

20 October 2020

Royal Commission into Violence, Abuse, Neglect and
Exploitation of People with Disability
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Dear Commissioners,

Mental Health Victoria (MHV) welcomes this opportunity to provide feedback on the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Commission) issues paper on First Nations people with disability.

MHV is the peak body for the mental health sector in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations, unions, and other bodies. We work with organisations both within and outside the health sector, including areas such as housing, justice and family violence, in recognition of the complex intersections between mental health and other domains.

This submission was written in close consultation with the Victorian Aboriginal Community-Controlled Health Organisation.

In response to Question 4 of the issues paper, this submission will demonstrate why social and emotional wellbeing (SEWB) must be a priority area to prevent and respond to violence, abuse, neglect and exploitation of First Nations people with disability. Such experiences often negatively impact a person's SEWB, and so prioritising SEWB is necessary to support the recovery of victims in the aftermath of such an experience.

Safeguarding SEWB can also help to prevent violence, abuse, neglect and exploitation. Often, SEWB issues involve circumstances of increased vulnerability, so addressing these circumstances can help to ensure people are better protected from risks of violence, abuse, neglect and exploitation.

This is of particular issue for First Nations people who generally experience disproportionate challenges associated with their SEWB. Around one third of First Nations people experience high or very high levels of psychological distress with the overall suicide rate for First Nations people almost double the rate for non-Indigenous Australians.¹

First Nations people with psychosocial disability are even more vulnerable to violence, abuse, neglect and exploitation, with psychosocial disability the primary disability of 25% of Indigenous disability support service users.² As psychosocial disabilities differ from other forms of disability in significant ways, they require targeted consideration and supports.

For the purpose of this submission, any reference to people with disability should be taken to include both people with psychosocial disability and people with other forms of disability who experience co-occurring challenges associated with their SEWB.

¹ Australian Institute of Health and Welfare (2015) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*.

² Australian Institute of Health and Welfare (2019) *Disability support for Indigenous Australians*.

The current reform landscape for social and emotional wellbeing issues

Now is a critical time for improving the SEWB of First Nations people with disability. Australian mental health systems are struggling from decades of underinvestment and a lack of long-term planning. However, from 2021, major reforms are expected following the final reports from the Productivity Commission's Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System.

Other relevant reforms include the National Agreement on Closing the Gap, the commencement of a national trial of federally funded Adult Mental Health Centres, the upcoming establishment of the Victorian Aboriginal Social and Emotional Wellbeing Centre, and various state and federal investments aimed at addressing the mental health impacts of the COVID-19 pandemic.

Furthermore, political reforms including those associated with treaties and constitutional recognition have the potential to address many of the underlying determinants of SEWB challenges among First Nations people with disability.

These various reforms present an historic opportunity to improve First Nations SEWB at a fundamental level. Therefore, we encourage the Commission to capitalise on this once-in-a-generation opportunity by developing recommendations regarding:

- the design and delivery of safe and effective wellbeing services, with a focus on prevention as well as holistic, self-determined models of care
- social, political, cultural and historical determinants of social and emotional wellbeing.

Design and deliver safe and effective wellbeing services

The *Gayaa Dhuwi (Proud Spirit) Declaration* provides a foundational blueprint for a mental health system which supports First Nations people experiencing SEWB challenges. However, mental health systems across Australia are not currently equipped to provide safe and effective services to all First Nations people with disability who require them. We therefore welcome the inclusion of the "quality and safety of services" within the Letters Patent and encourage the Commission to explore ways of supporting the principles articulated in the *Gayaa Dhuwi Declaration*.

Western models of mental health are often not well-suited to supporting First Nations people with disability for a range of reasons including:

- cultural differences
- communication barriers (which may compromise the obtaining of meaningful consent)
- poor practitioner understanding of lived experiences
- poor respect and understanding of First Nations healing methodologies
- cases of individual and institutionalised racism, and subsequent distrust of the Western medical system.

On the other hand, self-determined models have the unique potential to provide safe and effective care which is attuned to culturally specific needs. Aboriginal Community-Controlled Health Organisations (ACCHOs) are critical to empowering First Nations to develop safe and effective solutions to SEWB challenges within their communities.

It is critical that First Nations people with disability have the choice to access services through an ACCHO if they wish. However, ACCHOs across the country require a quantum scaling up of funds to develop and deliver the full range of SEWB services, including NDIS, early intervention and family-based supports, at the level required to facilitate this fundamental choice.

Further considerations in the planning, design and implementation of services to support the SEWB of First Nations people with disability include:

- cultural safety training of mainstream services to ensure safe services can be provided for people who do not wish to access a service through an ACCHO
- expansion and support of the First Nations health workforce to ensure adequate capacity to expand SEWB teams and services, including through funding to support the transitioning of traineeships and placements into ongoing roles
- targeted research to develop the evidence base for safe and effective models of care, including culturally appropriate outcomes frameworks
- efforts to reduce diagnostic overshadowing (which occurs when issues arising from unrecognised illness are misattributed to existing diagnoses), including through practitioner training, integrated models of care and targeted services such as dual disability services.

Furthermore, due to the holistic nature of SEWB, efforts beyond the mental health sector are required to ensure the availability of safe and effective, whole-of-person supports for First Nations people with disability in all domains of life, including physical health, justice, child protection, housing, education, family and community. While self-determined service models provide considerable potential to eschew the dangers of siloed approaches, better linkages and collaboration between mainstream and self-determined services are also required.

Address the determinants of social and emotional wellbeing

Preventative approaches are critical yet underfunded components of the mental health system. We therefore welcome the specific reference to prevention in matter (a) of the Letters Patent.

First Nations people have a range of unique strengths which can be capitalised upon to support the safety and wellbeing of people with disability, and prevent the development of SEWB issues and associated vulnerabilities. Cultural enablers of SEWB include ancient and proud cultural traditions, strong family and kinship groups, communitarian approaches which support inclusivity, and holistic views of wellbeing. Self-determined approaches to strengthening culture are critical to facilitating safe spaces for community empowerment, healing and recovery.

First Nations people also experience a complex array of social, political, cultural and historical determinants which constitute risk factors for their SEWB. These determinants include the ongoing repercussions of colonisation and dispossession from land, exclusion of communities from decision-making processes, removal of children from their homes and communities, overpolicing, disproportionate incarceration rates, and other forms of individual and institutionalised violence and discrimination.

As a result of these determinants, First Nations people have disproportionate experiences of a range of SEWB risk factors, including individual and intergenerational trauma, economic disadvantage, educational difficulties, social isolation, and exposure to grief, family violence, mental illness and harmful substance use, as well as the acculturative stress of maintaining cultural identity within a dominant and at-times antagonistic culture.

In order to reduce these risk factors, we must therefore counter the ongoing damage and disempowering effects of colonisation. For this, a fundamental transformation is needed in the way Australian political systems and communities relate to First Nations.

We therefore note with pride the Victorian Government's pursuit of treaty with Victorian First Nations, and welcome similar commitments from other state and territory governments. We also affirm our support of the federal reforms recommended in the *Uluru Statement from the Heart*, including a First Nations voice to Parliament, and a *Makarrata* commission.

Our political system provides the basic foundation for the functioning of Australian society, and it is essential that it set a tone for the inclusion and valuing of First Nations. Continued commitment to these political reforms is therefore an essential precondition for the safety and SEWB of First Nations people with disability.

Recommendations

Given the various reforms and initiatives currently underway, including mental health system reforms, political reforms, and the Commission's own work, we now have a once-in-a-generation opportunity to take a strategic, whole-of-government approach to improving the social and emotional wellbeing of First Nations people with disability.

Mental Health Victoria therefore encourages the Commission to give particular consideration to:

- the views and needs of First Nations people with psychosocial disability
- the intersection of social and emotional wellbeing with disability, and with violence, abuse, neglect and exploitation
- mental health system reform needs to better support First Nations people with disability, through both community-controlled service delivery and mainstream services, with particular attention paid to matters of cultural safety, workforce capacity, research needs and the risks of diagnostic overshadowing
- self-determined models of care which can provide wrap-around supports to First Nations people with disability extending across traditional sector boundaries
- improved supports for cultural enablers of SEWB through meaningful community consultation and self-determined approaches
- political reforms which can address SEWB determinants and associated vulnerabilities.

MHV again thanks the Commission for the opportunity to contribute to this vital piece of work, and welcomes any further opportunity to provide more detailed advice.

For further information on this submission, please contact Larissa Taylor, Director of Policy, on (03) 9519 7000 or l.taylor@mhvic.org.au.

Sincerely,



Larissa Taylor
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Mental Health Victoria