

2019 Submission - Royal Commission into Victoria's Mental Health System

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

Some suggestions on how to improve the Victorian communities understanding of mental illness and to reduce stigma and discrimination would be firstly through de-stigmatised conversations around mental health. Educate the wider community and raise awareness around metal health and suicide through campaigns, television, events, and social media. Normalise mental health in workshops and also promote workplace mental health. Provide information to carers and people living with a mental illness to help them to understand their illness as this helps to reduce the stigma that is often associated with mental illness.

Some people living with a mental illness often get embarrassed about their condition and they don't really want to talk to anyone about it. But this can be changed through education, if a person living with a mental illness is educated about their condition they begin to understand and this gets rid of some of the stigma.

Education is key to improving the communities understanding of mental illness, so holding workshops to normalise mental illness, and also mental health education in the workplace will help raise awareness. Also develop culturally appropriate resources for Aboriginal people.

Doctors and nurses who are working with Aboriginal patients need to be educated about Aboriginal culture and history in order for them to have a better understanding of Aboriginal people and why they have poorer health outcomes than other people.

"See people as unique human beings, not as labels or stereotypes. See the person beyond their mental illness; they have many other personal attributes that do not disappear just because they also have a mental illness."

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

Some of the things that are working well are:

- There are many great websites that are working well like Beyond Blue that provides people living with a mental illness and for carers of people with a mental illness, with information about depression etc. and resources. It also has some culturally appropriate material for Aboriginal and Torres Strait Islander people.

Examples of best practice include:

- **Dardi Munwurro**- Is an organisation that works with men on behaviour change programs for perpetrators with a focus on parenting, life skills and post-release support. Program helps address Aboriginal male offending, with an intensive residential diversion program for perpetrators of family violence. The program provides young men with the support, tools and opportunities they need to set and achieve life goals. Dardi Munwurro work to empower young people, nurture leadership potential, promote help-seeking behaviour, build protective factors

and provide connections back to culture.

- **The Victorian Aboriginal Health Service (VAHS)- Family Counselling-** VAHS Family Counselling Service provides culturally safe social emotional wellbeing and mental health counselling, cultural healing and recovery programs, care coordination and outreach support services.

What can be done better to prevent mental illness and support people to get early treatment and support could be:

- Prevention programs / education sessions for youth and young people that support them to develop resilience.
- Educate the younger generation about important life skills and offer support to them on how to find jobs.
- Education camps that promote self-worth, cultural identity, confidence and self-esteem.
- Early intervention programs to help identify if a young person is developing a mental illness.
- Address the social determinants of health.
- There is a need for prevention and upstream measures that address the historical and present day impacts of colonisation and intergenerational trauma on Aboriginal communities. At least 34.4% of the gap in health outcomes can be attributed to the social determinants. It is the social determinants that make the biggest impact on health.
- Reduce stress in people's lives in order for them to avoid developing a mental illness.
- Families and carers, Drs' and nurses need to be able to identify if people are suicidal so that they can provide the right supports.
- Geographic barriers for rural regions in accessing post suicide support.
- Women suffering from ante-natal depression should be better supported, before patients are sent home Dr's, MCH nurses as well as the Koori Maternity Service should check in and make sure the new mothers are ok and well supported at home.
- Fund new Aboriginal support staff.
- Aboriginal-led health promotion and prevention initiatives.
- Strengthening access to culturally responsive social and emotional wellbeing and mental health services.
- Better cultural support for Aboriginal people working in mainstream organisations.
- Develop cultural frameworks
- Invest in Aboriginal Community Controlled Health Organisation's (ACCHO's).

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

Some of the things that are working well to prevent suicide are:

- Evidence-based suicide intervention programs.
- Culturally safe Aboriginal designed suicide prevention programs.

What can be done better to prevent suicide are:

- Educate Aboriginal people about the warning signs of suicide, and learning what the cues are.
- People who are suicidal and are isolated may use social media like Facebook and may make comments about suicide, so families and friends need to be aware and try to identify if their family and friends are suicidal.
- Proper education around mental health for Aboriginal Mental health workers.
- Involving Aboriginal people in the development of policies and programs.
- Identifying broader risk factors like housing, health and employment; enhancing protective factors like family, culture and identity; targeting at-risk groups like young people and within those groups, wrap-around services for high risk individuals.
- Awareness of links between discrimination and poor mental health outcomes (including homophobia, racism, sexism, and family violence) as this can prevent suicide and self-harm.
- More community care units.

There is little evidence as to what works for suicide prevention; *“In terms of suicide prevention we are only just starting to scratch the surface”.*ⁱⁱ

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

There are a number of things that make it hard for people to experience good health and some of these things include:

- High psychological stress can have an impact on people’s mental health. Mortgage and financial stress and the daily challenges of life can cause people to be highly stressed and unable to deal with their problems.
- The harmful effects of racism on mental health have been shown to include conditions such as psychological distress, depression, anxiety, post-traumatic stress disorder, psychosis and substance abuse disorders.ⁱⁱⁱ
- Aboriginal Victorians are also almost three times more likely to have very high levels of psychological distress than their non-Aboriginal counterparts, probably due, at least in part, to exposure to racism. Therefore, reducing racism towards Aboriginal Victorians and other minority groups may be an effective way to improve their mental and physical health, and may be a more effective way to reduce the prevalence of unhealthy behaviours such as smoking and overeating.^{iv}

- Another concern is Aboriginal women in prison and their mental health. Most of these women are suffering from a mental illness and need medication, but sometimes they are unable to access these medications in prison. They are forced to wait ages for an appointment with a psychiatrist and in the meantime they go without their medication. That's why it's important to have culturally appropriate services that promote healing of intergenerational trauma. This includes an Aboriginal woman's healing and drug and alcohol service, long-term housing, trauma-informed counselling, and facilities specifically to support Aboriginal women in regaining access to their children.^v
- Aboriginal men aged 25-29 have the highest suicide rates in the world.
- Abusive or neglectful treatment or stressful events.
- Family violence and relationship break downs.
- Waiting times in the E.D. are too long so patients just walk out because they are made to wait too long.
- Racism in the community.
- Social media and cyber bullying is getting worst.
- Exposure to negative influences, poverty, unemployment and lack of education outcomes.
- Suicide is a leading cause of death for people seriously affected by mental illness.
- Depression is a major cause of suicide.
- Not having readily available resources and services.
- Lack of appropriate culturally safe care.
- Transport may be an issue as some people may not have a licence and car to get to their appointments.

Some of the things on how to improve this are:

- Support carers and people living with a mental illness on how to navigate the system and make it easy for them for example don't keep changing Drs there needs to be continuity of care, because it makes it easier for the patient they don't need to keep telling their story over and over again to different Dr's. The system is complex and fragmented so it needs to be made easy to navigate.
- Get the medications right for the patients and teach Dr's and pharmacists about the Close the Gap scheme which subsidises medications for Aboriginal people. Most Drs are unaware of this scheme and some patients will miss out on their medication because it costs so much. Dr's need to know to write 'CTG' on patient's scripts so they can get their medication for free or at a subsidised rate. This is important because a lot of Aboriginal people are unable to afford the full amount for their medications.
- Training and awareness training around intergenerational trauma which is the transfer of the impacts of historical trauma and grief to successive generations; for example the stolen generations. By understanding trauma and its potential effects on people, MH workers will be better able to assist these people.
- Addressing institutionalised racism within the hospital system.
- Some people are unaware that they have a mental illness and they use illegal drugs or alcohol

(self-medicating) to mask the pain instead of getting the right help and medication from a Dr. so there is a need to integrate mental health services with drug and alcohol services.

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

For Aboriginal and Torres Strait Islander people, colonisation has had a profound impact on mental health and wellbeing.

These impacts include:

1. Conflicts, massacres and dispossession of traditional lands and resources
2. Introduced diseases and starvation
3. Undermining of traditional identity, spirituality, language and cultural practices through the establishment of missions and reserves and the government policy of assimilation
4. Forced removal of children from their kin, country and culture to institutions where they were harmed physically, emotionally and sexually
5. Destruction of Indigenous forms of governance, leadership and community organisation
6. Discrimination and racism
7. Breakdown of healthy patterns of individual, family and community life.

In the present day, many Aboriginal and Torres Strait Islander people continue to live in conditions of social and economic disadvantage compared with the population as a whole, and exhibit high levels of unemployment, lack of appropriate housing and other basic services.^{vi}

Many Aboriginal and Torres Strait Islander people also experience trauma as a result of ongoing racism, violence and disadvantage.

Other factors include:

- Intergenerational trauma
- Secondary trauma
- Transgenerational trauma
- Social isolation
- Unemployment
- Poverty
- Family conflict
- Grief and loss
- Incarceration
- Hopelessness
- Childhood abuse
- Lack of services
- Jobs
- Unemployment particularly in rural areas
- Relationship breakdown
- Grief and loss

The high rates of poor physical health, mental health problems, addiction, incarceration; domestic violence, self-harm and suicide in Aboriginal communities are directly linked to experiences of trauma. These issues are both results of historical trauma and causes of new instances of trauma which together can lead to a vicious cycle in Aboriginal communities.^{vii} The effects of trauma are not contained within the health care system, but can transfer to all areas of life.

Multiple layers of trauma increase the risk of destructive behaviours. Many communities are operating in crisis mode on a daily basis.

Homelessness is huge and it affects everyone not just the Aboriginal community. There are a lot of homeless people living with a mental illness. Overcrowding is also an issue and is common in Aboriginal communities. Aboriginal and Torres Strait Islander Australians are 15 times more likely to be staying in improvised dwellings, tents or sleeping rough than non-Aboriginal or Torres Strait Islanders.^{viii} Aboriginal people make up 3% of the population yet they make up 23% of the homeless population.^{ix}

Some Aboriginal people experience discrimination in the housing market making it difficult to access private rental and even public housing. There is a need to ensure that the Australian Government builds the capacity of Aboriginal Community Controlled Housing Organisations (ACCHOs) in the same way it is seeking to do with mainstream community housing providers.^x

Some things that can be done to address this is:

- Empowering communities so they can look after their own people
- Support to improve the coping strategy of persons who might consider suicide
- Culturally appropriate mental health services for Aboriginal people
- Trauma informed care
- Cross cultural awareness training for Dr's , nurses and people working with Aboriginal patients
- Examples of training include mental health first aid and suicide awareness prevention training

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

Family members and carers should be educated about mental health conditions in order for them to be able to care for and support and understand people or family members living with a mental illness. This can be done through education sessions for carers and family members.

Also carers may need respite or financial assistance for example fuel vouchers. Also home visits would be beneficial for those who don't have a licence or car. Educate families and carers about the warning signs of suicide so that they have the right skills when dealing with someone who is suicidal.

Young people are on drugs, particularly 'Ice', and this has an effect on families it can lead to family breakdowns and children being removed from parents due to the drug use. Often for Aboriginal families it is the grandmothers or the Aunties who look after the children because they don't want the children to be lost in the system. So there needs to be supports put in place for families who are dealing with these issues.

Kids in out of home care are running away and they also experience mental health issues due to being

separated from their families.

Another thing that would benefit the Aboriginal Community is the establishment of an Aboriginal CAT team, and more peer support in units in inpatient and community teams.

There needs to be programs that focus and work with families to keep them together, a holistic approach.

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

Some of the things that can be done to attract and retain workers and support the mental health workforce can be:

- Better working conditions and support for Dr's, nurses and Aboriginal staff who work with mental health patients. Staff are exposed to abuse daily from patients in the psyche ward, and this may have an effect on them so they need to make sure they care about their own mental health as well as the patients.
- Workers need to be able to debrief to their manager or colleagues as this helps avoid staff burn out. This is especially important for the Aboriginal mental health workforce because they are often working with community members that they know personally, it might be their cousin or an aunty or uncle, and they are often aware of the things that are going on in these families for example family violence and poverty.
- Aboriginal MH workers can become re-traumatised by working in the front lines, may encounter their own personal issues, past and present, and vicariously experience the traumas of people whom they are trying to help, thus compounding the traumas that front line workers face (secondary trauma).
- Supporting staff to be resilient and promote a healthy workplace.
- Cultural safety- ensuring workplaces are culturally safe for Aboriginal employees.
- Fund Aboriginal positions to build the mental health work force.
- Mental health days for workers.
- More peer support units in inpatient's and community teams.

A great resource that explains workplace cultural safety for Aboriginal employees is the [Symbols to Systems](#) framework. This Framework presents cultural security templates to guide mainstream service delivery organisations, government departments and service commissioning agencies seeking to address culturally based hazards and improve cultural security for Aboriginal and Torres Strait Islander people.^{xi}

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

There needs to be programs and jobs for people living with a mental illness. Living with a mental illness doesn't mean that you can't have a job. There are heaps of people who have a mental illness but have worked their whole lives, their condition isn't debilitating and they are able to hold jobs down.

In terms of economic participation jobs need to be tailored to suit people with a mental illness for example employers could offer part time work, and create positions that are suitable for peoples living with mental illness.

Consult with people living with a mental illness and ask them what types of jobs would suit them. They may not like talking to people so give them a job that doesn't require working or talking with heaps of different people?

Form a support group that encourages people living with a mental illness to socialise with other people. Pick them up and take them out in the community and encourage them to socialise with other people.

- Specific support groups for people who have a mental illness.
- Join women's groups or men sheds.
- Encourage people living with a mental illness to find work or help them to find a job that suits them.
- For Aboriginal people connection to culture, country and community is extremely important.
- TAFE courses tailored to suit people with a mental illness.
- Help people living with a mental illness to become independent.

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

- Mainstream services should build relationships with Aboriginal organisations so that they can work together with people experiencing mental illness. A great example is **Wadamba Willam** which is a partnership between Neami National, the Victorian Aboriginal Health Service (VAHS), UnitingCare ReGen and the Northern Area Mental Health Service (NAMHS). Wadamba Wilam (Renew Shelter) supports the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander people experiencing homelessness in Darebin and Whittlesea areas.^{xii}
- Dr's, nurses and mental health workers need to do some cross cultural awareness training in order for them to have a better understanding of Aboriginal people, and the effects of colonisation and intergenerational trauma on Aboriginal families and their mental health
- Aboriginal-led solutions based on the concept of social and emotional wellbeing
- Commitment to research on the factors behind suicide like poverty and homelessness

- **Aboriginal Self-determination** refers to the governance and decision-making power of Aboriginal and Torres Strait Islander peoples. It is the right of Aboriginal and Torres Strait Islander peoples to determine their own political status and pursue their own economic, social and cultural interests. Self-determination asserts that Aboriginal and Torres Strait Islander peoples should direct and implement Aboriginal and Torres Strait Islander policy formulation and provision of services. Self-determination encompasses both Aboriginal land rights and self-governance.
- Address institutionalised racism that exists within the hospital system.

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

Some of the things that can be done now to prepare for changes to Victoria's mental health system are:

- There is an urgent need to provide local Aboriginal Community Controlled Services with funding to address the crisis in Aboriginal youth suicide. The suicide rate amongst Aboriginal and Torres Strait Islander peoples is more than double the national rate.^{xiii}
- Fund Aboriginal positions in mainstream mental health organisations and create a culturally safe work environment for Aboriginal workers, this will help with retention.
- Build relationships with local Aboriginal organisations and work together. Hospitals and other mainstream services should consider doing a Reconciliation Action Plan to develop meaningful relationships with the Aboriginal community.

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

Colonisation took away the land and changed the roles of Aboriginal men and women, especially for the men who have been disempowered. Families were torn apart by the removal of Aboriginal children from their parents and they were placed in institutions resulting in what we call the 'Stolen Generations'.

Another concern is when patients are discharged from hospitals they are given a bag of medication and then sent home. In some cases patients overdose on their medication because they are homeless and have no hope for the future and they don't know what to do.

Aboriginal people avoid mainstream hospitals; they prefer to use the Aboriginal Medical Services because they feel culturally safe. Some Aboriginal people are really scared of hospitals due to mistreatment in the past. For example the hospital in [REDACTED] used to make the Aboriginal women have their babies outside on the veranda and this was still happening well into the 70's - 80's. Hence why Aboriginal Health Services were established in the 70's so that Aboriginal people had a place to go to the Dr's and feel culturally safe and be treated with respect.

Provide programs that are responsive and that promote connection to culture.

The psyche wards should be gendered; there should be an area for women and an area for men. In Aboriginal culture certain customs and practices are performed by men and women separately, often referred to as Men's and Women's Business.^{xiv} An example of Men's and Women's Business in modern circumstances is when Aboriginal specific courses and conferences are held. It is common to see Men's and Women's Business on the agenda. In this context the group will split by gender and discuss issues separately.^{xv}

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- ⁱ <https://www.mendthemind.ca/stigma/seven-important-things-we-can-do-reduce-stigma-and-discrimination/>
- ⁱⁱ <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2013-report-card/preventing-suicide/what-works-in-suicide-prevention.aspx>
- ⁱⁱⁱ <https://www2.health.vic.gov.au/about/publications/researchandreports/racism-in-victoria>
- ^{iv} <https://www2.health.vic.gov.au/about/publications/researchandreports/racism-in-victoria>
- ^v <https://nacchocommunique.com/category/social-and-emotional-wellbeing/>
- ^{vi} <https://www.humanrights.gov.au/our-work/bringing-them-home-chapter-18>
- ^{vii} 4. Atkinson, J. Nelson, J and Atkinson, C. 2010, "Trauma, Transgenerational Transfer and Effects on Community Wellbeing", in Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Purdie, N. Dudgeon, P. and Walker, R. (eds.), accessed 14th April
- ^{viii} https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_ATSIv3.pdf
- ^{ix} https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_ATSIv3.pdf
- ^x https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_ATSIv3.pdf
- ^{xi} <http://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/supporting-aboriginal-workers/>
- ^{xii} <https://www.neaminational.org.au/find-services/wadamba-wilam-renew-shelter/>
- ^{xiii} <https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia>
- ^{xiv} http://www.community.nsw.gov.au/_data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf
- ^{xv} http://www.community.nsw.gov.au/_data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf

2019 Submission - Royal Commission into Victoria's Mental Health System

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Name

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

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important life skills and offer support to them on how to find jobs. -Education camps that promote self-worth, cultural identity, confidence and self-esteem. -Early intervention programs to help identify if a young person is developing a mental illness. -Address the social determinants of health. -There is a need for prevention and upstream measures that address the historical and present day impacts of colonisation and intergenerational trauma on Aboriginal communities. At least 34.4% of the gap in health outcomes can be attributed to the social determinants. It is the social determinants that make the biggest impact on health. -Reduce stress in people's lives in order for them to avoid developing a mental illness. -Families and carers, Drs' and nurses need to be able to identify if people are suicidal so that they can provide the right supports. -Geographic barriers for rural regions in accessing post suicide support. -Women suffering from ante-natal depression should be better supported, before patients are sent home Dr's, MCH nurses as well as the Koori Maternity Service should check in and make sure the new mothers are ok and well supported at home. -Fund new Aboriginal support staff. -Aboriginal-led health promotion and prevention initiatives. -Strengthening access to culturally responsive social and emotional wellbeing and mental health services. -Better cultural support for Aboriginal people working in mainstream organisations. -Develop cultural frameworks -Invest in Aboriginal Community Controlled Health Organisation's (ACCHO's). "

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

"For Aboriginal and Torres Strait Islander people, colonisation has had a profound impact on mental health and wellbeing. These impacts include: 1.Conflicts, massacres and dispossession of traditional lands and resources 2.Introduced diseases and starvation 3.Undermining of traditional identity, spirituality, language and cultural practices through the establishment of missions and reserves and the government policy of assimilation 4.Forced removal of children from their kin, country and culture to institutions where they were harmed physically, emotionally and sexually 5.Destruction of Indigenous forms of governance, leadership and community organisation 6.Discrimination and racism 7.Breakdown of healthy patterns of individual, family and community life. In the present day, many Aboriginal and Torres Strait Islander people continue to live in conditions of social and economic disadvantage compared with the population as a whole, and exhibit high levels of unemployment, lack of appropriate housing and other basic services. Many Aboriginal and Torres Strait Islander people also experience trauma as a result of ongoing

racism, violence and disadvantage. Other factors include: -Intergenerational trauma -Secondary trauma -Transgenerational trauma -Social isolation -Unemployment -Poverty -Family conflict -Grief and loss -Incarceration -Hopelessness -Childhood abuse -Lack of services -Jobs -Unemployment particularly in rural areas -Relationship breakdown -Grief and loss For Aboriginal and Torres Strait Islander people, colonisation has had a profound impact on mental health and wellbeing. These impacts include: 1.Conflicts, massacres and dispossession of traditional lands and resources 2.Introduced diseases and starvation 3.Undermining of traditional identity, spirituality, language and cultural practices through the establishment of missions and reserves and the government policy of assimilation 4.Forced removal of children from their kin, country and culture to institutions where they were harmed physically, emotionally and sexually 5.Destruction of Indigenous forms of governance, leadership and community organisation 6.Discrimination and racism 7.Breakdown of healthy patterns of individual, family and community life. In the present day, many Aboriginal and Torres Strait Islander people continue to live in conditions of social and economic disadvantage compared with the population as a whole, and exhibit high levels of unemployment, lack of appropriate housing and other basic services. Many Aboriginal and Torres Strait Islander people also experience trauma as a result of ongoing racism, violence and disadvantage. Other factors include: -Intergenerational trauma -Secondary trauma -Transgenerational trauma -Social isolation -Unemployment -Poverty -Family conflict -Grief and loss -Incarceration -Hopelessness -Childhood abuse -Lack of services -Jobs -Unemployment particularly in rural areas -Relationship breakdown -Grief and loss The high rates of poor physical health, mental health problems, addiction, incarceration; domestic violence, self-harm and suicide in Aboriginal communities are directly linked to experiences of trauma. These issues are both results of historical trauma and causes of new instances of trauma which together can lead to a vicious cycle in Aboriginal communities. The effects of trauma are not contained within the health care system, but can transfer to all areas of life. Multiple layers of trauma increase the risk of destructive behaviours. Many communities are operating in crisis mode on a daily basis. Homelessness is huge and it affects everyone not just the Aboriginal community. There are a lot of homeless people living with a mental illness. Overcrowding is also an issue and is common in Aboriginal communities. Aboriginal and Torres Strait Islander Australians are 15 times more likely to be staying in improvised dwellings, tents or sleeping rough than non-Aboriginal or Torres Strait Islanders. Aboriginal people make up 3% of the population yet they make up 23% of the homeless population. Some Aboriginal people experience discrimination in the housing market making it difficult to access private rental and even public housing. There is a need to ensure that the Australian Government builds the capacity of Aboriginal Community Controlled Housing Organisations (ACCHOs) in the same way it is seeking to do with mainstream community housing providers. Some things that can be done to address this is: -Empowering communities so they can look after their own people -Support to improve the coping strategy of persons who might consider suicide -Culturally appropriate mental health services for Aboriginal people -Trauma informed care -Cross cultural awareness training for Dr's , nurses and people working with Aboriginal patients -Examples of training include mental health first aid and suicide awareness prevention training

1.What are the needs of family members and carers and what can be done better to support them? Family members and carers should be educated about mental health conditions in order for them to be able to care for and support and understand people or family members living with a mental illness. This can be done through education sessions for carers and family members. Also carers may need respite or financial assistance for example fuel vouchers. Also home visits would be beneficial for those who don't have a licence or car. Educate families and carers about the warning signs of suicide so that they have the right skills when dealing with someone who is suicidal. Young people are on drugs, particularly Ice', and this has an effect on

families it can lead to family breakdowns and children being removed from parents due to the drug use. Often for Aboriginal families it is the grandmothers or the Aunties who look after the children because they don't want the children to be lost in the system. So there needs to be supports put in place for families who are dealing with these issues. Kids in out of home care are running away and they also experience mental health issues due to being separated from their families. Another thing that would benefit the Aboriginal Community is the establishment of an Aboriginal CAT team, and more peer support in units in inpatient and community teams. There needs to be programs that focus and work with families to keep them together, a holistic approach. "

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

"Some of the things that can be done to attract and retain workers and support the mental health workforce can be: -Better working conditions and support for Dr's, nurses and Aboriginal staff who work with mental health patients. Staff are exposed to abuse daily from patients in the psyche ward, and this may have an effect on them so they need to make sure they care about their own mental health as well as the patients. -Workers need to be able to debrief to their manager or colleagues as this helps avoid staff burn out. This is especially important for the Aboriginal mental health workforce because they are often working with community members that they know personally, it might be their cousin or an aunty or uncle, and they are often aware of the things that are going on in these families for example family violence and poverty. -Aboriginal MH workers can become re-traumatized by working in the front lines, may encounter their own personal issues, past and present, and vicariously experience the traumas of people whom they are trying to help, thus compounding the traumas that front line workers face (secondary trauma). - Supporting staff to be resilient and promote a healthy workplace. -Cultural safety- ensuring workplaces are culturally safe for Aboriginal employees. -Fund Aboriginal positions to build the mental health work force. -Mental health days for workers. -More peer support units in inpatient's and community teams. A great resource that explains workplace cultural safety for Aboriginal employees is the Symbols to Systems framework. This Framework presents cultural security templates to guide mainstream service delivery organisations, government departments and

service commissioning agencies seeking to address culturally based hazards and improve cultural security for Aboriginal and Torres Strait Islander people. "

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

"There needs to be programs and jobs for people living with a mental illness. Living with a mental illness doesn't mean that you can't have a job. There are heaps of people who have a mental illness but have worked their whole lives, their condition isn't debilitating and they are able to hold jobs down. In terms of economic participation jobs need to be tailored to suit people with a mental illness for example employers could offer part time work, and create positions that are suitable for peoples living with mental illness. Consult with people living with a mental illness and ask them what types of jobs would suit them. They may not like talking to people so give them a job that doesn't require working or talking with heaps of different people? Form a support group that encourages people living with a mental illness to socialise with other people. Pick them up and take them out in the community and encourage them to socialise with other people. -Specific support groups for people who have a mental illness. -Join women's groups or men sheds. -Encourage people living with a mental illness to find work or help them to find a job that suits them. -For Aboriginal people connection to culture, country and community is extremely important. -TAFE courses tailored to suit people with a mental illness. -Help people living with a mental illness to become independent.."

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

"?Mainstream services should build relationships with Aboriginal organisations so that they can work together with people experiencing mental illness. A great example is Wadamba Willam which is a partnership between Neami National, the Victorian Aboriginal Health Service (VAHS), UnitingCare ReGen and the Northern Area Mental Health Service (NAMHS). Wadamba Wilam (Renew Shelter) supports the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander people experiencing homelessness in Darebin and Whittlesea areas. -Dr's, nurses and mental health workers need to do some cross cultural awareness training in order for them to have a better understanding of Aboriginal people, and the effects of colonisation and intergenerational trauma on Aboriginal families and their mental health -Aboriginal-led solutions based on the concept of social and emotional wellbeing -Commitment to research on the factors behind suicide like poverty and homelessness -Aboriginal Self-determination refers to the governance and decision-making power of Aboriginal and Torres Strait Islander peoples. It is the right of Aboriginal and Torres Strait Islander peoples to determine their own political status and pursue their own economic, social and cultural interests. Self-determination asserts that Aboriginal and Torres Strait Islander peoples should direct and implement Aboriginal and Torres Strait Islander policy formulation and provision of services. Self-determination encompasses both Aboriginal land rights and self-governance. -Address institutionalised racism that exists within the hospital system. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Some of the things that can be done now to prepare for changes to Victoria's mental health system are: -There is an urgent need to provide local Aboriginal Community Controlled Services with funding to address the crisis in Aboriginal youth suicide. The suicide rate amongst Aboriginal

and Torres Strait Islander peoples is more than double the national rate. -Fund Aboriginal positions in mainstream mental health organisations and create a culturally safe work environment for Aboriginal workers, this will help with retention. -Build relationships with local Aboriginal organisations and work together. Hospitals and other mainstream services should consider doing a Reconciliation Action Plan to develop meaningful relationships with the Aboriginal community.

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

"Colonisation took away the land and changed the roles of Aboriginal men and women, especially for the men who have been disempowered. Families were torn apart by the removal of Aboriginal children from their parents and they were placed in institutions resulting in what we call the Stolen Generations'. Another concern is when patients are discharged from hospitals they are given a bag of medication and then sent home. In some cases patients overdose on their medication because they are homeless and have no hope for the future and they don't know what to do. Aboriginal people avoid mainstream hospitals; they prefer to use the Aboriginal Medical Services because they feel culturally safe. Some Aboriginal people are really scared of hospitals due to mistreatment in the past. For example the hospital in [REDACTED] used to make the Aboriginal women have their babies outside on the veranda and this was still happening well into the 70's - 80's. Hence why Aboriginal Health Services were established in the 70's so that Aboriginal people had a place to go to the Dr's and feel culturally safe and be treated with respect. Provide programs that are responsive and that promote connection to culture. The psyche wards should be gendered; there should be an area for women and an area for men. In Aboriginal culture certain customs and practices are performed by men and women separately, often referred to as Men's and Women's Business. An example of Men's and Women's Business in modern circumstances is when Aboriginal specific courses and conferences are held. It is common to see Men's and Women's Business on the agenda. In this context the group will split by gender and discuss issues separately. "