



Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Central Australian Aboriginal Congress submission to:

the Productivity Commission's *Inquiry into the Social and Economic Benefits of Improving Mental Health*

About Congress

Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health service (ACCHS) in the Northern Territory, providing a comprehensive, holistic and culturally-appropriate primary health care service to more than 14 000 Aboriginal people living in Alice Springs each year as well as the remote communities of Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg) and Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

Congress operates within a comprehensive primary health care (CPHC) framework, providing a range of services in remote areas of Central Australia. Alongside general practice, services and programs on issues such as alcohol, tobacco and other drugs; early childhood development and family support; and mental health and social and emotional well-being are also provided. We also advocate for those social determinants of health (both physical and mental) including education, housing and justice.

About this submission

Congress has written a number of submissions relevant to the terms of reference of the inquiry. They include addressing the factors that are fundamental to good health and economic and social participation, as well as mental health services. The main arguments and recommendations are outlined below, along with links to the related submissions which are clearly referenced with research evidence and data to support our reasoning. To view the full suite of our submissions, please see <https://www.caac.org.au/aboriginal-health/policy-submissions-publications>.

Determinants of good mental health and participation

Poor mental health is heavily associated with social inequality and disempowerment, which includes the specific historical and contemporary issues experienced by Aboriginal peoples. In all of Congress' health policy submissions, we argue that along with effective health services, addressing the social determinants of good physical and mental health is fundamental to: prevention; the effective management of health conditions as they arise; and social and economic participation.

For Aboriginal people this specifically includes:



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- Addressing poverty and inequality
- Addressing racism
- Supporting connection to family, community, country, language and culture
- Providing evidenced-informed early childhood learning and parenting programs
- Reducing the number of Aboriginal children in out-of-home
- Reducing Aboriginal peoples contact with the justice system
- Addressing education and employment
- Reducing alcohol supply and related harms
- Addressing housing and overcrowding
- Improving food security

The recent shift towards a focus on Aboriginal leadership within the Closing the Gap process is a major step towards addressing these issues. It is important that Aboriginal leadership on these issues is sustained and strengthened, with continued government backing and dedicated resources to address the contributing factors of poor health and wellbeing.

There is substantial research evidence to support the social determinants of health and wellbeing. For example, recent research had found that insecure or overcrowded housing is associated with a range of mental health issues such as depression, anxiety and suicide, and that access to quality housing results in better mental health outcomes than therapies such as cognitive behavior therapy.¹ Our submissions to government consultations which have a specific focus on the determinants of health, and the evidenced, include:

- Australian Government: [Close the Gap Refresh Process](#) (2018)
- Commonwealth Department of Health: [Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#) (2017)
- Northern Territory Government: [Northern Territory Alcohol Policies and Legislation Review](#) (2017)
- Commonwealth Department of Health: [Draft National Alcohol Strategy 2018-2026](#) (2018)
- Commonwealth Department of Education: [Independent Review into Regional, Rural and Remote Education](#) (2017)
- [Discussion Paper: Housing and Health](#) (2018)
- Australian Government: [Input into Remote Indigenous Housing Review](#) (2017)

¹ Reeves A, et al., *Reductions in the United Kingdom's Government Housing Benefit and Symptoms of Depression in Low-Income Households*. American Journal of Epidemiology, 2016. **184**(6): p. 421-429.



Mental health services

Congress has provided a number of submissions to public consultations on mental health services, with a particular perspective on services for Aboriginal people and service delivery in remote areas. Key arguments in these submissions include:

- The specific needs of Aboriginal people must be recognised by health service providers so that services are effective and accessible to Aboriginal people.
- That ACCHSs are the most effective providers of culturally safe, integrated, mental health services to Aboriginal people.
- The key challenges to the ACCHS service model include competitive tendering and short term funding cycles, which have a significant impact on integrated, holistic, accessible service delivery in remote and rural areas.
- There is a need to integrate mental health, Alcohol and Other Drugs and primary health care services to overcome the problem of “Dual diagnosis” and lack of access to integrated care based on the 3 streams of care approach – medical (pharmacotherapies), psychological and social and cultural support with intensive case management when needed.
- There is an ongoing need for a high-quality, culturally-competent mental health workforce, including an Aboriginal workforce, alongside the capacity to train clinicians outside of major centres.
- Developing an Aboriginal health workforce has a dual role in providing culturally secure services and providing employment as a social determinant.
- Governments should work with ACCHSs in the development of culturally safe technological solutions for mental health service delivery.

Submissions specific to mental health have been made to the following consultations:

- Australian Senate Standing Committees on Community Affairs: [Inquiry into Accessibility and quality of mental health services in rural and remote Australia](#) (2018)
- Northern Territory Department of Health: [Suicide Prevention Strategic Review](#) (2017)
- Commonwealth Department of Health: [Draft Fifth National Mental Health Plan](#) (2016).