Submission

Development of a Renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework

To

Social Policy Research Centre, UNSW

For

Department of Health and Ageing

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beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the Development of a renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework to the Social Policy Research Centre, University of New South Wales. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety** among Aboriginal and Torres Strait Islander people. National data shows that two-thirds of Aboriginal and Torres Strait Islander adults report good mental health – however **one-third report high / very high levels of psychological distress, which is more than twice the rate for non-Indigenous Australians**.[1] Victorian data suggests that the prevalence of depression and anxiety is greater among Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians, with 34.8 per cent of Victorian Aboriginal people having being diagnosed with depression or anxiety, compared to 19.6 per cent of non-Aboriginal people.[2]

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* works in partnership with health services, Aboriginal Community Controlled Health Organisations, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise.

Our **five key result areas** are:

1. Increase awareness of depression and anxiety
2. Reduce stigma and discrimination
3. Improve help seeking
4. Reduce impact and disability
5. Facilitate learning, collaboration, innovation and research

Specific population groups that *beyondblue* works with include young people, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, gay, lesbian, bisexual, trans and intersex communities, and older people.

To reach Aboriginal and Torres Strait Islander people, *beyondblue* works in collaboration with Aboriginal community controlled health organisations and community based service providers, peak bodies, schools, research institutes and respected peoples and Elders. *beyondblue* acknowledges and respects the diversity of communities across Australian society, including Aboriginal and Torres Strait Islander people as the First Australians. *beyondblue* recognises the complexities of identity and that people may identify with a number of communities.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.[3] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.[4] People experiencing depression and/or anxiety are also more likely to have a co-morbid chronic physical illness.[5]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[6] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[7]

Mental illness costs Australian community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing them, their carers and the community generally.

This is especially true for Aboriginal and Torres Strait Islander people who, in the 2008 Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Social Survey, reported that nearly one-third of Aboriginal and Torres Strait Islander adults reported high / very high levels of psychological distress. This is about 2.5 times the rate reported by other Australians.[8]

The suicide rate between 2001 and 2010 was, also reported to be significantly higher with twice the number of suicides reported among Aboriginal and Torres Strait Islander communities with a particularly high level of suicide reported among youth. Higher than average levels of mental health conditions have been recorded in identified populations of Aboriginal and Torres Strait Islander people including Stolen Generations survivors and prisoners in Queensland who recorded at least mental health condition among 73 per cent of males and 86 per cent of females.[8]

There are financial costs to the economy, which results from the loss of productivity brought on by mental illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.[9] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers, who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[10]

beyondblue's response to the Development of a Renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework consultation

beyondblue attended the Development of a Renewed Social and Emotional Wellbeing Framework consultation in Melbourne on 25 March 2013. Participation in this consultation provided an opportunity to discuss key concerns related to the current framework with VACCHO and other key Melbourne-based organisations who deliver social and emotional wellbeing programs and services.

beyondblue's response reiterates discussions at the consultation and the consensus of the attendees that to achieve a higher and equitable level of social and emotional wellbeing amongst Aboriginal and Torres Strait Islander people, it is necessary to develop a new framework, which outlines a culturally appropriate approach to meet the current and future needs of Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing.

beyondblue believes that renewing or amending the 2004-2009 Social and Emotional Wellbeing Framework is not an adequate response to address the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander people. In addition, the new framework should identify the target audience(s) and stakeholders to implement and evaluate the framework.

This paper will respond to a selected number of the questions outlined in the Development of a Renewed Social and Emotional Wellbeing Framework discussion paper.

Response to discussion paper questions

1. Are there any elements other than those, which are in the current Framework that you think, should be included? What is most important to you?

The elements identified in the current Framework require reworking to make sense in the current context of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing. Whilst *beyondblue* recognises these elements, the context and inclusion in the new framework is more appropriately described by Aboriginal and Torres Strait Islander communities and community controlled organisations.

The seven domains of social and emotional wellbeing diagram

Questions regarding the inclusion of the *seven domains of social and emotional wellbeing* (figure1) in the new framework were raised in the discussion paper and at the consultation for the renewal of the new National Strategic Framework for Aboriginal Mental Health and Social Wellbeing.

In principle, a visual image in a framework is often useful in assisting readers to better understand the context and relationships of different elements. There appears to be a disconnect between the *seven domains of social and emotional wellbeing* diagram and the

current National Strategic Framework for Aboriginal Mental Health and Social Wellbeing. Concerns were raised at the consultation as to whether the domains would be central to the design of the framework and underpin the holistic themes and elements. For example if the *seven domains of social and emotional wellbeing* diagram is included, it is essential that a clear explanation of each of the components in the diagram is provided and linked to measurable benefits (outputs and outcomes).

A life span approach to social and emotional wellbeing of Aboriginal and Torres Strait people

Holland and colleagues (2013) acknowledge that mental health and social emotional wellbeing issues differ across the life span of Aboriginal and Torres Strait Islander peoples. [8] These issues include trauma and grief related to Stolen Generations, childhood health and issues leading to unacceptable rates of suicide among young people. A stronger emphasis on life stages acknowledges appropriate pathways of care at these particular stages as well as building and maintaining a strong and healthy sense of wellbeing as a life long journey across the personal, community and cultural spectrum.

At the Melbourne consultation, there was considerable discussion about a person's life journey and how this influences a person's ability to develop and maintain a strong sense of health and wellbeing. The discussion centred on social determinants, inter-generational trauma, a lack of connectedness to community and culture and access to appropriate healing and health services. These elements must be reflected in, and underpin the strategic direction of the new framework.

In the current framework, Figure 2: *Continuum of Care* (Milroy 2002) page 11 outlines the scope of primary health and specialist services across a person's life span. Whilst the diagram lists clinical services available at various life-markers, it does not include community-based services and has limited application as many of the services listed for adulthood and eldership could be utilised during childhood and adolescence. Also, the 'dimensions section' on the left side of the diagram requires greater prominence to illustrate the interconnectedness of factors that affect social and emotional wellbeing across the life span.

3. Are the principles in the current Framework still appropriate for the renewed Framework? Should they be changed or added to?

Discussion at the Melbourne consultation clearly articulated peoples' concerns about the Guiding Principles of the current framework. *beyondblue* endorses the changes suggested by the Aboriginal and Torres Strait people at the consultation which are summarised below.

The Guiding Principles in the current framework were written in 1995 and the language used is somewhat out-dated and holds limited relevance in today's context. The revised Guiding Principles need to be written with Aboriginal Community Controlled Organisations and communities to uphold today's context of self-determination and human rights principles. An example how language can be strengthen in the new framework is to replace phrases such as *it must be recognised* with *it is recognised*.

6. What needs to be measured to make sure the renewed Framework is successful and what are the most important areas for research?

A limitation of the current framework is the ability to measure the success of the action areas. Measurement of the framework needs to move beyond recognising that an area has been "included in a plan" to how did this area make a contribution to improving social emotional wellbeing. To allow for the measurement of outputs and outcomes in the new framework, the strategic directions must be tied to objectives and actions that are clear and reflect the diversity of settings across jurisdictions, services, locations and populations.

A Participatory Action Research approach has been shown to be effective in implementing and monitoring a smoke free policy in a state peak Aboriginal community controlled organisation. Such an approach for implementing and monitoring the framework could assist with ensuring that community empowerment and governance are encouraged. [11] In addition, the approach could enhance stakeholder engagement for intersectorial collaboration.

There are significant gaps in the research concerning Aboriginal social emotional wellbeing. Priority areas include best practice models of care for prevention, recovery and resilience incorporating contemporary, clinical and more traditional practices as well as validated tools for culturally appropriate screening and assessment of mental health including depression and anxiety and social and emotional wellbeing.

7. Is there anything else you would like to tell us that would help the development of the renewed SEWB Framework?

Additional comments include:

- A new framework should include an action to conduct a continuous national 'audit' of programs. The information gathered could be shared amongst professionals and communities to become a valuable resource for workers and communities at a national level.

- The framework requires a coordinated and adequately resourced workforce to implement key strategies. The current workforce structure is fragmented and many communities do not have access to the services they require for social emotional wellbeing. [8]

- The new framework must consider education, clinical governance and mentoring to develop a skilled workforce that is able to ensure the actions listed in the new framework are achieved. We support recommendations to develop competency based learning modules that can be delivered nationally across multiply formats.

Recommendations

1. *beyondblue* believes that to achieve equitable social and emotional wellbeing for Aboriginal and Torres Strait Islander people, it is necessary to develop a new Social and Emotional Wellbeing Framework. Therefore renewing or amending the 2004-2009 Social and Emotional Wellbeing Framework is not an adequate response to address or meet the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander people.

2. The new framework needs to have a stronger emphasis on the life span approach to social and emotional wellbeing of Aboriginal and Torres Strait people.

3. A diagram covering the domains of Aboriginal social emotional wellbeing needs to illustrate the connectedness and continuum of an Aboriginal and Torres Strait Islander person's life long journey to build and maintain sound emotional health and wellbeing.

4. Guiding Principles for the new Social and Emotional Framework to be written with Aboriginal Community Controlled Organisations and communities to reflect the discussion and suggestions made at the Melbourne consultation.

5. The strategic directions must be tied to objectives and actions with monitoring and evaluation that are clear and reflect the diversity of settings across jurisdictions, services, locations and populations.

6. The new framework should acknowledge the role of community based programs and healing practices in pathways of care.

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[3] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
[4] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
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[7] World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization
[8] Holland, C with Dudgeon, P. & Milroy, H. (2013). The Mental Health and Social and Emotional Wellbeing Aboriginal and Torres strait Islander Peoples, Families and Communities. Supplementary paper to A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention.
[9] LaMontagne, A.D., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression*. Carlton: Victorian Health Promotion Foundation (VicHealth).
[1] Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.
[11] Fletcher G, Fredericks B, Adams K, Finlay S, Andy S, Briggs L & Hall R.(2011). 'Having a yarn about smoking: Using action research to **develop** a 'no smoking' **policy** within an Aboriginal **Health** Organisation', *Health Policy*, vol. 103, no. 1, pp 92-97