MENTAL ILLNESS FELLOWSHIP of Australia Inc

e.mifa@mifa.org.au
w. www.mifa.org.au
p. 07 3004 6914
www.minetworks.org.au - 1800 985 944

Implementation Plan Advisory Group
c/o Department of Health
GPO Box 9848,
CANBERRA ACT 2601

Dear Ms Campbell and Mr Weston (IPAG Co-Chairs),

RE: Submission to *My Life, My Lead* - Implementation Plan Advisory Group (IPAG) Consultation 2017

Mental Illness Fellowship of Australia (MIFA) is a federation of long-standing member organisations, delivering specialist services for individuals living with mental illness and their friends and families. MIFA members operate out of over 180 'front doors' in metropolitan and regional areas, and support 30,000 people living with mental illness and their carers each year. Our membership has a strong focus on building community, valuing peer support and lived experience, and supporting recovery.

MIFA members work with indigenous community members across Australia. In Townsville and Palm Island, SOLAS provide Aboriginal Mental Health First Aid Training to service providers and people working with young indigenous people to empower community members to act as gatekeepers in preventing suicide, while Mental Illness Fellowship South Australia have worked closely with Anangu community members in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands to provide early intervention to children and young people at risk of, or affected by mental illness.

The social and emotional wellbeing of indigenous Australians is in crisis, with Aboriginal and Torres Strait Islander people nearly three times as likely as non-indigenous people to experience high or very high levels of

"stronger together"

psychological distress in their every day life[1]. Previous surveys have revealed that 92% of Aboriginal Victorians had been called racist names or experienced racist jokes, and that those experiencing ostracism or discrimination due to race were much more likely to experience psychological distress[2].

MIFA strongly advocates the renewal of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, as a matter of priority. This framework and development of an associated implementation plan is pending from the current Implementation Plan, and is imperative that these are rapidly completed as a matter of priority to provide overarching guidance going forward. This strategy is needed to ensure indigenous social and emotional wellbeing outcomes are not lost in broader health policy, and to support co-ordination of suicide prevention and alcohol and other drug use implementation plans - while tying in with the Fifth National Mental Health Plan and actions arising from the National Mental Health Commission's Review of Mental Health Programmes and Services.

When working with Aboriginal and Torres Strait Islander communities, it is essential to embed genuine consultation not only into strategic and implementation plans, but commissioning, service design and service agreements. Standard service provision or one-size-fits-all approaches are bound to fail. There can sometimes be a disjoint between what is considered important to the community, and what is required by action plans and funding arrangements. The experience of MIFA members working in remote Aboriginal communities has been that the process of truly listening, developing trust and ensuring community buy-in takes time and commitment. Co-design is not optional, but imperative to the success of any projects in community. Working in community may require prior connections with leaders in the community. Non-government organisations often struggle to provide services to these remote areas due the costs involved, the lack of accommodation options, and the need to commit to a long period of engagement.

Employing people from communities is important to ensure services are relevant and culturally safe; this can require recognition on the part of the service that flexible working arrangements are culturally normative practice. Work and all other parts of life may not be as delineated for workers in community, and organisational policies may need to adapt to a different way of working.

MIFA strongly supports the move from the concept of psychopathology to a construct of social and emotional wellbeing; indeed, mental health policy may stand to learn from these understandings to improve wellbeing for the broader Australian community. In particular, the social context of colonisation, dispossession and ongoing institutional and interpersonal racism cannot be divorced from Aboriginal and Torres Strait Islander mental health. Services need to be highly self-reflective about dynamics of power and control, and work hard to ensure a partnership approach is embedded in service delivery. In practice, this means avoiding practices that are punitive or coercive (such as punishment for school non-

[1] Australian Bureau of Statistics (2013). Australian Aboriginal and Torres Strait Islander Health Survey, First Results, Australia, 2012-13: Psychological Distress. Canberra: Australian Bureau of Statistics. Available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/9F3C9BDE98B3C5F1CA257C2F00145721?opendocument

[2] VicHealth (2012). *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities.* Research summary. Available at: https://www.vichealth.vic.gov.au/media-and-resources/publications/mental-health-impacts-of-racial-discrimination-in-victorian-aboriginal-communities

attendance); being transparent about service goals, funding arrangements and even financial administration processes; while also maintaining a commitment to service goals and standards and overcoming scepticism through conversation and true engagement.

Family and connection to country are particularly important values; in working with Aboriginal people, MIFA members find that strengths- and community-based approaches which ask "Where are you strong as a family?" can be more helpful and insightful than focusing, for example, on an individual's mental health symptoms, or focusing on individual children to the exclusion of the family as a whole. Connection to country can explain why remote community members are not prepared to move to other locations to access higher levels of services.

MIFA notes that the current Implementation Plan data indicators do not currently include measures for social and emotional wellbeing. It is important that going forward, indicators are developed to track progress against Aboriginal and Torres Strait Islander social and emotional wellbeing goals, whether they are embedded in the Health Plan implementation plan or other key strategies, such as the Fifth National Mental Health Plan and/or the renewed National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. It is also important to note that cultural understandings of social and emotional wellbeing may not lend themselves easily to quantitative evidence-gathering methods. In keeping with recovery-oriented and narrative ways of working, a positive outcome might be assessed through descriptive or narrative measures, to understand lived experience and 'felt sense'; the process of 'extracting' outcomes data from participants may require time and genuine inquiry. Assessments of social and emotional wellbeing may need to incorporate measures of the full range of social and cultural determinants, such as experiences of racism and ostracism, sense of agency in every day life and in relation to institutions, and sense of value and pride in one's culture.

MIFA thanks the Implementation Plan Advisory Group for the opportunity to provide input into these consultations.

Tony Stevenson
National Chief Executive Officer
Mental Illness Fellowship of Australia