published by AHMAC in 2013, the NFROMHS sets out a model of care that emphasises the processes of recovery rather than the processes of treating the symptoms of mental illness.

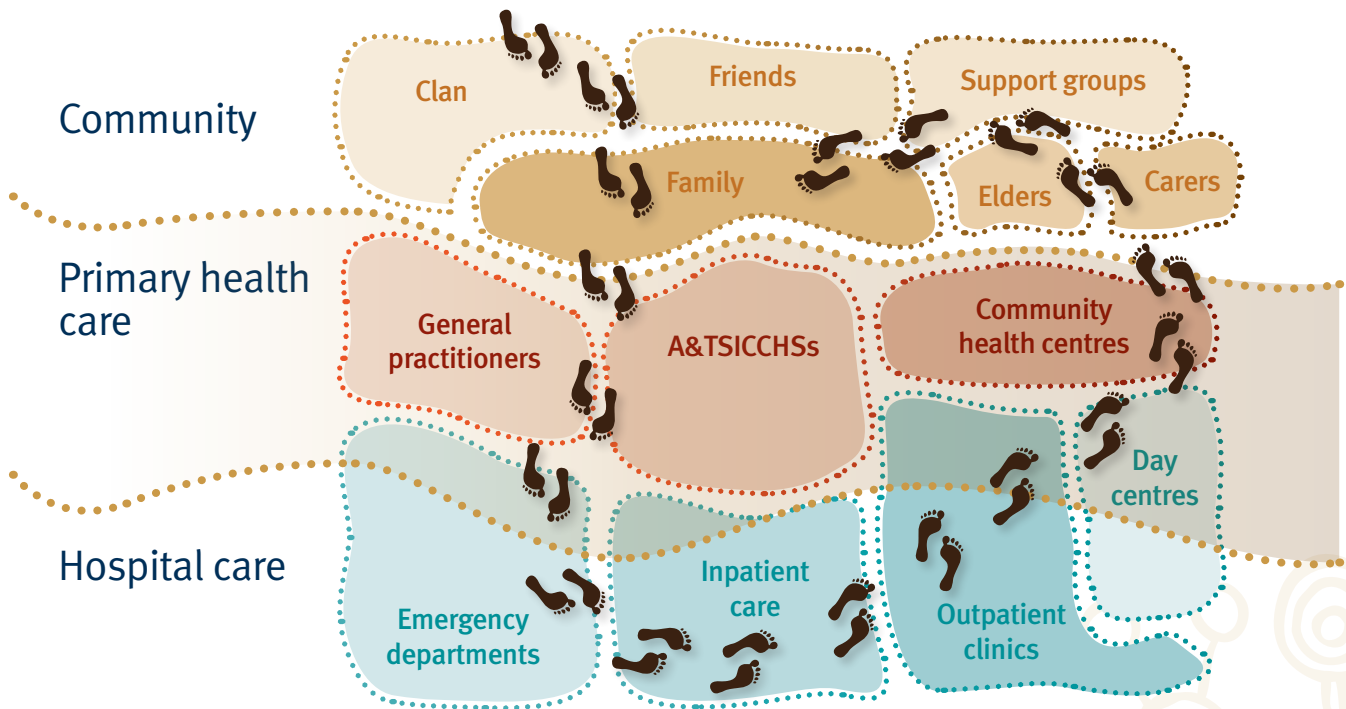
The NFROMHS describes recovery-oriented service delivery as:

- embracing the possibility of recovery and wellbeing created by the inherent strength and capacity of all people who experience mental health problems
- maximising self-determination and self-management of mental health and wellbeing, and involving person-first, person-centred, strengths-based and evidence-based treatment, rehabilitation and support
- acknowledging the diversity of people’s values and being responsive to people’s culture, social and family context, gender, age and developmental stage, as well as their unique circumstances, needs, preferences and beliefs

- addressing the range of factors, including social determinants, that affects the wellbeing and social inclusion of people living with mental illness and their families
- recognising that people with lived experience of unresolved trauma struggle to feel safe, considering the possibility of unresolved trauma in all service settings, and incorporating the core principles of trauma-informed care.

The NFROMHS also recognises that recovery is not just about the individual experiencing mental illness. The journey taken by an Aboriginal or Torres Strait Islander person (or anyone else) with a mental health condition can traverse a number of different support agencies in the community, primary care and hospital sectors as well as involving family, friends, and community groups (see Figure 7).

Figure 7. The recovery support system and the Indigenous patient journey



Service providers implementing the NFROMHS have a crucial role in smoothing the patient pathway between these different support groups, and in fostering links with and between other non-clinical supports as people transition from hospital care into the community.

In addition to providing a more holistic model of care than the traditional western medical model, the NFROMHS provides clear direction for culturally capable and responsive services in the accompanying *Guide for Practitioners and Providers*. This details the capabilities required to deliver recovery-oriented mental health services, including ‘responsive(ness) to Aboriginal and Torres Strait Islander people, families and communities’. This capability is described as follows:

‘Recovery-oriented practice and service delivery with Aboriginal and Torres Strait Islander people must recognise the resilience, strengths and creativity of Aboriginal and Torres Strait Islander people, understand Indigenous cultural perspectives, acknowledge collective experiences of racism and disempowerment, and understand the legacy of colonisation and policies that separated people from their families, culture, language and land.’

The guide expands on what this means in terms of the values, knowledge base, skills and behaviours, practice characteristics and leadership required to assess, treat and support the recovery of Aboriginal and Torres Strait Islander people with mental illness (see Appendix 2).

These align well with the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* (CCF), which was developed to improve the cultural capability of Queensland Health’s services in general. The CCF defines cultural capability as:

‘the skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.’

The guide complements the CCF by describing what cultural capability means in the specific context of mental health services. This capability is fundamental to the delivery of an effective model of care for Aboriginal and Torres Strait Islander people.

Embedding these capabilities into the skill set, knowledge base and practice of mental health staff will strengthen clinical practice and the effectiveness of provided services.

Delivering trauma-informed care

Given the systemic trans-generational trauma that exists in many Aboriginal and Torres Strait Islander communities and families, trauma-informed models of mental health service delivery are becoming more and more important. Service providers working with people affected by trauma should adapt their programs to be able to deal directly with trauma and its effects. A trauma-informed service will:

- understand trauma and its impact on individuals, families and communities
- promote safety
- ensure cultural capability in its staff and models of service delivery
- support client’s control
- share power and governance by involving people living with trauma into key decision-making
- integrate care
- support relationship building
- enable recovery¹⁵.

15 Atkinson J, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, resource sheet no 21 produced for the Closing the Gap Clearinghouse, July 2013.

National Framework for recovery-oriented mental health services: Guide for Practitioners and Providers – Sample capabilities for working with Aboriginal and Torres Strait Islander people
(see Appendix 2 for full list)

Characteristics **Mental health practitioners and providers will:**

- Values and attitudes**
1. Actively challenge personal attitudes and behaviours that may inadvertently support racism and discrimination towards Aboriginal and Torres Strait Islander people.
 2. Increase their personal understanding of the culture and traditions of Aboriginal and Torres Strait Islander people.
 3. Value the special expertise and understanding of mental health issues that are available within Aboriginal and Torres Strait Islander communities.
 4. Learn from Aboriginal and Torres Strait Islander people about creating and improving models.

- Knowledge**
5. Understand the importance of land, spirituality and culture to the mental health of Aboriginal and Torres Strait Islander people.
 6. Recognise the connection between serious general health problems and social, emotional and psychiatric difficulties (including substance abuse), many of which are untreated or inappropriately treated in Aboriginal and Torres Strait Islander communities.
 7. Recognise that working with Aboriginal and Torres Strait Islander people may require specific expertise and understanding, for example, understanding of cultural traditions as they affect verbal and non-verbal communication.

- Skills and behaviours**
8. Provide service environments that reduce anxiety for Aboriginal and Torres Strait Islander people and assist with engagement.
 9. Draw on and use Indigenous understandings of and approaches to social and emotional wellbeing and healing.
 10. Understand that it may neither be appropriate nor desirable to apply ethical and clinical models derived from a western individualistic viewpoint when working with Aboriginal and Torres Strait Islander individuals and communities, and demonstrate flexibility in modifying or not using certain aspects of such models.
 11. Demonstrate reflective practice by acknowledging the possible impacts on Aboriginal and Torres Strait Islander people of the values, biases and beliefs built into professional training and service systems.

- Recovery-oriented practice**
12. Seek out Aboriginal and Torres Strait Islander expertise and advice concerning service requirements arising from gender, age and other cultural contexts.
 13. Work with families and kinship networks, ensuring access to services across the life span including prenatal, perinatal, early childhood, early learning and early intervention programs.
 14. Support communities with their self-identified priorities.

- Recovery-oriented leadership**
15. Recruit and support Aboriginal and Torres Strait Islander people throughout the organisation including in positions of leadership, direct practice, peer support and administration.
 16. Develop flexible multidisciplinary, multi-agency and cross-sectoral responses that span geographic boundaries of service systems.



The strategy

Vision

The vision of this strategy is elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders.

Objective

The objective of this strategy is to strengthen the accessibility and responsiveness of Queensland Health services to the needs of Aboriginal and Torres Strait Islander Queenslanders with severe mental illness.

This means Queensland Health will:

- deliver culturally capable, accessible and responsive mental health services
- provide a coordinated interface between the primary care sector and the specialist mental health sector
- partner with A&TSICCHSs and other primary care providers
- collaborate with social service support agencies to prevent mental illness and support recovery
- enhance and continuously improve the evidence base that supports delivery of mental health services.

Scope

The scope of this strategy includes:

- a focus on acute and chronic mental health and/or substance use problems; noting that a separate whole of government action plan is being developed and implemented by the Queensland Mental Health Commission that will address the pre-determinants of social and emotional wellbeing problems
- actions to improve the effectiveness and accessibility of specialist mental health and drug and alcohol treatment services provided by Queensland Health for Aboriginal and Torres Strait Islander Queenslanders
- initiatives to strengthen integration between these Queensland Health services and primary healthcare services provided by non-government organisations
- an emphasis on identification of risk and early intervention within primary healthcare services provided by Queensland Health.

Principles

This strategy is underpinned by a commitment to the following principles:

Culturally capable services: deliver clinical services in a way that respects the rights, views and expectations of individuals and their families, thereby embedding cultural perspectives into clinical practice.

Person-centred care: Queensland Health mental health services for Indigenous Queenslanders are designed around the needs and expectations of individuals, families and communities rather than those of service providers.

Community engagement: Indigenous communities participate in the design and delivery of health services provided by HHSs.

Indigenous leadership: supporting Aboriginal and Torres Strait Islander leadership in the planning, delivery and governance of mental health services for Indigenous Queenslanders.

Partnerships: working with the full range of health service providers in partnership with Indigenous communities provides the best opportunity to improve mental health outcomes.

Community control of primary healthcare services: the demonstrated effectiveness of A&TSICCHSs in providing comprehensive primary healthcare is recognised and supported.

Value for money: funding is targeted to evidence-based interventions that will achieve sustainable health outcomes and contribute to closing the health gap.

Developing effective mental health services for Indigenous Queenslanders

This strategy focuses on fundamental reform to the way in which Queensland Health's mental health services are provided to Aboriginal and Torres Strait Islander Queenslanders. This reform includes:

- emphasising the importance of early identification and intervention
- building cultural capability and embedding it into clinical practice
- strengthening the primary and acute care interface, particularly partnerships between HHSs and A&TSICCHSs
- focusing on recovery
- understanding the impact of trauma and delivering trauma-informed care.

Funding

Under this strategy the Queensland Government, through the Department of Health, will invest more than \$55 million on targeted Aboriginal and Torres Strait Islander mental health and drug and alcohol services and programs.

Result areas

Specific actions are organised into four result areas that, over the next five years, will help achieve the objective of this strategy. These are:

RA1
Developing
culturally capable
mental health services

RA2
Connecting
healthcare

RA3
Partnering for
prevention and
recovery

RA4
Enhancing the
evidence base



RA1 Developing culturally capable mental health services

Embedding cultural capability into clinical practice

For clinicians to provide an effective and high quality service to Indigenous Queenslanders they must have an understanding of the cultural, historical, and social issues and pressures that have affected—and continue to affect—Aboriginal and Torres Strait Islander people. Developing this knowledge to guide assessment processes and

treatment interventions across the mental health system will require a range of actions and persistence over time. There is no quick fix, but there are a number of things that can be done to achieve short term improvements to lay the foundations for the development of culturally capable services.

A&TSIHB	Aboriginal & Torres Strait Islander Health Branch	MHAODB	Mental Health Alcohol & Other Drugs Branch
HHSs	Hospital and Health Services	QMHC	Queensland Mental Health Commission
HPSP	Healthcare Purchasing and System Performance Division	SFMHS	Statewide Forensic Mental Health Service
MHCN	Mental Health Clinical Network	WSB	Workforce Strategy Branch

Actions	Lead area	Funded by
Developing and implementing new Indigenous-led models of service delivery		
RA 1.1 Implement initiatives in HHSs to trial and evaluate Aboriginal and Torres Strait Islander led models of care.	A&TSIHB	A&TSIHB
RA 1.2 Develop, disseminate and incorporate into training a Queensland Health Aboriginal and Torres Strait Islander “best practice” guide to models of care for mental health practitioners assessing, diagnosing, treating and facilitating recovery from mental health conditions.	A&TSIHB MHCN	A&TSIHB – Core business
RA 1.3 Promote the use of tools that promote culturally capable assessment and culturally safe care – e.g. Growth and Empowerment Measure (<i>see Appendix 3</i>), the Stay Strong Plan (<i>see Appendix 4</i>) and the Cultural Information Gathering Tool (<i>see Appendix 5</i>) and incorporate these tools into core clinical practice.	MHCN HHSs	MHCN – Core business
RA 1.4 Develop a suite of online guidelines and resources and promote their use by staff in HHSs and the SFMHS.	MHAODB	MHAODB
Strengthening the Indigenous mental health workforce		
RA 1.5 Support Indigenous leadership through the establishment of an Aboriginal and Torres Strait Islander Leadership Group comprising representatives from the three regional clinical clusters for mental health, alcohol and other drugs (MHAOD).	HHSs	HHSs – Core business
RA 1.6 Trial and evaluate the establishment of governance arrangements in MHAOD services that support the development of a specialised Indigenous MHAOD workforce and supports capacity building of non-Indigenous clinicians.	Metro South and Metro North HHSs	A&TSIHB



Embedding cultural capability into clinical practice

Actions

- RA 1.7** Adapt the *Aboriginal and Torres Strait Islander Health Worker Career Structure 2009* for Mental Health and Other Drug (MHAOD) workers by:
- Updating the list of mandatory qualifications to include MHAOD-specific qualifications.
 - Developing a career structure that includes consideration of new roles (e.g. Aboriginal and Torres Strait Islander clinician – mental health) and other streams including medical, nursing, health practitioner, administration).
 - Reviewing the role descriptions and defining MHAOD scope of practice for each level within the career structure.

Lead area

Metro South and Metro North HHSs
WSB

Funded by

MHAODB

- RA 1.8** Explore the feasibility of adopting a program to support Aboriginal and Torres Strait Islander staff to enhance their mental health qualifications and skills.

A&TSIHB
WSB

A&TSIHB –
Core business

Enhancing cultural capability

- RA 1.9** Develop a mental health cultural capability training module and mandate its inclusion in the induction for clinical staff, nurses, allied health staff, Queensland Ambulance Service and administrative staff, with a refresher course to be undertaken every five years. This module should build on the recovery-oriented cultural knowledge, skills and behaviours, practices and leadership capabilities set out under the NFROMHS Guide's Domain 2, Capability 2b (*see Appendix 1*).

A&TSIHB

A&TSIHB

- RA 1.10** Promote initiatives that enable HHS staff to build cultural knowledge and capability through mentoring by clinicians and managers, such as Indigenous mental health workers; A&TSICCHS staff, experienced in working with Aboriginal and Torres Strait Islander people with lived experience of mental illness.

HHSs

HHSs –
Core business

- RA 1.11** Formalise arrangements that enable hospital-based mental health assessments of Aboriginal and Torres Strait Islander people to be conducted in a culturally capable manner with access to cultural support staff, such as Indigenous health liaison officers, Aboriginal and Torres Strait Islander mental health workers.

HHSs

HHSs –
Core business

- RA 1.12** Deliver culturally capable forensic mental health services into female and male prisons.

SFMHS

A&TSIHB

- RA 1.13** Provide culturally capable support for Aboriginal and Torres Strait Islander people being heard by the Mental Health Review Tribunal.

SFMHS

MHAODB



RA1

Developing culturally capable mental health services



Accelerating implementation of recovery-oriented and trauma informed models of care

Creating recovery-oriented systems of care requires a transformation of the mental health service system to become responsive to the needs of individuals and families seeking services. To be effective, recovery-oriented mental health services must embed the language, culture, and concept of recovery throughout services and models of care. It is also important that mental health services understand and recognise the impact of systemic

trans-generational trauma on Aboriginal and Torres Strait Islander individuals, families and communities. Queensland Health will promote development and implementation of recovery-orientated models of care and enhance the system’s understanding of and capability in delivering trauma informed models of care through the following actions.

Actions

Lead area

Funded by

Implementing recovery-oriented mental health services

RA 1.14	Include Key Performance Indicators (KPIs) related to recovery-oriented models of care in performance plans for HHS chief executives and directors of mental health.	HHSs	HHSs – Core business
RA 1.15	Develop indicators of recovery appropriate to the Aboriginal and Torres Strait Islander context and promote their use in clinical practice and research.	HHSs MHAODB	HHSs – Core business

Developing knowledge and understanding of trauma-informed care

RA 1.16	Trial and evaluate trauma-informed models of care and adopt where appropriate.	Metro South and Metro North HHSs	A&TSIHB
----------------	--	----------------------------------	---------

RA2

Connecting healthcare



Integrating mental health and social and emotional wellbeing services

The importance of the link between mental health and social and emotional wellbeing was recognised by the NMHC Review when it recommended establishing mental health and social and emotional wellbeing teams in Indigenous primary healthcare organisations. The Australian Government has responded to the Commission’s recommendation by agreeing that mental health services and social and emotional wellbeing programs for Aboriginal and Torres Strait Islander people should be better integrated. It has committed to:

1. *increasing ‘access to culturally sensitive mental health services for Aboriginal and Torres Strait Islander people, and (to) work with Primary Health Networks to better plan and integrate services in the comprehensive primary healthcare context’ and*

2. *‘a joined-up approach to [social and emotional wellbeing] support, mental health, suicide prevention and alcohol and other drug services, given the close connection between those services and the importance of an integrated service offer for Aboriginal and Torres Strait Islander people’¹⁴*

Queensland Health supports these commitments and will work in partnership with the Australian Government Department of Health, PHNs and A&TSICCHSs to improve service integration.

Actions

Lead area

Funded by

Improving service integration

RA 2.1	Collaborate with A&TSICCHSs and PHNs to improve the alignment and integration of plans for mental health services and social and emotional wellbeing programs for Aboriginal and Torres Strait Islander people.	HHSs	HHSs – Core business
RA 2.2	Work with the Australian Government Department of Health to explore the potential for new, integrated service delivery and funding models that build on the flexible funding being allocated to PHNs to commission regional mental health services.	A&TSIHB HPSP	Department of Health – Core business



RA2

Connecting healthcare



Ensuring continuity of mental health service delivery

The pathway taken by an Aboriginal and/or Torres Strait Islander person experiencing an episode of mental illness generally involves engaging with a range of different mental health providers, services and clinicians. The integration of service delivery across the boundaries between different providers is important to ensuring that appropriate care and support are provided at different points in the recovery process, and to avoid frustration and delays for the patient.

One of the most critical interfaces in Indigenous mental healthcare is between HHSs and primary healthcare providers. Queensland Health will place particular emphasis on building partnerships between HHSs, A&TSICCHSs and other primary and community mental health providers to build continuity of care for Aboriginal and Torres Strait Islander people upon entering and leaving hospital.

Actions

Lead area

Funded by

Collaborating to achieve seamless service delivery

RA 2.3	Work with A&TSICCHs and PHNs to establish effective referral pathways in and out of HHS mental health services.	HHSs	HHSs – Core business
RA 2.4	Establish Indigenous mental health liaison roles in facilities with the highest volumes of Indigenous inpatients (Cairns, Toowoomba, Townsville, Royal Brisbane and Women’s, Logan and Princess Alexandra hospitals) to plan and manage the transition of care and support on entry and discharge from hospital.	Relevant HHSs	MHAODB
RA 2.5	Develop clear referral pathways and protocols to guide when and how the responsibility for care, review and follow-up is transferred between providers and clinicians.	HHSs	HHSs – Core business
RA 2.6	Provide all Aboriginal and Torres Strait Islander people leaving hospital with a clear and documented plan to manage their care and recovery.	HHSs	HHSs – Core business
RA 2.7	Work with primary care providers to develop integrated case management mechanisms for patients with complex needs and/or co-morbidities.	HHSs	HHSs – Core business
RA 2.8	Trial new approaches to improving continuity of care: <ul style="list-style-type: none"> Townsville project: individualised case management support, coordination and assistance to young Indigenous people transitioning from mental health services, and improve access to appropriate community-based services. Iningai Health Arcade project: recruitment of a dedicated psychiatric registrar to develop and deliver a culturally appropriate and sustainable model of care in a community health setting. 	Townsville HHS Central West HHS	A&TSIHB

RA3

Partnering for prevention and recovery



Shared action with other service sectors

Many organisations and groups outside the mental health system contribute to health education and promotion for Aboriginal and Torres Strait Islander people, or help them recover by providing active therapeutic and social support services or connecting them with their communities, traditions and cultures.

Government agencies also play key roles, including ensuring provision of housing, income support and programs to enhance social and emotional wellbeing. Mental health services can help prevent mental illnesses occurring or deteriorating and can help reduce their impact when they do occur by partnering with these other organisations.

Actions	Lead area	Funded by
Preventing dependence and psychoactive substance misuse		
RA 3.1 Deliver prevention, early intervention and treatment services to reduce the uptake and harm caused by alcohol and other drugs for young Aboriginal and Torres Strait Islander people.	HHSs MHAODB	MHAODB
RA 3.2 Enable delivery of diversion programs for Aboriginal and Torres Strait Islander people arrested for alcohol or drug-related offences: <ul style="list-style-type: none"> • Townsville Lives Lived Well program: provides an alternative to being charged for Indigenous people arrested for drug-related offences and who have no previous criminal history. • Queensland Indigenous Alcohol Diversion Program: voluntary treatment program for Indigenous people who have appeared in either the magistrates' court for alcohol offences, or the Children's Court for child protection matters involving alcohol. 	HHSs MHAODB	MHAODB
RA 3.3 Expand treatment and prevention services for crystal methamphetamine, in particular ice, dependence in eight centres across Queensland – Logan, Townsville, Rockhampton, Gold Coast, Charleville, Cunnamulla, Weipa and Cooktown.	Relevant HHSs	MHAODB
RA 3.4 Ensure that general health screening undertaken by HHSs is consistent with the Medicare Benefits Schedule (MBS) 715 health checks and includes assessment to identify risk of mental health and drug and alcohol problems.	HHSs	HHSs – Core business
Reducing the impact of trauma on individuals and communities		
RA 3.5 Provide increased access to training and guidance in trauma-informed assessment and care for clinicians working with vulnerable Aboriginal and Torres Strait Islander people in mental health and custodial settings, including narrative therapies.	Metro South and Metro North HHSs	A&TSIHB
RA 3.6 Strengthen transitional support and assistance for Aboriginal and Torres Strait Islander people leaving adult and youth detention to reduce the risk of post-custody mental health problems, substance abuse, re-offending and readmission to detention.	Children's Health Queensland HHS SFMHS	A&TSIHB



RA3

Partnering for prevention and recovery



Shared action with other service sectors

Actions	Lead area	Funded by
RA 3.7 Increase support and service coordination for young Aboriginal and Torres Strait Islander people with complex mental health needs to help them transition from hospital back into the community.	Children's Health Queensland HHS	A&TSIHB
RA 3.8 Ensure that a range of therapeutic programs addressing post-traumatic stress disorder and its correlates are available in mental health, custodial and community settings.	HHSs	HHSs – Core business
Supporting people affected by suicide		
RA 3.9 Pilot a project to deliver best practice support and follow-up care to people who have attempted suicide, or expressed significant suicidal ideation (<i>refer Queensland Suicide Prevention Action Plan 2015–17</i>).	QMHC	QMHC
RA 3.10 Review the accessibility of resources to assist and support people bereaved by suicide, as well as people who have attempted suicide, their families, friends, community and other support people (<i>refer Queensland Suicide Prevention Action Plan 2015–17</i>).	QMHC	QMHC
Strengthening child and youth mental health services in Aurukun		
RA 3.11 Contribute to implementation of the Youth Sexual Violence and Abuse Action Plan by implementing the provision of regular specialist mental health services for local children and adolescents in Aurukun.	Torres and Cape HHS	A&TSIHB
Strengthening partnerships with community support services		
RA 3.12 Strengthen partnerships at departmental and HHS-level with agencies and service providers responsible for delivering community-based social support services which are crucial in preventing mental illness and aiding recovery.	HHSs Department of Health Community support services	HHSs and Department of Health – Core business
RA 3.13 Connect Aboriginal and Torres Strait Islander patients with social support services on discharge, if required, by incorporating this function into the role of Indigenous hospital liaison officers working in inpatient mental health facilities.	HHSs Community support services	HHSs – Core business
RA 3.14 Develop an approach to working with a single care plan for people with severe and persistent mental illness that links their physical and mental health needs with any other community-based social and disability support services they may require.	HHSs Community support services	HHSs – Core business

RA4 Enhancing the evidence base



Improving the quality and availability of data to inform service delivery

Clear and robust data and evidence are crucial to inform clinical practice and investment priorities. Monitoring performance on key indicators of progress also identifies whether investments in health are delivering the results that Government and Indigenous Queenslanders expect.

The existing evidence base on the mental health of Aboriginal and Torres Strait Islander Queenslanders has a number of weaknesses. For example, no population-

level epidemiological studies have been conducted, Indigenous status is often poorly identified in existing data sets, and there are few evaluations that establish the programs and interventions that have proved effective. This Result Area describes how the evidence base will be enhanced to inform policy, planning and healthcare purchasing decisions.

Actions

Lead area Funded by

Improving data to inform service delivery and monitor performance

Actions	Lead area	Funded by
RA 4.1 Improve Indigenous identification in mental health data sets, particularly the Consumer Integrated Mental Health Application and admitted patient data sets.	MHAODB Statistical Services Branch	Department of Health – Core business
RA 4.2 Monitor and report on progress against key performance indicators.	A&TSIHB	A&TSIHB – Core business
RA 4.3 Gather and disseminate information on interventions that are effective in preventing and treating mental health conditions in Aboriginal and Torres Strait Islander people.	MHCN HHSs A&TSIHB	A&TSIHB – Core business
RA 4.4 Develop baseline data and trajectories against which progress in improving mental health outcomes for Indigenous Queenslanders will be measured.	A&TSIHB	A&TSIHB – Core business
RA 4.5 Conduct relevant research on mental health prevalence and service utilisation to inform strategies to address Indigenous mental health service needs into the future.	A&TSIHB MHAODB	A&TSIHB



Performance monitoring

To monitor improvements in mental health outcomes for Aboriginal and Torres Strait Islander people in Queensland, baseline data and targets for the key performance indicators listed below will be included in the 2016 Queensland Aboriginal and Torres Strait Islander Close the Gap Performance Report and progress reported annually thereafter.

Key performance indicators have been grouped into three tiers, consistent with the structure of the *National Aboriginal and Torres Strait Islander Health Performance Framework*. Only performance indicators for which data are currently available and able to be reported annually are included. This indicator set is a work in progress and will be updated as new indicators and data sets are developed.

Tier 1: Health and wellbeing status

- Alcohol-related mortality by age group, by gender
- Suicide rates by age group, by gender
- Hospitalisation rates for mental and behavioural disorders, by age group, by gender
- Hospitalisation rates for psychoactive substance use, by age group, by gender
- Hospitalisation rates due to intentional self-harm by age group, by gender.

Tier 2: Health system performance

- Pre-admission community care for mental health patients
- Post-discharge community care for mental health patients
- Readmission rates
- Involuntary Treatment Orders
- Length of stay (inpatient)
- Seclusion events
- Discharge against medical advice
- Aboriginal and Torres Strait Islander staff in state (mainstream) mental health services by workforce stream and level.

Tier 3: Social and economic determinants

- Education—Year 3 reading and numeracy rates
- Education—Year 12 attainment rates
- Employment—Labour force participation rates
- Employment—Unemployment rates
- Income—Median weekly household income
- Child protection—Substantiated notification rates
- Child protection—Protection orders
- Child protection—Out of home care
- Justice system—Juvenile detention 10–17 years of age
- Justice system—Adult incarceration rates.

Appendices



Appendix 1

Related policies and strategies

Australian Government

Council of Australian Governments: *National Indigenous Reform Agreement 2009*

Department of Health: *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, 2013*

Intergovernmental Committee on Drugs: *National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2015–2018*

AHMAC: *A national framework for recovery-oriented mental health services – policy and theory*

AHMAC: *A national framework for recovery-oriented mental health services – a guide for practitioners and providers*

NATSILMH: *Six steps to closing the mental health gap*

NATSILMH: *Gayaa Dhuwi (Proud Spirit) Declaration (see Appendix 7).*

Queensland Government

QH: *Aboriginal and Torres Strait Islander Mental Health Policy Statement 1996*

QH: *Queensland Aboriginal and Torres Strait Islander Mental Health Alcohol and Other Drugs Leadership Group Strategic Priorities 2015*

QH: *Queensland Forensic Mental Health Strategic Framework 2011*

QH: *Connecting Care to Recovery: A plan for Queensland's state funded mental health, alcohol and other drug services 2016–2021*

QMHC: *Queensland Suicide Prevention Action Plan 2015–17*

QMHC: *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*

QMHC: *Queensland Mental Health Drug and Alcohol Strategic Plan.*

Community

Culture is Life Campaign: *The Elders' Report into Preventing Indigenous Self-harm and Youth Suicide.*

Under development

The following strategies, under development, provide an opportunity for a major focus on improving mental health and/or substance misuse outcomes for Indigenous Queenslanders, including:

- **Australian Government:** *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing*
- **Australian Government:** *Fifth National Mental Health Plan*
- **QMHC:** *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan.*

Appendix 2

Framework for Recovery Oriented Mental Health Services (excerpt)

Capability 2B: Responsive to Aboriginal and Torres Strait Islander people, families and communities

Recovery-oriented practice and service delivery with Aboriginal and Torres Strait Islander people must recognise the resilience, strengths and creativity of Aboriginal and Torres Strait Islander people, understand Indigenous cultural perspectives, acknowledge collective experiences of racism and disempowerment, and understand the legacy of colonisation and policies that separated people from their families, culture, language and land.

Core principles

- The nine principles in the *National strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing 2004–09* are a starting point. These are available at: <http://aboriginal.telethonkids.org.au/media/673974/wt-part-1-chapt-4-final.pdf>
- In building the cultural competence and capacity of practitioners and services it is important to seek guidance and advice from Aboriginal and Torres Strait Islander Elders, leaders, mental health practitioners, advisers and members of the Stolen Generations.

Characteristics

Mental health practitioners and providers

Values and attitudes

- Actively challenge personal attitudes and behaviours that may inadvertently support racism and discrimination towards Aboriginal and Torres Strait Islander people
- Increase their personal understanding of the culture and traditions of Aboriginal and Torres Strait Islander people
- Value the special expertise and understanding of mental health issues that are available within Aboriginal and Torres Strait Islander communities, especially from Elders, traditional healers, Indigenous health and mental health workers, cultural advisers and members of the Stolen Generations
- Learn from Aboriginal and Torres Strait Islander people about creating and improving models
- Include Aboriginal and Torres Strait Islander people and community representatives in decision making.

Knowledge

- Understand the importance of land, spirituality and culture to the mental health of Aboriginal and Torres Strait Islander people
- Understand the impact mainstream Australian community attitudes and policies have had and continue to have on Aboriginal and Torres Strait Islander people
- Recognise the connection between serious general health problems and social, emotional and psychiatric difficulties (including substance use), many of which are untreated or inappropriately treated in Aboriginal and Torres Strait Islander communities
- Recognise that working with Aboriginal and Torres Strait Islander people may require specific expertise and understanding, for example, understanding of cultural traditions as they affect verbal and non-verbal communication
- Have knowledge and appreciation of the contribution of traditional healing practices to the recovery of Aboriginal and Torres Strait Islander people.



Appendix 2

Framework for Recovery Oriented Mental Health Services *(excerpt)*

Skills and behaviours

- Support personal recovery efforts by affirming the resilience, strengths, creativity and endurance of Aboriginal and Torres Strait Islander people
- Provide service environments that reduce anxiety for Aboriginal and Torres Strait Islander people and assist with engagement
- Actively acknowledge the value systems and protocols which exist in Aboriginal and Torres Strait Islander communities
- Draw on and use Indigenous understandings of and approaches to social and emotional wellbeing and healing
- Collaborate with cultural and traditional ways of healing in partnership with mainstream therapies
- Understand that it may neither be appropriate nor desirable to apply ethical and clinical models derived from a western individualistic viewpoint when working with Aboriginal and Torres Strait Islander individuals and communities, and demonstrate flexibility in modifying or not using certain aspects of such models
- Demonstrate reflective practice by acknowledging the possible impacts on Aboriginal and Torres Strait Islander people of the values, biases and beliefs built into professional training and service systems.

Recovery-oriented practice

- Make every effort to ensure that language does not present a barrier
- Seek out Aboriginal and Torres Strait Islander expertise and advice concerning service requirements arising from gender, age and other cultural contexts
- Work with families and kinship networks, ensuring access to services across the lifespan including prenatal, perinatal, early childhood, early learning and early intervention programs
- Support communities with their self-identified priorities, for example, access to early intervention and support for children showing signs of foetal alcohol syndrome
- Use technology to facilitate communication with and participation by extended family and kinship networks
- Recognise that professional practice in this area can involve challenging government policy and community attitudes that impact negatively on Aboriginal and Torres Strait Islander people's social, emotional, cultural and spiritual wellbeing
- Use information about Aboriginal and Torres Strait Islander services, programs and groups in a strengths-based approach throughout a person's contact with the service.

Recovery-oriented leadership

- Recruit and support Aboriginal and Torres Strait Islander people throughout the organisation including in positions of leadership, direct practice, peer-support, policy, research, training, education and administration
- Partner with Aboriginal and Torres Strait Islander people, communities, organisations and groups to design culturally appropriate and safe spaces within facilities
- Develop flexible multidisciplinary, multi agency and cross-sectoral responses that span the geographic boundaries of service systems
- With local Aboriginal and Torres Strait Islander people, develop resources that welcome a person to country and walk a person through what to expect and how the service operates
- Actively support local Aboriginal and Torres Strait Islander community efforts to improve mental health and social and emotional wellbeing
- Use existing cross-cultural and cultural competency training resources.

Opportunities

- Develop a service-based reconciliation action plan
- Make an organisational commitment to provide training, employment and leadership opportunities for Aboriginal and Torres Strait Islander people
- Participate in cultural events like National Aborigines and Islanders Day Observance Committee (NAIDOC) Week, Reconciliation Week and National Sorry Day.

Resource materials

- Purdie, Dudgeon & Walker 2012, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing practice and principles*, www.healthinonet.edu.edu.au/key-resources/promotion-resources?lid=17709
- RANZCP 2009, *Ethical guideline 11: principles and guidelines for Aboriginal and Torres Strait Islander mental health*, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Ethical_Guidelines/eg11-pdf.aspx
- RANZCP 2011, *Position statement 42: Stolen Generations*, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps42-pdf.aspx
- Australian Psychological Society 1995, *Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia*, www.depressionet.com.au/dres/aboriginal_people.pdf



Appendix 3 Growth and Empowerment Measure

The Growth and Empowerment Measure was developed through a collaboration between the University of New South Wales, University of Queensland, James Cook University and Queensland University of Technology following consultation with Aboriginal and Torres Strait Islander participants in empowerment programs¹⁵.

It has been used to identify changes in wellbeing, resilience and empowerment, which are protective factors and assist people in coping with stressful situations and work towards achieving individual, group and community goals. It has proved to be an effective and reliable tool for Aboriginal and Torres Strait Islander people and non-Indigenous people and has been used in diverse settings to measure enhancement of life skills, personal growth and wellbeing.

7. Do you have a strong sense of knowing who you are?

Please tick **ONLY ONE** box below that best describes the way you see your situation.

1. I don't know who I am.
I don't know where I am going in my life.
Without this, I feel lost.

2. I have a pretty good idea of who I am, but people put labels on me and these affect me.
I am struggling with being myself and pretending to be what others expect of me.

3. I am lifting off the labels that other people have given me and other things about me that are not really who I am.
I've stopped pretending.
But I still have a long way to go to truly know and be myself.

4. I'm very strong about who I am.
I am proud of my cultural identity.
I now fully understand what that means to me.

Are you here? If so, please tick Box

Are you here? If so, please tick Box

Are you here? If so, please tick Box

Are you here? If so, please tick Box

Are you here? If so, please tick Box

Are you here? If so, please tick Box

Are you here? If so, please tick Box

(Source: The Growth and Empowerment Measure is available by contacting Melissa Haswell, School of Public Health and Community Medicine, University of New South Wales)

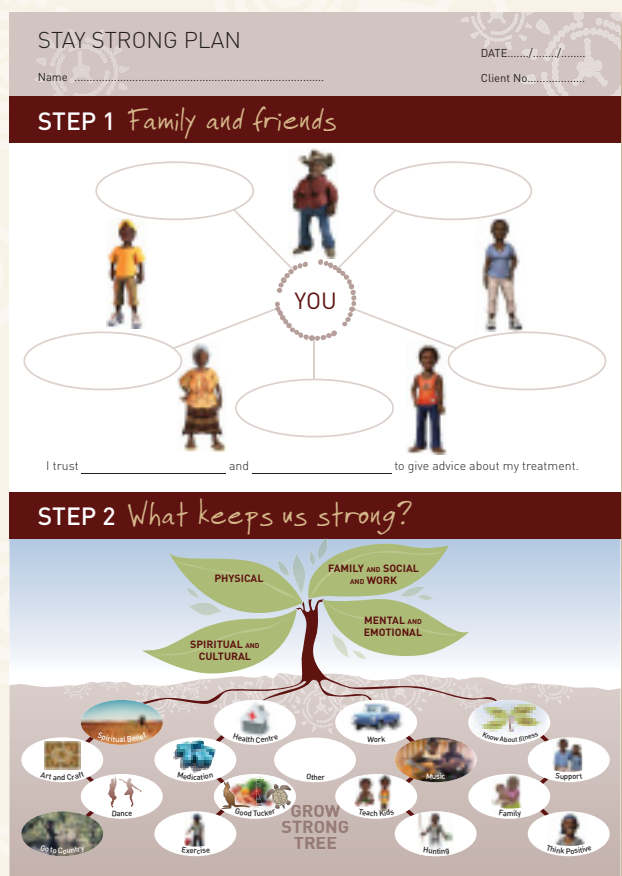
¹⁵ Haswell M, 2012. *Growth and Empowerment Measure* retrieved November 2015 from <https://sphcm.med.unsw.edu.au/node/303109564>.

Appendix 4 Stay Strong Plan

The Stay Strong Plan was initially developed under the Aboriginal and Torres Strait Islander Mental Health Initiative and is being used by government and Indigenous organisations delivering mental health, substance misuse and chronic disease interventions across Australia.

Developed by the Menzies School of Health Research and Queensland University of Technology, the Stay Strong iPad App assists therapists to deliver a structured, evidence-based and culturally appropriate intervention to their Aboriginal and Torres Strait Islander clients in an interactive and client-friendly format.

Screenshots from the App are presented below, and further information is available at www.menzies.edu.au/page/Research/Projects/Mental_Health_and_wellbeing/Development_of_the_Stay_Strong_iPad_App/



(Source: Menzies School of Health Research, 2013)



Appendix 5

Cultural Information Gathering Tool

The Cultural Information Gathering Tool (CIGT) was developed by Townsville HHS as a tool to be completed by Aboriginal and Torres Strait Islander mental health workers upon first contact with an Aboriginal or Torres Strait Islander client/consumer.

A Queensland Health guideline (QH-GDL-365-3:2012) for use of the CIGT is published on the Queensland Health intranet site to provide information for all Queensland Health employees on good practice approaches to using the Tool. These approaches include:

- Aboriginal and Torres Strait Islander mental health workers shall complete the CIGT for all Aboriginal and Torres Strait Islander clients on entering the service and regularly throughout contact with the service.
- The Aboriginal and Torres Strait Islander mental health worker shall converse with clinicians in relation to cultural considerations which impact upon the consumer's presentations, assessment and treatment.
- The CIGT shall include recommendations for cultural considerations as part of care and discharge planning.
- Aboriginal and Torres Strait Islander mental health workers shall converse monthly (or as required) with mental health clinicians to complete cultural reviews.
- The information from the CIGT should be incorporated into care plans and discharge plans.
- The collection of Aboriginal and Torres Strait Islander CIGT data shall:
 - promote systems for identification of Aboriginal and Torres Strait Islander consumers through the CIMHA data collection.
 - be used to support health service planning, patient safety and continuous quality improvement.
- Cultural information gathered through the CIGT shall be provided to clinical staff to inform care, treatment and discharge planning.

Appendix 6

Mental health service responsiveness

The Queensland Health *Guideline for Mental Health Service Responsiveness for Aboriginal and Torres Strait Islander People* (QH-GDL-365.4-1:2012) is published on the Queensland Health website to provide information to all Queensland Health employees regarding good practice in delivering mental health services to Indigenous Queenslanders.

The guideline, summarised below, aims to facilitate equitable access to services by Aboriginal and Torres Strait Islander people in Queensland. Consistent with this strategy, the guideline provides advice on delivering mental health services within a cultural context and by promoting practice improvement in the following areas:

1. Cultural competency

- a. Aboriginal and Torres Strait Islander Mental Health First Aid training.
- b. Face-to-face and/or online cultural capability training.
- c. Embed the Queensland Health *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* into clinical and administrative practice.

2. Resource development

- a. Provision of culturally appropriate information on mental health and general health.

3. Community engagement

- a. Aboriginal and Torres Strait Islander people participate in planning, design and delivery of health services.

4. Leadership and partnership

- a. Identify dedicated Aboriginal and Torres Strait Islander leadership positions.
- b. Work in partnership with non-government organisations, particularly A&TSICCHSs, to deliver coordinated, culturally capable healthcare for Indigenous Queenslanders.

5. Data collection and analysis

- a. Facilitate the collection of Aboriginal and Torres Strait Islander data including the identification of Indigenous Queenslanders upon entry to health services.

6. Inclusive recruitment and retention

- a. Maximise the potential for providing culturally responsive and capable services to Indigenous Queenslanders by actively recruiting Aboriginal and Torres Strait Islander staff.
- b. Establish local Aboriginal and Torres Strait Islander mental health coordinator positions and hospital liaison services.

7. Interpreter services

- a. Promote the availability of interpreter services for Aboriginal and Torres Strait Islander people and support access to interpreter services.



Appendix 7

Gayaa Dhuwi (Proud Spirit) Declaration

In 2014, the Wharerata Group of Indigenous mental health leaders from Canada, the United States of America, Australia, Samoa and New Zealand, commenced a process to adapt the Wharerata Declaration for use by Australian Aboriginal and Torres Strait Islander people. The Gayaa Dhuwi (Proud Spirit) Declaration was developed by the National Aboriginal and Torres Strait Islander Leaders in Mental Health as a companion document to the overarching Wharerata Declaration and was launched in August 2015.

The declaration

1. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.
 - The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development and service and program delivery.
 - Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must have access to cultural healers and healing methods.
 - Across their lifespan, Aboriginal and Torres Strait Islander people should have access to affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination.
2. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.
 - All parts of the Australian mental health system should be guided by Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing in combination with clinical approaches when working to heal and restore the wellbeing and mental health of Aboriginal and Torres Strait Islander people.
 - It is the responsibility of all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples, as outlined in this Declaration.

3. **Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.**
 - Led by Aboriginal and Torres Strait Islander peoples, all parts of the Australian mental health system should use Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical measures when developing evaluation frameworks for Aboriginal and Torres Strait Islander mental health and suicide prevention services and programs. This also applies to the development of an evidence base for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention.
 - Led by Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system.
4. **Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.**
 - Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
 - Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples.
5. **Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead in all areas of government activity in Australia that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people.**
 - All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership.
 - All parts of the Australian mental health system should support and value the presence and visibility of Aboriginal leaders across all parts of that system, and further support them to be influential in all parts of it.
 - All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to exercise self-care, and to meet and to support each other, and to further develop and articulate Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing.
 - All parts of the Australian mental health system should support the accountability of Aboriginal and Torres Strait Islander leaders to their communities and to the wider Aboriginal and Torres Strait Islander population, including by allowing them the time required to meet and listen to their communities and wider constituents and exercise culturally informed leadership among them.



Glossary

Aboriginal and Torres Strait Islander Community Controlled Health Service is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

(Source: *National Aboriginal Community Controlled Health Organisation*)

Burden of disease is a summary measure of population health (disability adjusted life years and health adjusted life expectancy) that aims to quantify the gap between the ideal of living to old age in good health, and the current situation where healthy life is shortened by illness, injury, disability and premature death. It is an important measure for health policy and planning because it quantifies the total impact of health conditions on the individual at the population level in a comparable and consistent way.

(Source: www.health.qld.gov.au/research-reports/population-health/burden-disease/default.asp)

Chronic disease is a disease of long duration and generally slow progression which often does not resolve spontaneously and is rarely cured completely. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes contribute significantly to premature mortality for Aboriginal and Torres Strait Islander people.

Client/patient is a person who is accessing, or has previously accessed, a mental health, alcohol and other drug service.

Consumer is someone with lived experience of mental illness.

Cultural capability is defined as, 'the skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.'

(Source: *Queensland Health, 2010b*)

Culture is defined as a set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, which tells them how to view the world, how to experience it emotionally and how to behave in it in relation to other people, to supernatural forces or gods and to the natural environment.

Health gap refers to the difference between the burden of disease estimates for Indigenous Australians in a given calendar year and what the estimates would have been if Indigenous Australians had experienced mortality and disability at the level of the total Australian population.

Health sector consists of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations.

Health services include alcohol and drug services, health promotion and disease prevention services, women's and men's health, child and maternal health, aged care services, services for people living with a disability, mental health services as well as clinical and hospital services.

Hospital and Health Services are statutory agencies established and funded by the Queensland Government to deliver a range of integrated services, including hospital inpatient, outpatient and emergency services, community and mental health services, aged care services, public health and health promotion programs.

Indigenous Queenslander is used in this document to describe a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal person or a Torres Strait Islander, is accepted as such by the community in which he or she lives, and who resides in Queensland.

Involuntary Assessments under the *Mental Health Act 2000* include emergency examination orders, justice examination orders, forensic orders, involuntary treatment orders and classified patients.

Mainstream or general health service or program refers to health and health-related services that are available to, and accessed by, the general population. Improving access by Indigenous Queenslanders to mainstream services and improving the cultural capacity of mainstream services is a high priority.

MBS 715 health check is an item number funded under the Medicare Benefits Schedule that specifically refers to a comprehensive health check on a patient who identifies as Aboriginal and/or Torres Strait Islander. These health checks include elements that enable identification of risk of mental health problems.

Mortality rate refers to the number of deaths registered in a given calendar year expressed as a proportion of the estimated resident population at June 30 that year. Age specific death rates are the number of deaths at a specified age as a proportion of the resident population of the same age. Higher age specific death rates in younger age groups indicate excess of unnecessary early deaths.

Peer workers are either people (consumers) who have lived experience of mental illness or people (carers) who are loved ones in the life of a person who experiences mental distress and who work in designated roles to provide peer support services.

Prevalence indicates how often a particular health condition can be found within a particular population. High prevalence of a disorder indicates that more people in that population have the disease or condition at any one point in time.

Preventive health refers to services designed to protect and promote health and to prevent illness, injury and disability.

Primary healthcare is the first point of contact between the community and the health system. Primary healthcare in Queensland is provided through:

- general practitioners
- government operated community health services
- primary healthcare clinics
- the Royal Flying Doctor Service
- public and private dental health services
- Aboriginal and Torres Strait Islander community-controlled health services.

It also includes some outpatient services provided by a general hospital. Primary healthcare services provide clinical and community healthcare, and facilitate access to specialist health services.

Psychoactive substance use encompasses acute intoxication, harmful use, dependence syndrome, withdrawal state, withdrawal state with delirium, psychotic disorder and amnesic syndrome.

Severe mental illness is defined by the US National Advisory Mental Health Council according to the type of disorder the person has (diagnosis), the intensity of the symptoms they are experiencing, the length of time they have experienced those symptoms and the degree of disablement that is caused to social, personal and occupational functioning.

Social and emotional wellbeing refers to the whole-state-of-health, with the focus on mental health, so that Indigenous Australians can reach their full physical, emotional, cultural and spiritual potential at the individual, family and community level.

Targeted health services refer to services and programs that are designed and provided for Aboriginal and Torres Strait Islander people.



References

- Atkinson J 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no. 21. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- Australian Bureau of Statistics 2014, National Aboriginal and Torres Strait Islander Social Survey, Canberra.
- Australian Government Department of Health 1997, 'Evaluation of the National Mental Health Strategy: Promotion and Prevention', retrieved November 2015, <www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-e-strateval-toc~mental-pubs-e-strateval-pro>
- Australian Government Department of Health 2011, 'National Mental Health Reform: Early intervention and prevention, and mental health services for children and young people', retrieved November 2015, <www.health.gov.au/internet/publications/publishing.nsf/Content/nmhr11-12~nmhr11-12-challenges~earlyintervention>
- Australian Government Department of Health 2013, National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, Canberra.
- Australian Government Mental Health Commission 2014, 'Contributing lives, thriving communities. Report of the National Review of Mental Health Programmes and Services: Summary', retrieved November 2015, <www.mentalhealthcommission.gov.au/our-reports/contributing-lives,-thriving-communities-review-of-mental-health-programmes-and-services.aspx>
- Australian Health Ministers' Advisory Council 2013, A national framework for recovery-orientated mental health services – policy and theory, Canberra.
- Australian Health Ministers' Advisory Council 2013, A national framework for recovery-orientated mental health services – a guide for practitioners and providers, Canberra.
- Australian Institute of Health and Welfare 2014, 'Australia's Health 2014', retrieved November 2015, <www.aihw.gov.au/australias-health/2014/indigenous-health/#t5>
- Australian Institute of Health and Welfare 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Queensland Report, Canberra.
- Beyond Blue 2014, 'The Family Business-Improving the Understanding and Treatment of Post-Traumatic Stress Disorder in Incarcerated Aboriginal and Torres Strait Islander Women', retrieved November 2015, <www.beyondblue.org.au/docs/default-source/research-project-files/bw0284-the-family-business-final-report.pdf?sfvrsn=4>
- Commonwealth of Australia 2015, Australian Government response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, Canberra.
- Council of Australian Governments 2009, National Indigenous Reform Agreement, Canberra.
- Culture is Life Campaign 2014, The Elders' Report into Preventing Self-harm and Youth Suicide, Canberra.
- Dudgeon P, Walker R, Scrine C, Shepherd CCJ, Calma T and Ring I 2014. Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- Gee G, Dudgeon P, Schultz C, Hart A and Keely K, 2014. Aboriginal and Torres Strait Islander Social and Emotional Well-being. In: P Dudgeon, H Milroy and R Walker, eds., Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 2nd ed. Canberra: Commonwealth of Australia., pp. 55-69.
- Dudgeon P, Milroy H & Walker R (Eds) 2014, Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – 2nd Edition, Commonwealth of Australia, Canberra.
- Haswell, M 2012, 'Growth and Empowerment Measure', retrieved November 2015, <www.sphcm.med.unsw.edu.au/node/303109564>
- Healthcare Management Advisors 2014, Expert advice on specific challenges for Aboriginal and Torres Strait Islander people's mental health. Final Report for the National Mental Health Commission Secretariat.
- Heffernan E, Andersen K, Dev A and Kinner S 2012, 'Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons', Medical Journal of Australia, 197 (1), pp.37-41.
- Hunter, E 1988, 'Indigenous suicides in custody: A view from the Kimberley', Australian & New Zealand Journal of Psychiatry, 22, pp.273–282.
- Hunter EM, Gynther BD, Carrick J, Anderson L, Onnis L, Nelson J, Hall W, Baune B and Groves A 2012b, 'Psychosis in Indigenous populations of Cape York and Torres Strait', Medical Journal of Australia, 196 (2), pp. 133-135.
- Hunter EM, Milroy H, Brown N & Calma T, 2012a. Human rights, health, and Indigenous Australians. In: M Dudley, D Silove and F Gale, eds, Mental health and human rights: vision, praxis, and courage, Oxford: Oxford University Press, pp.448-64.
- Intergovernmental Committee on Drugs 2015, National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2015-2018, Canberra.
- Kaplan L, 2008, The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration.
- Kalahar MA, Ferdinand AS, and Paradies Y 2014, 'Experiencing racism in healthcare: the mental health impacts for Victorian Aboriginal communities' Medical Journal of Australia, 201 (1), pp.44–47. Menzies School of Health Research 2013, Stay Strong Plan for Aboriginal and Torres Strait Islander People, Darwin.

National Aboriginal and Torres Strait Islander Leadership in Mental Health 2015, Gayaa Dhuwi (Proud Spirit) Declaration, Sydney.

National Aboriginal and Torres Strait Islander Leadership in Mental Health 2014, Six steps to closing the mental health gap, Sydney.

National Aboriginal Community Controlled Health Organisation 2014, 'Health Promotion and Prevention', retrieved November 2015, <<http://www.naccho.org.au/about/>>

National Aboriginal Health Strategy Working Party 1989, A National Aboriginal Health Strategy, Canberra.

National Mental Health Commission 2015a, The National Review of Mental Health Programmes and Services, Sydney.

National Mental Health Commission 2015b, The National Review of Mental Health Programmes and Services Report, Mental Health Commission Press Release, April 2015.

Queensland Health 1996, Aboriginal and Torres Strait Islander Mental Health Policy Statement, Brisbane.

Queensland Health 2007, Queensland Plan for Mental Health 2007–2017, Brisbane.

Queensland Health 2010a, Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework, Brisbane.

Queensland Health 2010b, Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033, Brisbane.

Queensland Health 2011, Queensland Forensic Mental Health Strategic Framework, Brisbane.

Queensland Health 2013, Queensland Admitted Patient Data Collection 2007–08 to 2012–13 (unpublished), Brisbane.

Queensland Health 2014a, The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2014, Brisbane.

Queensland Health 2014b, The health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland, Queensland Government, Brisbane.

Queensland Health 2015, Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – investment strategy 2015–2018, Brisbane.

Queensland Health 2016a, Closing the Gap Performance Report 2015, Brisbane.

Queensland Health, 2016b. My health, Queensland's future: Advancing health 2026, Brisbane.

Queensland Health 2016c, Connecting Care to Recovery: a plan for Queensland's State-funded mental health, alcohol and other drug services 2016–2021, Brisbane.

Queensland Mental Health Commission 2015, Queensland Suicide Prevention Action Plan 2015–17, Brisbane.

Sheldon M, 2010, Reviewing psychiatric assessment in remote aboriginal communities. In: N Purdie, P, Dudgeon P and R Walker, eds., Working Together: Aboriginal and Torres Strait Islander Mental Health and Well-being Principles and Practice, 1st ed., Canberra: Commonwealth of Australia, pp 211–222.

World Health Organization 2014, Mental Health: strengthening our response, WHO Fact Sheet 220, Geneva.

World Health Organization and Calouste Gulbenkian Foundation 2014, Social Determinants of mental health, Geneva.



Abbreviations

ABS	Australian Bureau of Statistics	MHCN	Mental Health, Alcohol and Other Drugs Clinical Network, Queensland Health
ACT	Australian Capital Territory	NATSILMH	National Aboriginal and Torres Strait Islander Leaders in Mental Health
AHMAC	Australian Health Ministers' Advisory Council	NATSISS	National Aboriginal and Torres Strait Islander Social Survey
AIHW	Australian Institute for Health and Welfare	NFROMHS	National Framework for Recovery Oriented Mental Health Services
A&TSICCHS	Aboriginal and Torres Strait Islander community controlled health services	NMHC	National Mental Health Commission
A&TSIHB	Aboriginal and Torres Strait Islander Health Branch, Queensland Department of Health	PHN	Primary Health Network
CCF	<i>Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033</i>	QH	Queensland Health (comprising the Department of Health and the Hospital and Health Services)
CIGT	Cultural Information Gathering Tool	QHAPDC	Queensland Health Admitted Patient Data Collection
CIMHA	Consumer Integrated Mental Health Application	QMHC	Queensland Mental Health Commission
HHSs	Hospital and Health Services	RA	Result Area
HPSP	Healthcare Purchasing and System Performance Division, Department of Health	SCRGSP	Steering Committee for the Review of Government Service Provision
IHLO	Indigenous Hospital Liaison Officer	SEWB	Social and emotional wellbeing
KPI	Key Performance Indicator	SFMHS	Statewide Forensic Mental Health Service
MBS	Medicare Benefits Schedule	WSB	Workforce Strategy Branch, Queensland Department of Health
MH	Mental health		
MHAOD	Mental health, alcohol and other drugs		
MHAODB	Mental Health, Alcohol and Other Drugs Branch, Queensland Department of Health		





