RACGP | Aboriginal and Torres Strait Islander Health

Comments to the Draft National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

1. *Do you agree with the vision, goals and principles of the Strategy?*

Agree	Yes
Disagree	

* Please provide further comment.

Overall, this is an excellent Strategy, and we support the goal and vision as determined by Aboriginal and Torres Strait Islander experts. The principles are comprehensive, based on the best available evidence from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) and pay specific attention to gender issues, children, young people and families.

The Royal Australian College of General Practitioners (RACGP) is concerned however about the limited consideration in the Strategy for the central and essential involvement of general practitioners (GPs) in all mental health care provision including suicide prevention. In some circumstances, GPs are the only available medical practitioners able to provide mental health support, and have established relationships and the trust of patients as long-term providers of their healthcare. Many suicidal and 'at risk of progressing to suicidal' patients are the responsibility of GPs until psychological care can become available. Despite this, GPs and primary care providers are not funded adequately to provide mental health care. As mental healthcare can be time consuming, and longer consults are more poorly remunerated compared to shorter consults, this puts pressure on the primary mental healthcare response.

Whether metropolitan or rural, at an Aboriginal Community Controlled Health Organisation (ACCHO) or mainstream GP, the central role GPs and the need to adequately resource GPs (both financially and in terms of support for professional development in mental health) is critical and should be reflected in this Strategy.

The Strategy outlines five high-level aims. Each aim includes actions and recommendations to achieve the vision.

2. *Do you agree with the aims and their associated actions for the Strategy? If not, what alternative actions should be included and why?*

1. Community-Empowering System Architecture

Agree	Yes
Disagree	

The Strategy's principles of Aboriginal and Torres Strait Islander empowerment and leadership of implementation nationally and delivering regionally and locally are very appropriate.

Greater clarity is required on the exact scope of this Strategy and how its actions/intent interacts with other existing frameworks/strategies, such as the Closing the Gap National Agreement and the National Aboriginal and Torres Strait Islander Health Strategy. More detail is needed about the structure of the Strategy itself. Currently, leadership and funding pathways and the nature of the partnerships (for example, Gayaa Dhuwi Australia with the National Aboriginal Community Controlled Health Organisation) are unclear.

Structural change must incorporate action on the Uluru Statement from the Heart, including a constitutionally enshrined Voice to Parliament. The Strategy emphasises that Aboriginal and Torres Strait Islander people's leadership is key to social and emotional wellbeing (and thus suicide prevention), yet makes no mention of this most fundamental form of leadership.

2. Empowering Families and Young People

Agree	Yes
Disagree	

* Please provide further comment.

Some additional issues for consideration include:

- As the first 1000 days of a child's life are a period critical for development, an emphasis on protecting the wellbeing of children and their parents during this period will help set children up for success.
- Acknowledgement of the concept of family in the Aboriginal and Torres Strait Islander context, eg grandparents, aunties and uncles are often important care givers needing support.

3. Empowering Priority Groups: Men, Women, LGBTIQ+SB and Members of the Stolen Generations and their Descendants

Agree	Yes
Disagree	

* Please provide further comment.

Suggest broadening this point to state that the suicide prevention, like all healthcare, requires consumer consultation and participation in policy development, implementation, and evaluation. It needs to assess the needs of and be tailored to specific contexts – person, place, available services etc. This could be sexuality, gender, age, intercurrent substance and alcohol use, mental health issues, domestic violence, rural, urban, in correctional services etc.

We welcome the acknowledgement of different needs of men and women, addressed in specific tailored strategies for different genders. This is well justified given the high suicide rates among all groups of Aboriginal people. As the strategy states, each group can be "challenged by suicide in different ways" and recognising the different challenges among different groups is important. We advocate that evaluation planning takes into consideration the value of gender specific data.

In some cases, individuals may belong to more than one priority group – everyone comes from one of these groups, and many people will come from more than one. The engagement policies described are constructive, but will need to be flexible to respond to individual and intersectional needs, for example a gay man who is a descendant of the Stolen Generations.

4. Transforming Workforces and Services

Agree	Yes
Disagree	

Primary care services (inclusive of GPs and ACCHOs) are a key source of referrals to other mental health services, and the provision of follow-up care for patients who have accessed mental health care. GPs currently provide a significant proportion of mental healthcare (see the RACGP's Health of the Nation 2020 for further detail). The ongoing management of mental health, often repeated episodes of self-harm, co-existing conditions, including use of alcohol and other drugs, and the physical symptoms of mental health problems, make it imperative that GPs (working in ACCHOs and in mainstream services) can provide high quality medical and psychological care for those with mental health diagnoses.

Working in suicide prevention generates high levels of trauma. Aboriginal and Torres Strait Islander workers already have a disproportionately high level of lived experience of suicide. Adequate workforce funding is required to ensure a highly skilled and large workforce with plenty of time to develop skills and experience over time, to enable selfcare, to be supported and mentored and to work in teams. Otherwise, there is too often burnout, risk of compounding complex trauma and, in turn, rapid cycling of the potential workforce and further losses also for their patients.

The RACGP is concerned that this section does not specifically mention general practice, but rather focuses on mainstream services as emergency departments, community mental health departments and inpatients psychiatry units. The RACGP is supportive of the Strategy's intention that would see as many Indigenous communities as possible seeking care via ACCHOs. However as currently ACCHOs only service about 50% of the Aboriginal and Torres Strait Islander population, this leaves a considerable service gap.

Working with mainstream services is a valuable way to support Aboriginal and Torres Strait Islander people working in this area. It shares the load and enables a potential model of Aboriginal and Torres Strait Islander specialist expertise supporting non-Aboriginal mental health workers. The Strategy's measures to support employment of Indigenous people in mainstream organisations should be extended to mainstream general practice. While employment of Aboriginal and Torres Strait Islander people in suicide prevention, mental health and other health services is important, it is also essential that individuals and organisations are culturally safe, use trauma-informed approaches, and are resourced with adequate education, training, and mentoring.

In addition, the development of systems that facilitate close communication across sectors such as healthcare, police and emergency services will enable an integrated approach to optimising social and emotional wellbeing, supporting those at risk, and preventing suicide.

Similarly, development of specific systems to facilitate communication between and among services separated geographically may reduce geographical barriers to accessing services.

5. Empowering Indigenous Suicide Prevention Data, Evaluations and Research

Agree	Yes
Disagree	

Principles relating to Indigenous Data Sovereignty, which apply to data collections and evaluations associated with the Strategy, are an important consideration. The co-design and implementation of an ethical framework for any research is necessary to ensure the value and cultural safety of data collection and usage related to the Strategy. The evaluation of the Strategy itself will also be important and recommend there are funded monitoring, and review systems to ensure processes at all levels, eg. government, coordinating bodies, service provision level, are high quality, transparent and accountable. Although this capacity is expected to be developed overtime, which the RACGP supports, it should be done according to the needs of local communities.

A timetable of indicative implementation milestones is included in the Strategy to strengthen current efforts and guide the process of developing an implementation plan.

3. *What do you think needs to be prioritised in the short-term (12 months) to achieving this Strategy?*

Allocation of appropriate, equitable funding, and commitment from stakeholders secured. The implementation of this Strategy provides an opportunity to reconsider how funding for mental health and suicide prevention activities is allocated. Competitive tendering processes via the Primary Health Networks should be discontinued and consideration given to preferred provider status of ACCHO's in the delivery of services for Aboriginal and Torres Strait Islander people, where organisations have the capacity to deliver services independently or in collaboration with mainstream services.

4. *What do you think needs to take place in the medium-term (3-5 years) to achieving this Strategy?*

Establish an Aboriginal and Torres Strait Islander Voice to Parliament, enshrined in the Constitution. This will be an important step towards ensuring that Aboriginal and Torres Strait Islander people have a voice when decisions are made pertaining to their social and emotional wellbeing.

5. *What do you think needs to be achieved in the longer-term (10 years)?*

An established method of 'truth telling', as described in the Uluru Statement from the Heart will enable Aboriginal and Torres Strait Islander people to control national conversation around their history, culture, language, and experiences.

6. *What do you see as the key barriers or enablers to implementing this Strategy?*

The RACGP supports the inclusion of strong enablers for Aboriginal and Torres Strait Islander leadership at the national and local level, prioritising the role for ACCHOs and people with lived experience. These elements will be crucial to the success of the Strategy, however it is unclear how they will be safeguarded in its implementation.

Establishing an Aboriginal and Torres Strait Islander Voice to Parliament, enshrined in the constitution, and as described in the Uluru Statement from The Heart, will help create an environment in which this Strategy can thrive.

The RACGP considers the following issues to be the main barriers to the success of implementing this Strategy:

- the pressing need for mental health reform in mainstream services as well as Aboriginal and Torres Strait Islander suicide prevention. There must be adequate funding attached to the Strategy and consideration of funding of actions in other policy areas, that impact upon mental health and suicide, such as child protection or justice policies.
- the ability for the Gayaa Dhuwi (Proud Spirit) Australia and other agencies working on suicide prevention to influence broader policy that contributes to suicide rates, such as justice policy, out of home care and child protection policy, welfare policy.
- a need to better acknowledge the potential complexities of cross-jurisdictional decision making. Agreement on the actions required to address suicide prevention is required at both Federal and Jurisdictional level, however it is not clear how this Strategy will compel action at state-level.

7. *Please provide any additional comments you have on the Strategy.*

Other issues that could be given greater attention in the Strategy:

Colonisation and racism

The on-going colonisation of Australia and Aboriginal and Torres Strait Islander people, and racism as a determinant of health. The Strategy mentions the legacy of colonisation as though colonisation has passed, failing to see how it continues in the present, through for example the rejection of the Uluru Statement from the Heart, the destruction of Juukan Gorge as a sentinel example of colonisation of Aboriginal interests by economic interests and failure to implement recommendations of various inquiries, for example:

- Aboriginal Deaths in Custody: The Royal Commission and its Records, 1987–1991
- Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families
- Doing Time - Time For Doing: Indigenous youth in the criminal justice system
- Pathways to Justice–Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples

Racism is recognised as an important determinant of health, and may be a contributor to suicide rates. This relationship is not well understood and could be better incorporated into the delivery of this Strategy.

Deaths in custody

One third (32.4 per cent) of all Aboriginal and Torres Strait Islander child deaths occur due to suicide. The current age of legal responsibility is 10 year of age and of the 5500 children who have daily contact with the judicial system daily, over 75% of them are Aboriginal or Torres Strait Islander.

Mental health deteriorates and suicidality increases whilst incarcerated and >50% return due to reoffence. Recidivism is a big issue with poorer health outcomes and early death being a common outcome for Aboriginal and Torres Strait Islander people who are incarcerated. Up to 90% of all adolescents incarcerated have a severe mental health or neurodevelopmental impairment diagnosed only upon contact with the judicial system.

Alcohol and Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is highest amongst Aboriginal and Torres Strait Islander children, in the order of up to 12% as compared to 2% for the rest of the population. This FASD is related to alcohol consumption in pregnancy and has permanent effects on the foetus and brain development resulting learning difficulties, emotional and behavioural issues, mental health issues disorders and school failure. These factors need to be taken into consideration if any suicide prevention strategy is implemented.

Education around the harms of alcohol consumption in pregnancy are essential if there is to be a reduction in FASD which results in neuro-developmental disorders and behavioural disorders which lead to poor self-esteem and criminal behaviour.