



Balit Durn Durn

Strong brain, mind, intellect and sense of self
Report to the Royal Commission into Victoria's Mental Health System



VACCHO acknowledges
the support of the
Victorian Government



RTO No.: 20739

Advice to readers



To our Aboriginal and or Torres Strait Islander readers, we advise that this Report may include photos, quotations and or names of people who are deceased.

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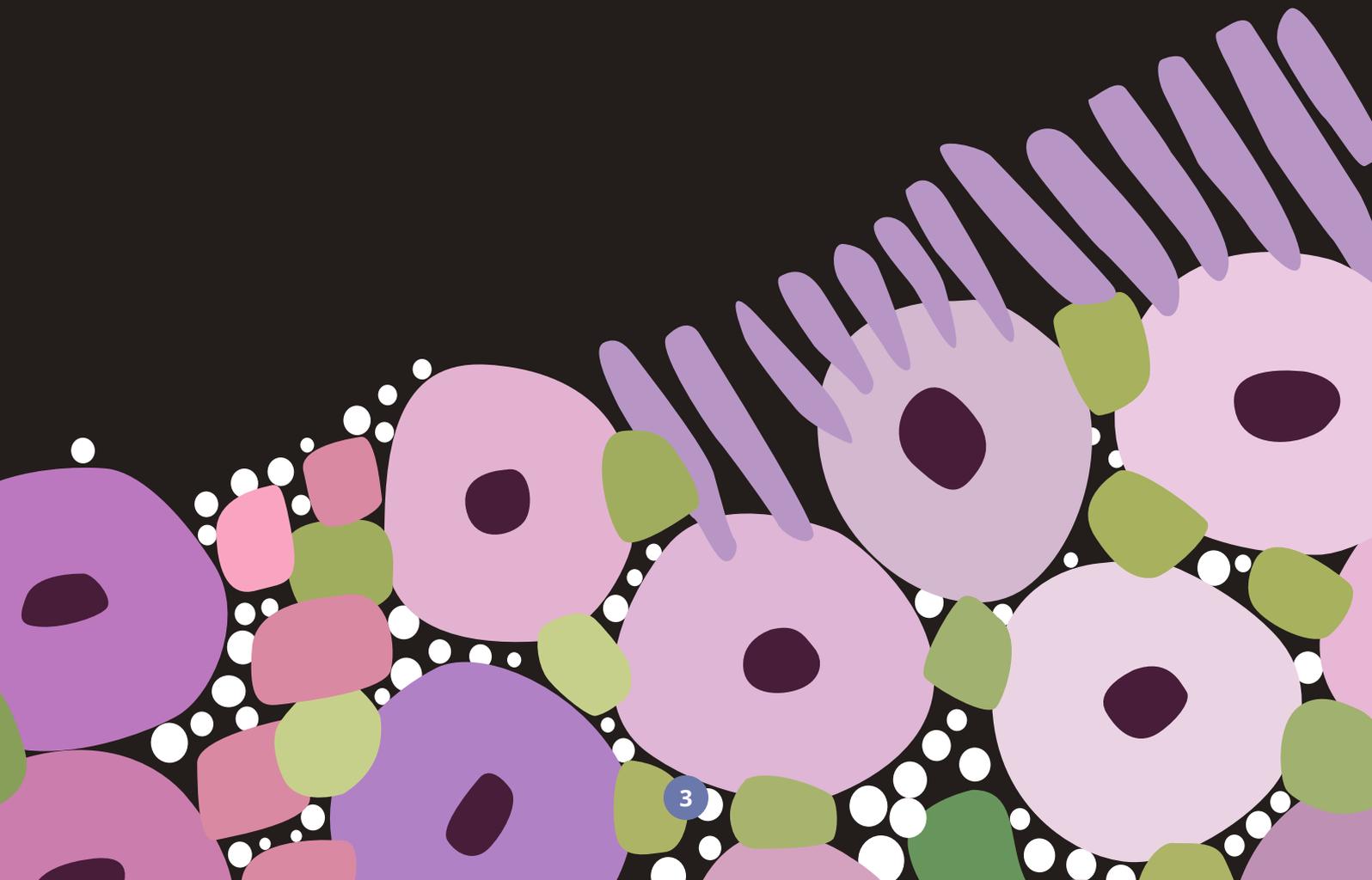
Balit Durn Durn



Strong Brain, Mind, Intellect and Sense of Self

Victorian Aboriginal Community Controlled Health Organisation's Report to the Royal Commission into Victoria's Mental Health System.

Balit Durn Durn comes from the Wurundjeri/Woiwurrung language and means Strong Brain, Mind, Intellect and Sense of Self. Permission to use *Balit Durn Durn* was provided by Wurundjeri Traditional Owners.



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38 The proposed solutions in section 3.2 strengthen Recommendation 4 of the Interim Report. Specifically, Solutions 2 and 3 closely reflect Recommendation 4 of the Interim Report and expand on its principles offering a contextualised Aboriginal-led way forward. Solutions, 1, 4 and 5 are independent from the proposals within Recommendation 4; however, they nonetheless draw from and build on Recommendation 4. Royal Commission Interim Report: Recommendation 4 Aboriginal social and emotional wellbeing

39 Solution 1: By 2025, establish five on Country healing centres to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture

42 Solution 2: By 2025, ensure long-term, sustainable, and flexible investment in Aboriginal social and emotional wellbeing to create generational change

44 Solution 3: By 2025, invest recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Organisations to secure long-term state-wide coverage

47 Solution 4: Critically invest in Aboriginal-led solutions to prevent suicide and self-harm

47 4.1 As an immediate priority, invest in an initial Victorian specific post suicide intervention and suicide prevention service, attached to an existing ACCHO service. Initially this could be done

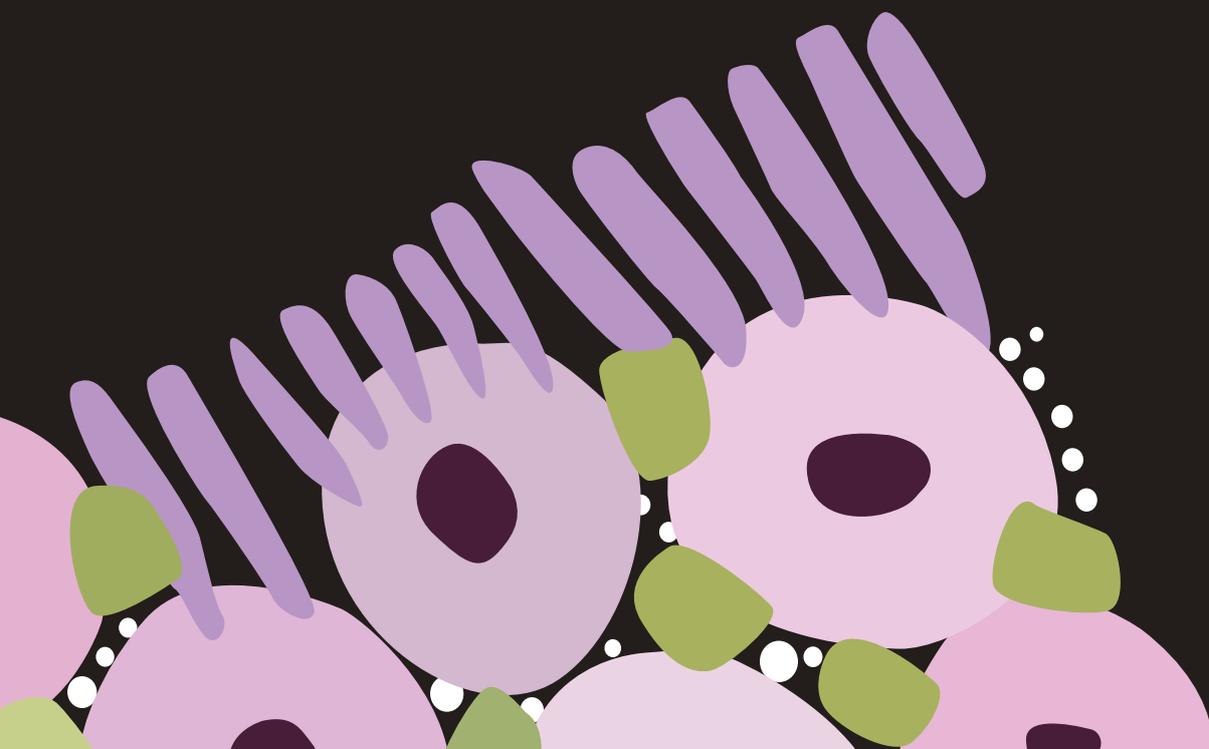
in partnership with an appropriate mainstream service like the Jesuit Social Services 'Support After Suicide' program, assisting children, young people, families and communities impacted by suicide and providing counselling, support groups and online resources

49 Solution 5: By 2025, appropriately invest in Aboriginal leadership and culturally safe service delivery across mainstream primary, secondary and tertiary health services

54 Thanks

55 References

56 Notes





Acknowledgement and thanks



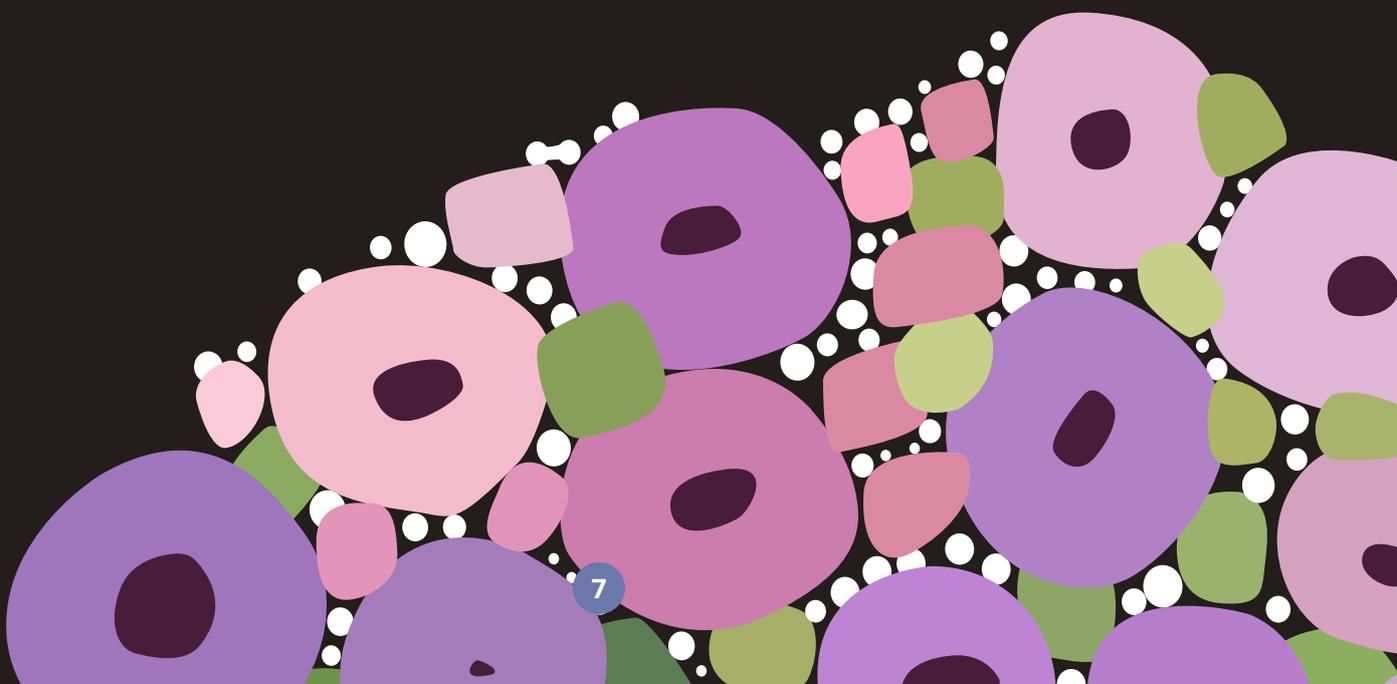
The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) acknowledges the strength of Aboriginal people across the Country and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal people as Australia's First Peoples' who have never ceded their sovereignty. We acknowledge this Report was developed on the Traditional Lands of the Wurundjeri/Woiwurrung peoples. And acknowledge the richness and diversity of all Traditional Owners across Victoria.

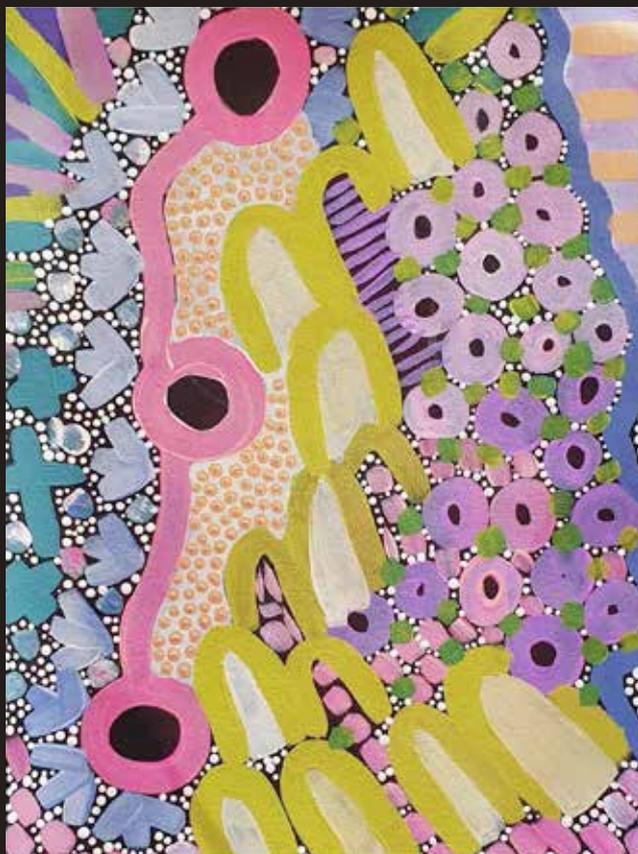
We pay our deepest respect and gratitude to ancestors, Elders, and leaders—past, present, and emerging. They have paved the way, with strength and fortitude, for our future generations.

We would like to acknowledge Jirra Lulla Harvey for her contributions in connecting with Victorian Aboriginal Communities to ensure they had the opportunity to shape this important Report.

We would also like to acknowledge the many contributors who generously provided their wisdom, experience, expertise, and cultural authority in this Report, especially Caroline Kell whose leadership was instrumental in the development this Report.



About the artist



"Nyarri Yathaka" - Now we will no longer be without.

Kenita-Lee McCartney

Kenita-Lee McCartney is an Aboriginal woman from Swan Hill/Balarand. Her bloodlines run through Wemba Wemba, Wiradjuri, Wotjiboluk, Neri Neri, Boon Wurrung country.

A proud kuyinggurrin (mother) of two pembemgguk (children) living on country on the Murray River in Matakupaat (Swan Hill), the land of the platypus.

"I come from strong bloodlines. As an Aboriginal person I've made it my responsibility (like many other blackfullas) to create and empower positive change for my Communities, keeping culture alive, strong and at the forefront of everything I do.

I am inspired by those who have come before me, I'm inspired by Country, our language, our traditions and our people. I have been creating since I was young, dancing and making art wherever I could. Now as an adult, art is very healing for me, whether it's through dancing, painting or weaving."

Story of Artwork

This piece tells the story of bright futures, with our Mobs flourishing and thriving – stories that I am drawn to telling. This piece signifies our path to a brighter future and the healing journey for our mob. With our Communities leading the way to create even brighter and self-determining futures for generations to come.

The colours are vibrant and bright, invoking our past and its impacts that helped plant the seeds of resilience that our Mob have sown. The piece tells a story of the journey our Mobs continue on. Of the beautiful lives that are flourishing, overcoming pain and injustice to move into a new era. Social and emotional wellbeing means connecting to Country and my culture – keeping it close to my heart. This piece expresses that if our people are provided with the right tools in life, we can be empowered. Connecting our people to their culture will empower them to thrive.

Our future is bright. Our days are brighter. We have that fire, that essence of culture, connection, spirituality within. We've overcome huge losses and persevered through the many challenges, but today we bloom. We are here. We are alive. We have survived. We are healing. We are strong. We will thrive.

About the Victorian Aboriginal Community Controlled Health Organisation



VACCHO is the peak body for the health and wellbeing of Aboriginal people in Victoria.

We train, support and advocate with and for 32 Aboriginal Community Controlled Organisations (ACCOs) across Victoria. ACCOs deliver a suite of culturally safe frontline health and community care services for Aboriginal Communities. ACCOs have a proud, long history as sustainable, grassroots organisations that assist in building community capacity for Aboriginal self-determination. Our Members' cultural identities are an important source of strength which informs our way of working and our integrity.

We believe that embracing Aboriginal culture and identity is essential. It will strengthen health care access and inclusion, and lead to improved health and wellbeing outcomes.



Foreword by Jill Gallagher AO

Ngata (which means 'hello' in my traditional Gunditjmara language).

For too long, Aboriginal people have fallen through the cracks of a fragmented and culturally unsafe mental health system.

For the first time in history, Aboriginal leaders, organisations, people, families, carers, and Communities were given the opportunity to have their voices and experiences included in a redesign of the mental health system through the Royal Commission into Victoria's Mental Health System (the Commission).

Balit Durn Durn is a ground-breaking report that reflects these voices and experiences.

Balit Durn Durn is drawn from Woiwurrung language of the Wurundjeri people and means **Strong Brain, Mind, Intellect and Sense of Self**.

This Report explores the power of Aboriginal culture. It outlines ways to build strength, resilience, connectedness and identity in Aboriginal people and Communities to create essential pathways for fostering positive mental health and wellbeing.

Five Aboriginal-led solutions are put forward in this Report that will dramatically transform the Victorian mental health system to better meet the needs of Aboriginal Communities. VACCHO welcomes the Victorian State Government's commitment and investment.

This Report has been developed during a significant time in history with the unprecedented global coronavirus (COVID-19) pandemic.

The pandemic resulted in VACCHO and ACCOs coming together to mobilise and respond to the health and wellbeing needs of Victorian Aboriginal Communities.

For many Aboriginal people and Communities this is a time of increased uncertainty, isolation, fear, depression, and anxiety. During the consultation process, in the span of one week, there were four suicides in Victorian Aboriginal Communities. We were in mourning.

Also, during the consultations process, the world was devastated by the death of a black man, George Floyd, while being arrested by Minnesota police. Floyd's death triggered demonstrations and protests globally that also had enormous reverberations in Victoria and across Australia. It reminded us how we must be prepared to address the injustices and ongoing impacts of colonisation if we ever wish to see improved health and wellbeing outcomes in Aboriginal Communities.



I offer my deepest thanks to the many Aboriginal people who showed enormous courage in re-telling their personal and professional stories. I also thank and acknowledge the valuable input of the many non-Aboriginal people who very generously contributed along the way.

Many interviewees spoke about the direct relationship between poor mental health and wellbeing, and the loss of land, culture, identity, self-worth and the breakdown of traditional kinship structures and roles within our Communities.

Despite the levels of loss, grief, health anxieties and racism felt in Aboriginal Communities, many interviewees were incredibly passionate about their work and optimistic about the future. Interviewees showed a deep commitment to their own and their family's healing and social and emotional wellbeing.

The call to action to anyone reading this is a simple one: Listen to the people's stories in this Report and invest long-term in Aboriginal community-led, trauma-informed solutions. Solutions outlined in this Report are based on connection to Aboriginal Culture, Country, Community, and Kin.



Jill Gallagher AO

Chief Executive Officer

Victorian Aboriginal Community Controlled Health Organisation

A handwritten signature of Jill Gallagher in white ink, written in a cursive style.

Language



Aboriginal Communities/kin: Complex networks of family, kin/kinship structures and friends

Aboriginal Self Determination: Aboriginal people have a right to self-determination. Self-determination is the right to free choice and determination of one's future

Aboriginal Social and Emotional Wellbeing: The Australian Indigenous Psychologists Association describes social and emotional wellbeing as a holistic view of health that "incorporates the physical, social, emotional, and cultural wellbeing of individuals and their communities"

Aboriginal: We use 'Aboriginal' as a term inclusive of Torres Strait Islander peoples. We acknowledge that the terms 'Aboriginal', 'Indigenous' and 'Koori/e' do not capture the entire diversity and complexity of Victoria's Aboriginal and Torres Strait Islander peoples and cultures. Our intent is always to use terms that are respectful, inclusive, and accurate

ACCHO: Aboriginal Community Controlled Health Organisations

ACCO: Aboriginal Community Controlled Organisations

Country: Country for Aboriginal people is land with which Aboriginal people share a spiritual and cultural connection.

Elders: Someone who has gained recognition as a custodian of knowledge and lore, and who has permission to disclose knowledge and beliefs. In some instances, Aboriginal people above a certain age will refer to themselves as Elders

Going bush: We use this term to refer to returning to Traditional Lands such as ones 'Country'

Healing: The Aboriginal concept of 'healing' is an inclusive term that enables mental health to be recognised as part of a holistic and interconnected Aboriginal view of health; it is embedded in the stories told throughout this Report and is central to this Report's proposed solutions. The concept of healing embraces social, emotional, physical, cultural, and spiritual dimensions of health and wellbeing

KHMLO: Koori Mental Health Liaison Officers are based in rural/regional area mental health services. KMHLOs aim to improve access and the cultural appropriateness of services provided to Aboriginal people

Koori/e: Aboriginal peoples from Victoria and Southern New South Wales

Mainstream organisations/non-Aboriginal organisations: This term can often be used interchangeably. In the context of this Report, the term is referred to as non-Aboriginal organisation. It refers to non-Aboriginal organisations that provide services, predominantly health and mental health services, to Victorian Aboriginal Communities

Mob: Used by many Aboriginal people to describe Aboriginal Communities or a group of Aboriginal people

The Commission: Royal Commission into Victoria's Mental Health System The Final Report: The Mental Health Royal Commission Final Report

The Interim Report: The Mental Health Royal Commission Interim Report

VACCHO: Victorian Aboriginal Community Controlled Health Organisation

Yarning Circle/Yarn: Used by many Aboriginal people, 'yarn' means to share informal dialogue

Summary



“If we grow our children strong in culture from the start – they can deal with anything.”

- Aunty Melva Johnston

The Mental Health Royal Commission (the Commission) is a ground-breaking opportunity for people with lived mental health experience, carers, families and the mental health workforce to contribute to improving the current mental health system and creating a system that appropriately supports all people.

The Commission received both written and oral feedback from individuals and organisations that will inform the Mental Health Royal Commission Final Report (the Final Report). At the centre of the work undertaken by the Commission is a desire to challenge the stigma and discrimination that often exists in the mental health system, and to outline and understand gaps in the service system that can be addressed and improved.

Balit Durn Durn was developed by VACCHO to support the Commission’s Final Report, which will be tabled in the Victorian Parliament in February 2021.

Balit Durn Durn builds on years of advocacy from Aboriginal organisations, leaders and those delivering front line services to Aboriginal people across Victoria. It relies on hearings and submissions completed by Aboriginal leaders and experts in social and emotional wellbeing, conducted by the Commission in April and May 2019. This includes the culmination of the voices of Aboriginal people, ACCOs and other peak bodies who made submissions, and the advice provided by Aboriginal experts during the Commission’s public hearing on 16 July 2019 at the Aboriginal Advancement League in Thornbury.

This report also builds on the Commission’s Interim Report (the Interim Report) which contains several priority recommendations that address immediate needs and lay the foundations for a new approach to mental health following changes to the current mental health system.

Following the publication of the Interim Report, VACCHO engaged in Community consultations to further understand the impact of the mental health system on Aboriginal Communities, workers, carers, families, and services. Almost 100 people responded to an online survey and 20 others participated in a series of face-to-face interviews where they shared their personal and professional experiences.

Balit Durn Durn aims to provide an overview of Aboriginal Communities’ experience with the current mental health system and offers innovative Aboriginal-led solutions that will see the Final Report deliver transformative outcomes.

About this Report

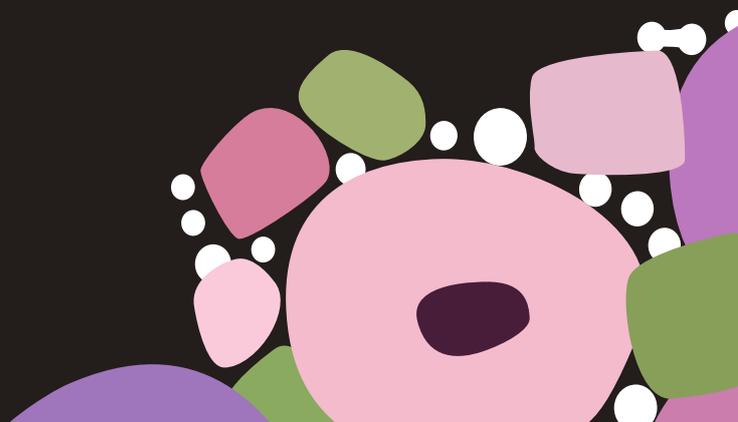


Balit Durn Durn is divided into three sections.

Section 1 explores the transformative nature of the current social and political landscape, and opportunities that exist for creating meaningful Aboriginal-led changes to the mental health system. This includes an overview of the current mental health system in Victoria, including statistics and information on Aboriginal mental health, as well as an overview of hard-fought advancements on foundational Aboriginal reforms that will complement solutions identified in this report.

Section 2 provides an overview of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Model as a therapeutic model that emphasises the connected relationship between mental and physical health, and the role of connection to culture as a vital protective factor. It provides an overview of the methods used to gather information for this Report, and outlines findings from research, interviews and conversations that were conducted by VACCHO. At the heart of this section—and *Balit Durn Durn* more broadly—is the idea that Aboriginal stories and truth-telling are fundamental to enacting meaningful, self-determining changes to the mental health system.

Section 3 articulates the flaws that exist within the current service system and is supported by five Aboriginal-led solutions. These solutions will be critical for creating a more equitable, culturally safe mental health system in Victoria, and require the input and participation of whole of Government, Victorian Aboriginal Communities, Aboriginal organisations, and the broader mental health workforce.



Summary of solutions

Five solutions are outlined in *Balit Durn Durn* that will dramatically transform the Victorian mental health system to better meet the needs of Aboriginal Communities. These solutions build on Recommendation 4 of the Interim Report and reflect the voices of Aboriginal and non-Aboriginal organisations and workers, and Aboriginal people with lived mental health experience. The word ‘solution’ is used in this Report instead of ‘recommendation’ because Aboriginal Communities have the solutions for creating a culturally-safe, sustainable, self-determining mental health system—the solutions are already in their hands.

The proposed solutions are that by 2025:

- **Solution 1:** Establish five on-country healing centres (or camps) to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.
- **Solution 2:** Ensure long-term, sustainable, and flexible investment in Aboriginal social and emotional wellbeing to create generational change.
- **Solution 3:** Invest in recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in ACCOs to secure long-term statewide coverage.
- **Solution 4:** Critically invest in Aboriginal-led solutions to prevent suicide and self-harm.
- **Solution 5:** Appropriately invest in Aboriginal leadership and culturally safe service delivery across mainstream primary, secondary and tertiary health services.

Aboriginal Stories are at the heart of *Balit Durn Durn*



While this Report speaks to a deep sadness and frustration that comes with decades of intergenerational trauma entrenched in Australia's colonial history, it also highlights Victorian Aboriginal Communities' courage, resilience, and hope.

Throughout the consultation process, Victorian Aboriginal Communities were open and honest in sharing both their families', and their own, personal experiences of the Victorian mental health care system.

Their experiences unveil a lack of Aboriginal Community-led and holistic service models of health and wellbeing, and a fragmented funding system that focuses on services rather than people's holistic needs. It highlights a lack of choice in engaging with the current service system. Experiences of worthlessness, grief, loss, trauma, and discrimination were shared with a hope that cycles of poor mental health will be broken for future generations once appropriate, sustainable, culturally safe services are created for Aboriginal Communities.

The Aboriginal concept of 'healing' is an inclusive term that enables mental health to be recognised as part of a holistic and interconnected Aboriginal view of health; it is embedded in the stories told throughout this Report and is central to this Report's proposed solutions. The concept of healing embraces social, emotional, physical, cultural, and spiritual dimensions of health and wellbeing.

Closing the gap in life expectancy between Aboriginal and non-Aboriginal Victorians is as much about improving the social and emotional wellbeing, resilience and mental health of Aboriginal people, families, and Communities as it is about addressing physical health factors.

One interviewee said:

"I hope the Royal Commission will look at the Aboriginal section and think about the ways that our health and healing practises are 60,000+ years old. And (that the Commission) think about it for all people living on these lands. Countless generations have known how life interacts with our Traditional Countries"

(Senior member of the Aboriginal workforce)

Another interviewee reinforced:

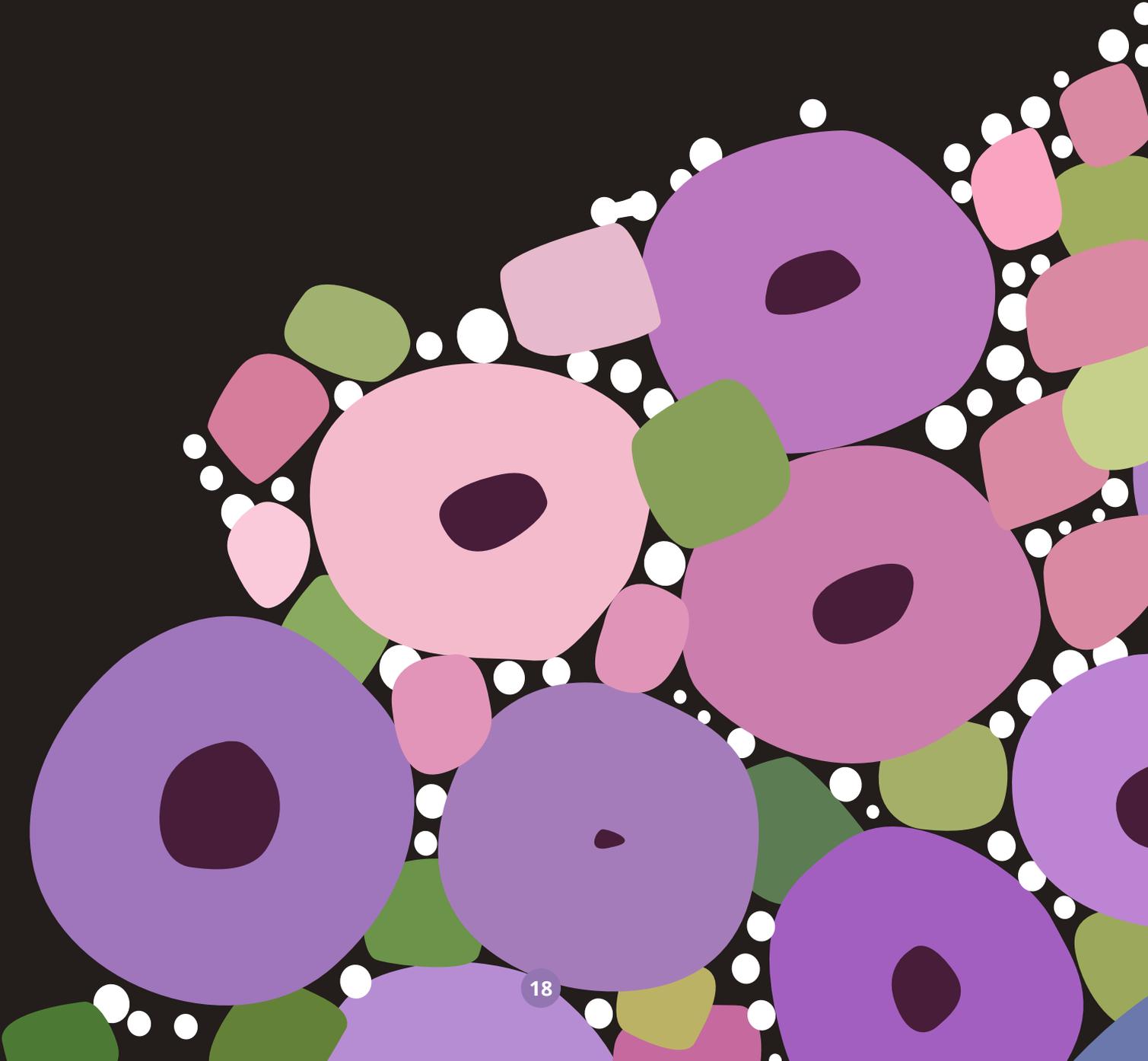
"We need to look at things differently, we don't fit into this prescription-based culture. We respond to different things; we respond to our Elders. We stop and we listen. We take away what our Elders tell us."

(Aboriginal Community member with lived experience)

Importantly, at the centre of this Report are Aboriginal people's lived experiences and their stories. One of the stories shared in this Report describes a sister's experience of losing her brother to suicide and embarking on her own healing journey with both Western and Aboriginal cultural healing practises. Another story is from a psychiatrist who advocates for an Aboriginal healing space where people can come together to be strong in culture; he describes the need for clinicians to adapt to Aboriginal ways of knowing and healing, instead of the prescription of Western mental health practices.

Aboriginal stories that feature throughout this Report are raw and largely unedited by design. It is recognised that for the first time ever, Aboriginal stories and anecdotes are being considered as evidence for the Commission and VACCHO wants to ensure their voices are heard and valued.

Section 1: The current state of Aboriginal mental health and the case for transformative change



31%

One in three Aboriginal people experience high or very high levels of psychological distress. That is about 2.5 times the non-Aboriginal rate. (AATSIHS 2018-19)

77%

Of all Indigenous people aged 18-24 who had experienced very high or high psychological distress had not seen a health professional (AIHW 2017b)

33%

Of Aboriginal Victorians have been diagnosed with a mental or behavioural condition. This is nearly 1.6 times the non-Aboriginal rate. (AATSIHS 2018-19)

55%

The number of Aboriginal mental health-related presentations to Victorian Hospital Emergency departments had increased by 55 per cent between 2012-13 and 2015-16 (VEMD)

4x

The rate of mental health-related ED presentations for Indigenous Australians was more than 4 times that for other Australians (AIHW, 2020)

33%

Of organisations providing health care to Aboriginal people provided trauma-informed SEWB services – 88% of these services were ACCOs. (AIHW, 2018b)

47.1%

Over 47 per cent of Aboriginal people have a relative who was forcibly removed from their family due to stolen generations policies in Victoria. Transgenerational trauma continues to affect Aboriginal people in Victoria. (DHHS 2015)

39%

Of the years of life lost by Indigenous Australians are due to poor health mental health and substance use disorders, especially alcohol use disorders, anxiety and depression (AIHW, 2016)

12x

In Victoria, the average placement rate into out-of home care for Aboriginal children in care is 87.4 per thousand, which greatly exceeds the placement rate of six per thousand for non-Aboriginal children. (ROGS 2017)

1.2 Standing on the shoulders of giants

This Report was not developed in isolation. It builds on existing calls for Aboriginal self-determination and must exist within the context of key outcomes and hard-fought advancements from other foundational Aboriginal reforms outlined below.

We must build upon the hard work of Aboriginal Communities and existing Aboriginal governance structures

This Report and the solutions proposed in this Report build on hard-fought advancements in several landmark reforms.

At a national level, this Report supports Gayaa Dhuwi (Proud Spirit)— the Aboriginal and Torres Strait Islander Leadership in Social and Emotional Wellbeing, Mental Health and Suicide Prevention Framework (2020). It is developed with the same sentiments outlined in the 2017 Uluru Statement of the Heart. This Report is also being published during the watershed negotiations between the Coalition of Peaks and the various Australian Governments to revise the national Closing the Gap agreement.

In Victoria, this Report exists alongside the negotiation of Treaties and the establishment of the First Peoples' Assembly of Victoria in 2019.

This Report builds on other whole of government and sector reforms based upon the principles of Aboriginal self-determination, including:

- Balit Murrup: supporting Aboriginal social and emotional wellbeing framework (2017-2027)
- Korin Korin Balit-Djak: supporting Aboriginal health, wellbeing, and safety strategic plan (2017-2027)
- Supporting Self-determination: prioritisation of funding to Aboriginal organisations policy outlined under Korin Korin Balit-Djak (2017-2027)
- Dhelk Dja Safe Our Way: Aboriginal-led agreement to address family violence in Aboriginal communities (2008-2018)
- The Victorian Aboriginal Affairs Framework: Supporting Victorian Aboriginals to reach targets outlined in the new national Close the Gap agreement (2018-2023)
- Burra Lotjpa Dunguludja; Aboriginal led justice agreement (2018)
- Victorian Aboriginal Economic Development Strategy: To build economic prosperity and deliver better life outcomes for Aboriginal Victorians (2013-2020)
- Marrung: To ensure that all Koorie Victorians achieve their learning aspirations (2016-2026)
- Wungurilwil Gapgapduir: A partnership between the Victorian Government, Victorian Aboriginal Communities and the child and family services sector (2018)

While this Report exists amid several major Aboriginal reforms, the journey for each Aboriginal person living with a mental illness is unique and should be viewed in the context of their own lived experiences and their own hopes of leading a full and contributing life. The system-wide changes and self-determining principles that are proposed in the Interim Report offer a transformational opportunity to deliver meaningful outcomes for Aboriginal people.

The Victorian Government has committed to implementing all recommendations outlined in the Final Mental Health Report

This is a rare moment in history—and presents a significant opportunity for system-wide mental health reform—as the Victorian Government has committed to implementing all the findings of the Commission’s Final Report tabled in Parliament in February 2021. This action shows a sign of deep commitment to improving Victoria’s mental health system. It also means that the personal stories, advice, and expertise given by Victorian Aboriginal Communities and ACCOs will impact wide-reaching change in improving mental health and social and emotional wellbeing outcomes for Victorian Aboriginal Communities.

Aboriginal people are still disproportionately exposed to risk factors that negatively impact on their mental health and social and emotional wellbeing.

In Victorian Aboriginal Communities, the events of the 2020 bushfires and coronavirus pandemic have exacerbated the stress and poor health of many Victorian Aboriginal people. These events have significantly increased social, financial, emotional, and physical pressures and stressors, including widespread grief and loss, which can compound existing impacts from:

- the Stolen Generations and removal of children
- unresolved trauma
- separation from culture and associated identity issues
- discrimination based on race or culture
- economic and social disadvantage
- physical health problems
- high incarceration rates
- violence
- substance misuse.

Sadly, these risk factors are associated with increased suicide risk and suicide rates that are twice the national average. Aboriginal suicides are closely linked to mental health issues, with about 80 per cent of deaths linked to a diagnosed and or a suspected mental illness. This is at a similar level to the overall Victorian population.

Building the Aboriginal evidence base for Recommendation 4 of the Interim Report

The Interim Report highlights the widespread and disproportionate rates of psychological distress, depression and anxiety in Aboriginal Communities and states that these occurrences must be addressed as a priority. Most importantly, the Interim Report acknowledges the ongoing detrimental impact of colonisation and post-invasion policies on the social and emotional wellbeing of Aboriginal Communities.

The Commission has committed to developing a road map for the transformational change required to redesign the Victorian mental health system to meet the needs and expectations of people living with poor mental health. The Interim Report Recommendation 4 proposes the establishment of an Aboriginal Social and Emotional Wellbeing Centre for Excellence, support for statewide social and emotional wellbeing programs in ACCOs and scholarships for Aboriginal social and emotional wellbeing teams to ensure workers can have access to relevant mental health qualifications.

The findings were based on the many submissions made by ACCOs and other peak bodies, and the witness statements made by Aboriginal experts during the public hearing on 16 July 2019 at the Aborigines Advancement League in Thornbury.

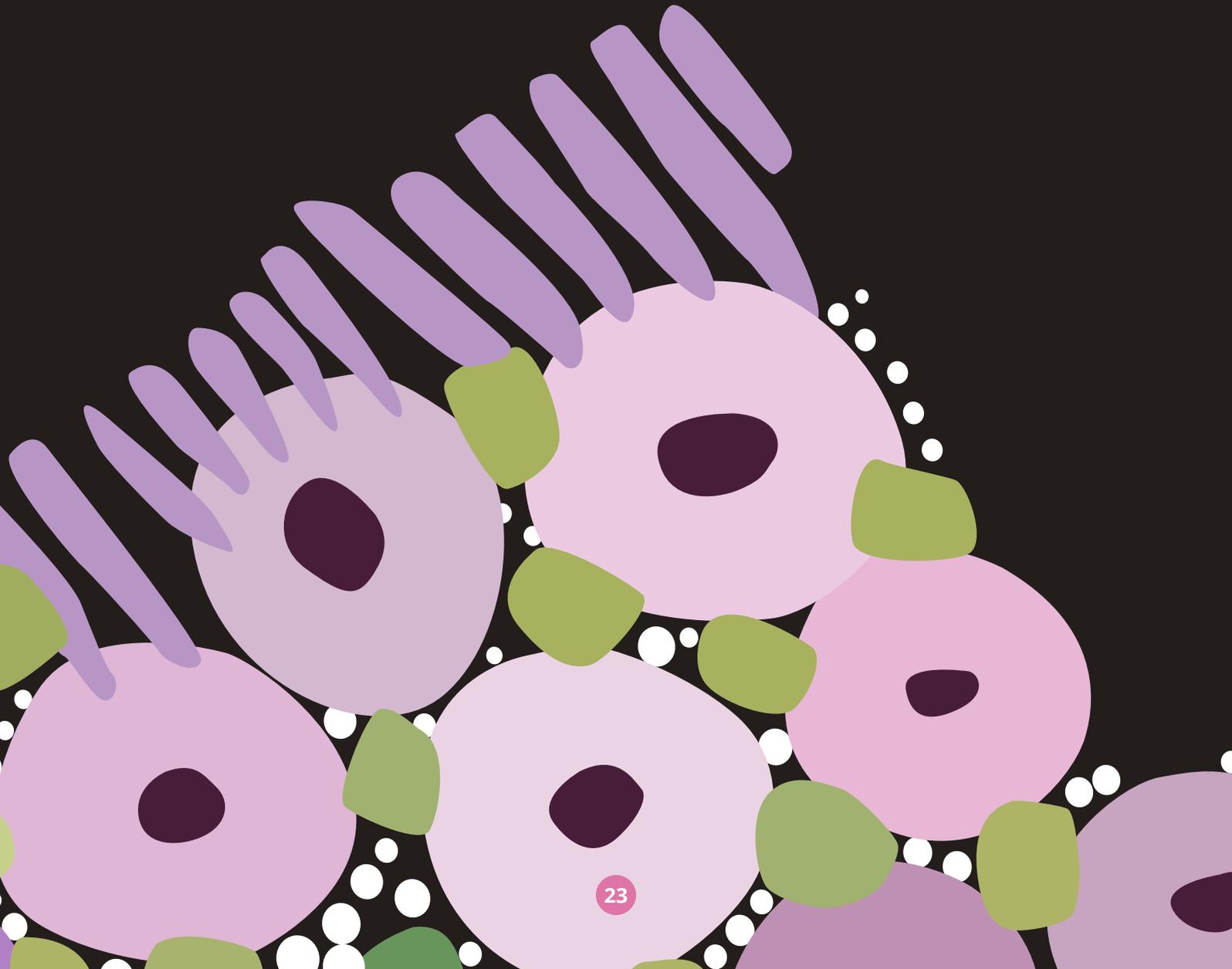
The Interim Report recommendations, in conjunction with the solutions outlined in this Report, will lead to much needed transformative change based on Aboriginal expertise, leadership, and self-determination.

INTERIM REPORT RECOMMENDATION 4

The Royal Commission recommends that the Victorian Government, through the Mental Health Implementation Office, expands social and emotional wellbeing teams throughout Victoria and that these teams be supported by a new Aboriginal Social and Emotional Wellbeing Centre. This should be facilitated through the following mechanisms:

- Dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations, with statewide coverage within five years.
- Scholarships to enable Aboriginal social and emotional wellbeing team members to obtain recognised clinical mental health qualifications from approved public tertiary providers, with a minimum of 30 scholarships awarded over the next five years.
- Recurrent funding for the Victorian Aboriginal Community Controlled Health Organisation to develop, host and maintain the recommended Aboriginal Social and Emotional Wellbeing Centre in partnership with organisations with clinical expertise and research expertise in Aboriginal mental health. The centre will help expand social and emotional wellbeing services through:
 - clinical, organisational and cultural governance planning and development
 - workforce development—including by enabling the recommended scholarships
 - guidance, tools and practical supports for building clinical effectiveness in assessment, diagnosis and treatment
 - developing and disseminating research and evidence for social and emotional wellbeing models and convening associated communities of practice.

Section 2: Aboriginal stories and truth-telling lead the way for change



2.1 The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework model needs to be embedded across the continuum of mental health care

This Report predominantly focuses on Culture, Family and Kinship, Community, and Country because these are themes and concepts that interviewees most frequently spoke about. Throughout the consultations and surveys, there were consistent references to 'culture' and 'identity' being protective factors against poor mental health, and as being essential tools to grow and develop – to be strong, healthy, and well.

The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, otherwise known as the "SEWB model", defines social and emotional wellbeing as a multidimensional concept of health that includes mental health, but which also encompasses health and wellbeing. This includes a connection to land or Country, Culture, Spirituality, Ancestry, Family, and Community.

The "SEWB wheel" represents holistic healing and includes protective factors that support good mental health for Aboriginal Communities.



These include connection to:

- Body
- Mind and emotions
- Family and kinship
- Community
- Culture
- Country
- Spirit, spirituality, and ancestors

The outer wheel speaks to how these factors interact with social, historical, and political determinants of health and wellbeing, and the importance of each element in keeping well.

These determinants of health and wellbeing are defined as:

- **Social determinants** - the impact of poverty, unemployment, housing, educational attainment, and racial discrimination.
- **Historical determinants** - the historical context of colonisation and its legacy. The impact of past government policies and the extent of historical oppression and cultural displacement.
- **Political determinants** - the unresolved issues of land, control of resources, cultural security, and the rights of self-determination and sovereignty.

2.2 Balit Durn Durn methodology and consultations

This Report was completed using a combination of research, surveys and yarns via telephone and video conference.

Initially, VACCHO committed to holding 12 face-to-face consultations with Victorian Aboriginal Communities across the State. Work on organising the consultations was progressing, however the wide-ranging restrictions implemented in Victoria due to COVID-19 meant that VACCHO had to find alternative ways of ensuring Victorian Aboriginal Communities were heard.

Over a three-week period, VACCHO established and promoted two online surveys.

VACCHO engaged Jirra Lulla Harvey of Kalinya Communications to complete 20 in-depth interviews with Aboriginal people with lived mental health experience, workers, and experts with extensive knowledge in the mental health field.

Desktop Analysis

At the project's commencement, a desktop analysis was completed. The desktop review considered existing evidence with a focus on Aboriginal academics, and the Commission's public hearings and evidence provided in the development of the Interim Report. The desktop review also helped in tailoring strength-based and solution focused questions for surveys and interviewees.

What we heard

Surveys

Over a three-week period, VACCHO established and promoted two online surveys. The first survey captured the thoughts and stories of Victorian Aboriginal Communities with lived experiences navigating Victoria's mental health system – whether personally or by supporting a family member, child, or friend.

The second survey captured the experiences and views of Aboriginal front-line service delivery workers across Victoria. These individuals work tirelessly in both ACCOs and non-Aboriginal organisations to support Aboriginal people, families, and Communities.

Survey questions drew on the desktop analysis and were developed by VACCHO's internal Royal Commission into Victoria's Mental Health System working group with input from relevant stakeholders across the organisation.

The surveys were distributed to VACCHO Members and other ACCOs and were promoted widely on VACCHO's social media channels.

While online surveys are not an ideal way to engage Aboriginal Communities, in-person engagement was limited due to COVID-19. VACCHO therefore determined that the surveys were an effective way of gaining Aboriginal Community insights alongside the in-depth interviews held over video and telephone calls.

Survey results

Aboriginal Community Surveys

Forty-five Aboriginal Community members across Victoria responded to the 23-question Community survey, with a completion rate of 53 per cent.

Themes and findings which emerged include:

- ACCOs provide better mental health supports for Aboriginal Communities than non-Aboriginal mental health services.
- Fifteen survey participants (55 per cent of responses) rated ACCO supports as “outstanding” or “good”.
- Mainstream ratings were lower across all listed sectors, with hospital treatment articulated as concerning: five survey participants (25 per cent of responses) rated hospital treatment “ok”, nine survey participants (45 per cent of responses) rated treatment as “poor” and one survey participant (5 per cent of responses) rated hospital treatment as “unacceptable”. Only one survey participant (5 per cent of responses) rated treatment as “outstanding” and four survey participants (20 per cent of responses) rated treatment as “good”.
- Area Mental Health Services also fared poorly: seven survey participants (46 per cent of responses) rated treatment as “ok”, five survey participants (33 per cent of responses) rated treatment as “poor”, and one survey participant (7 per cent of responses) rated treatment as “unacceptable”. One response each rated treatment as “outstanding” and “good”.

Compellingly, 87 per cent of all survey participant responses ranked it “extremely important” that mental health systems have “more emphasis on holistic health (outside of Western medical treatment)”, with another 12 per cent of responses ranking this as “important”.

The survey also found that 90 per cent of all participant responses ranked “increasing service providers’ capacity to provide culturally safe care” as “extremely important”, while the remaining 11 per cent of responses ranked enhanced cultural safety as “important”.

“I felt my [counsellor] had no idea about the pain and trauma my family’s experience with Stolen Generations and the breakdown of my family as a result.”

– Aboriginal Community member

- The survey found 70 per cent of responses stated that being able to talk to an Aboriginal mental health, social and emotional wellbeing or alcohol and other drug (AOD) worker in their local area would help to support them when they (or someone they care for) start to feel unwell mentally and/or emotionally.
- The survey found 70 per cent of responses identified that having a 24-hour telephone counselling line staffed by Aboriginal workers and having better supports from their family and Community would help to better support them when they are feeling down or in a crisis.
- The survey found 78 per cent of responses identified they find support from local ACCOs when they are feeling unwell, 62 per cent said that they find support through friends or family, and only 34 per cent said that they find support from their local non-Aboriginal or mainstream organisation.

Overwhelmingly, Aboriginal Communities demand more Aboriginal workers to be employed throughout the system. Holistic services and safe spaces to heal and re-connect with culture in privacy, free from judgement

and shame, are important for Aboriginal Communities when accessing services. Cultural and clinical training of staff across all levels of the mental health system are fundamental to improving outcomes.

“I lost my 21 [year old] daughter to suicide after she reached out to an inappropriate, unprofessional, poorly trained Aboriginal mental health worker who decided professional help wasn’t needed and giving her a hug (would) fix it. My daughter asked to be taken to local hospital as she wasn’t ok. Four days later she was no longer here.”

– Aboriginal Community member

Aboriginal workforce surveys

Thirty Aboriginal and non-Aboriginal health workers/workforce members responded to the 13-question survey with a 100 per cent completion rate.

Of the 30 individuals who answered the survey, 19 survey participants (65 per cent) identified as Aboriginal with the remaining 11 (36 per cent) workforce members identified as non-Aboriginal.

Some of the themes from survey responses included:

- 72 per cent of participants stated that “more cultural mentoring and peer supports” would make their job easier, while “more resources”, “more training and development” and “wellbeing embedded in practice (time off for vicarious trauma, clinical supervision)” were identified by more than half of participants.
- “Dual Diagnosis – AOD and mental health” was selected by 48 per cent of participants as the most pressing concern that their clients present with. “Mental health issues” was selected by 25 per cent of participants, with 11 per cent of participants identifying “housing/homelessness matters” as their client’s most pressing concern.

Mirroring the responses of the Aboriginal Community survey, workforces identified the need for more resourcing and training, and for Aboriginal workers to be employed across the mental health system.

The workforce also identified the importance of addressing the breakdown of barriers to access treatment, including ensuring that Aboriginal people can access care while remaining on Country or in an Aboriginal facility. This issue is particularly important to address in mainstream treatment providers, like local prevention and recovery centres (PARC).

“Cultural healing is not an [after-thought] but the first step towards recovery.”

– Aboriginal Workforce member

From the workforce’s perspective, effective mental health treatment models for Aboriginal people would centre around equitable, client-led, holistic and wrap around care— programs that are centred on a connection to culture, Country and family.

Having skilled and knowledgeable people in the right positions empowering Aboriginal Communities is fundamental to delivering effective and safe care. The workforce identified that an increase in training and educational opportunities is likewise essential for both increasing workforce capacity and providing more effective and inclusive care for Victorian Aboriginal Communities.

The survey found 83 per cent of participants said that they would be “interested in pursuing further education to up-skill”; however, at present too many barriers exist which serve to block equitable access to training.

Some ways to address barriers to address training and access to care include:

- Increased funding.
- Enhanced organisational capacity to allow staff time and opportunity to study.
- Improving access to training opportunities, particularly for those living regionally as travel, accommodation and living away from home are barriers.
- Recognising innate knowledge of cultural ways and healing as invaluable and not something that one can learn through a formal qualification. There is a sentiment that formal qualifications and Western modes of learning are valued higher within the mental health system than the knowledge one gains through the lived experiences of being an Aboriginal person; this sentiment should be challenged and lived-experience should be prioritised in the mental health space.

Community Conversations

Building on the surveys, 20 rich and deeply inspiring interviews were also completed. Interviews were conducted with Aboriginal people with lived experience of the mental health care system, including Traditional Owners of Victoria and those who are no longer living on their traditional lands and now call Victoria home. Interviewees also included members of the Aboriginal and non-Aboriginal mental health and community care workforce who have direct relationships with Aboriginal people and programs.

Interviewees lived in both urban and regional areas. Half of interviewees identified as male and half identified as female. Interviewees also included members of an Aboriginal youth organisation, an Aboriginal LGBTI advocacy group and Aboriginal Elders.

Much like the surveys, key themes emerged in the Community conversations. These include:

- To see improved outcomes, there must be increased and sustained funding to support cultural healing models, camps, spaces, and centres led by Aboriginal people.
- It is important to value and embed Aboriginal culture, connection, and kin into clinical practice—not only at ACCOs, but across non-Aboriginal services.
- Aboriginal Communities would like, but are rarely afforded, ‘choice’ when it comes to treatment.
- Many Aboriginal people want to access both Western and Aboriginal healing practises. However, financial stress makes it difficult to seek alternate models, and treatment options are limited.
- Aboriginal people want to feel safe, heard and understood when accessing non-Aboriginal services. This points to the importance of having Aboriginal units embedded within non-Aboriginal health and community care providers. Aboriginal staff must work in front-facing as well as leadership positions to influence lasting change.

The workforces advised that:

- Across the service system, Aboriginal and non-Aboriginal workforces remain stretched.
- The workload for Aboriginal staff is particularly crippling. The client and worker boundaries that are encouraged for staff in non-Aboriginal environments are not possible for the Aboriginal workforce. Many Aboriginal staff have dual roles; they are Community members first and foremost, and often are ‘on call’ 24-hours a day, seven days a week.
- The non-Aboriginal mental health workforce must respect and advocate for Aboriginal cultural healing practises, with recognition that they may never fully understand the extent to which cultural healing practises have such a powerful impact for Aboriginal people.
- There needs to be a more accountable and responsive non-Aboriginal mental health service system that can better coordinate culturally appropriate and responsive care.
- The ACCO workforce is made up of Aboriginal Community members who are on their own healing journeys. Many are exposed to high levels of distress with limited opportunities to debrief and heal from vicarious trauma. The Aboriginal workforce wants the true nature of their work seen, acknowledged and remunerated.

2.3 Community Story: Connecting back has been the key

Trigger warning: *This is an personal account of suicide by a family member. Some people find this content deeply distressing. It contains names of people who are resting in power in the Dreaming.*

- Anonymous Aboriginal Community Member

My family are from the Western Desert in Western Australia. Our Tribe is referred to as the last of the nomads, as we were still living on Country when we were discovered by white people in the mid 1960s and 1970s. I was born in 1981, and I am literally the first person in my family to be born outside of the desert.

My family originally lived off Country closer to the Northern Territory border. From the 1950s and 1960s there was nuclear testing and rocket testings and I remember stories being told by my Elders when I was a young girl, about how they saw things 'flying in the sky.' This frightened them as they thought it was bad spirits, so they decided to move more inland. And that is when they had first had contact with European people.

My mother's generation were the first to live in the Western/European world. My grandparents did not want to, it was too foreign for them, so they decided to stay out bush. My grandfather was a traditional warrior who had three wives and 16 children. My mother was the youngest. Mum left our Traditional Country at the age of 16 and moved to Perth. Soon after starting her new life there, she had me. Unfortunately, of my mums 16 siblings, only six are alive today.

My mother went through addiction and alcoholism. She was in and out of jail all the time. At the time, there was a church mission in the town and my family learnt English from the missionaries, and the missionaries learnt our language. My people started to call them mummy and daddy and had a high respect for them.

When I was six or seven, my mother was not able to look after my brother, sister, and I, due to her addictions. As a result, we were put into foster care with a couple from the church, the missionaries who had been working on our country for 30 years. They were very close to our family and understood parts of our culture and knew our language. We stayed living with them until the legal age of 18. During that whole time, we stay connected to our Country and our people, because of our foster parents understanding of our culture. We recognise that we were are one of a million cases of Aboriginal children who were put in the foster care system. When first, we were put into care all together and not separated. Secondly, not only were we safe and loved in our home but we grew up very connected to our culture and family.

We already had significant childhood trauma in the early years of childhood. My mum's identity as a young Aboriginal girl, was a big struggle for her. She was born and raised as little desert kids, traditional way and then coming into town discovering this new Western life and being hit with the poisons of alcohol and cigarettes. It was not until later in life that it was discovered that she was born [with] heart problems; she had been having mild heart attacks since she was 19 years old.

On January 26 2001, my mum had a heart attack and died, she was only 38. My brother was there with her and watched her die. That was the start of everything becoming undone. I did not know how to deal with it. I had just finished a short course at Uni in Sydney and my brother was just about to start year 12. We buried my mother only a couple weeks before school started back for the year for my brother, 17 years old and my sister 14 years old.

The loss of our mother brought up a lot of childhood trauma that was suppressed over the years in foster care. I remember going into counselling for grief, a year after she passed. I then needed to be referred to another

specialist for other trauma, such as child abuse and neglect. Somehow, with my resilience, I was able to overcome the pain and work through a lot of the issues I did not realise I had. And I was able to continue living my life, with further study and working professionally.

The 18 years of turmoil that it had on my brother and the childhood trauma that it brought up for him also, became too much for him to know how to deal with it. He went down a different road and reacted with breaking into cars, smoking and drinking. Later on, down the track, he started smoking methamphetamines and became very addicted to it. He tried to go to counselling and to rehab, but he was unable to cope the past. And feeling the pain of it all. My brother was later diagnosed with drug induced schizophrenia, which didn't help at all when he was on ice. He worked in the mines for many years and somehow his body was able to work the two weeks without drugs but then when it came to the end of that two weeks, his body would start to shake as it needed the hit again. My sister would watch this every month on how it had a hold of him. On his weeks off, he would go days without sleep and food and water, just from being high on meth. With his schizophrenia and paranoia from taking the drugs, he started to believe that the police were after him. There were several failed attempts to take his life due to being so paranoid. And unfortunately, in June 2019, it was his last attempt, that took his life. This was an incredible shock to my family and so difficult for my sister and I to deal with. We immediately arrived into Perth to organise his things and his funeral.

My brother passed away in the garage of his house, and when we went in to look in the garage, a few days after he had passed away, we discovered that most of our grandfathers weapons – even weapons he was initiated with as a boy – and our grandmothers coolamons and clapsticks were laid out on the ground, near where he passed away. The night he had taken his life, my brother had laid them out and polished them with animal fat. He desperately wanted to go back to Country that night, but was unable to, as he did not have his car. His last conversations were, that he wanted to go back out bush so that he could find peace again. I believe, that in that moment, he found some peace in preparing those weapons and dying near them.

Only two months after we lost my brother, our foster mum died. She had been unwell for quite some time, and we believe losing our brother, her son, that it fast tracked her illness.

Losing my brother lead me to fall into a deep depression. Nothing that I had ever experienced before in my life. I was unable to get up out of bed and wanted to be left alone, in my room in the dark, day and night. I did not want to speak to anyone, take any calls or go outside. This was very difficult for me as I have two children - 10 and six. But with this depression, I was unable to be there for them. I am very grateful that I had good people around me and good friends from our school, that were able to help me with my children during this time.

As the days and weeks went by, I realised I was not getting better and I recognised that I was feeling "sick" in my mind. A friend referred me to a neuro-psychotherapist and counsellor who specialised in childhood trauma and brain development. The thing that helped me – the area she specialises in – was helping me to understand how the way brain develops, from when we are growing in the womb, when we are born, and the crucial first weeks and months of our life.

I had explained to my counsellor the life that we had, and what it was like growing up with heavy use of alcohol in the household. As a little girl, I had to grow up very fast and fend for myself and my brother. If all the adults were passed out or hungover, or arrested, I had to learn quickly how to find food for my brother and me. As kids, we would always either hide under the bed or in the closet, under the blankets, when there were a lot of people over drinking and fighting. My counsellor helped me realise my flight or fight response and that what worked for us when we were little, could no longer work for us as adults. We couldn't just hide in the closet or under the bed anymore. I was able to find counselling to help me with dealing with the flight or fight response. But my brother resorted to drugs and alcohol.

My counsellor drew pictures of the brain and helped me understand early development of the mind and the connection a mother has with her child. All my life I have had guilt for not looking after my brother better. I felt guilty that I was able to keep going, after our mum passed away. I felt guilty for leaving my brother and sister, after her funeral to go and live in Sydney. While living in WA, I thought that I could help my brother with his addictions and even had him live with me for six months. But his drug addiction became too risky with my small children around. So, I had to ask him to leave. Again, I felt guilty for that. My counsellor helped me understand the damage that had been done to him early on as a baby. Trauma shuts off parts of the brain and it helped me to realise that he just was not able to have the capacity to cope. As that was damaged in his brain as a young boy.

It was like a huge weight off my shoulders – I felt completely free for the first time in my whole life – even if I had done everything that I could possibly do, which I thought I was doing, it still wouldn't have helped. He still would never have been able to heal in that way and function properly in life. We had sessions where she would scientifically and biologically show me the impacts of early childhood development. Understanding there was incredible power for me in being able to finally forgive myself and to let that guilt go. That was the start of my healing process.

She gave me strategies and tools, as simple as deep breathing techniques. I struggled for months not being able to sleep. I just could not stop thinking about my brother and his pain and my sadness from losing my best friend. She asked me to describe my perfect place, to describe where I find my peace. For me, it is at the beach, and, around sunset. She asked me to describe the feelings that I feel when I'm sitting watching the sun set. She wanted me to describe it using all of my senses. What I could feel, what I could touch, what I could hear, what I could smell, all to describe a scene where I felt safe and felt happiness. She then suggested that at bedtime to imagine this scene and describe it in my mind every night that I was unable to sleep naturally. The second night after that, I feel asleep before I even got to describing the feel of the sand in my hands. It was the best sleep I had had in months. I was quite crippled for a few months.

I made the decision that I no longer stayed up late. I got into a routine. Go to bed early, so I can get up at 6.30 to do my stretches and meditate. I started to keep a journal and started to write about things I wanted for myself in the future. I would write three things each day: to be more patient and happier.

After working hard to sleep well and practice coping strategies, I was finally starting to feel well. And then two months after I lost my brother, I lost our foster mum.

It was then that I decided, I need to do something more. I felt like I was going backwards again. I decided I needed to go home, back to Country.

Through the bedtime practises and breathing I was able to deal with my foster mum's funeral better. and I found that I had better tools to not go down the same road.

I decided to take two weeks off after the funeral to go back to Country. I spoke to my Aunties and they agreed that I needed to come back home and they would care for me. I went back to the desert. There is a special place, for women only in our tribe. In the middle of nowhere there is this green place with gum trees, green bushes, bush foods, and water holes. My Aunties took me there and showed me that it was a special place for women to heal. It was where they came to give birth, and to heal from that, and to come for other healing and connection. My five

Aunties did a special ceremony for me. They had coals already heated covered in fresh gum leaves, so it was safe to lie on them. We have a lot of sandalwood trees out there; it has been part of our culture for thousands of years and it is a part of who we are. They used the sandalwood oil and ochre and covered my body in ochre and oil and sang in language about me being home. It was like a day spa healing treatment that had been done for thousands of years traditionally, with all the bush medicine that needed to be put into my body and my face and my hair – for me to know that I am home and for this pain to go. And right there in that spot, in that water hole, they helped washed me.

The most beautiful thing about it as a grown woman, is that it felt like I was a little girl. I had a lot of my childhood taken away from me. To have that love and nurturing. It was being passed to me, that has been done to our women, for generations. These people who love you and want you to be better and want you to heal. I felt like a little girl, in a good way – these Aunties / Nannas had done this for so long. The smell, the mix of the leaves, the sandalwood, the smoke, everything was so therapeutic. So perfect. We stayed out there for a couple of days, talking and yarning. It was a beautiful moment. So healing for my soul. Being about connecting with the strong women in my family and to walk bare foot in the red desert to learn from them. It helped me feel my ancestors and to feel happy and at peace. I called this, my desert healing.

My Aunties and Nannas then said, “Because you need healing also in the sea, go talk to other Aunties that live along the Coast.” Go and get your sea salt healing. I had the Yamatji Aunties doing that in the ocean with me. It is something I am so lucky to experience. So lucky that my family still have that connection to be able to practise – that it wasn’t taken from them.

This was a huge part of healing me last year.

I had Western counselling and that has helped me. And my Aunties told to keep that connection back to Country. To pick the gum leaves, keep the sandalwood oil to put on my body or have in my diffuser at home. I have dried leaves and rocks and dirt from the desert. They told me that then when I returned home, to go out bush in that Country. Connect with people so you can find local supports there as well. Find peace in that Country because healing is everywhere, I hear my Aunts say.

I realised that it was more than just one element that I needed. To heal from my past, my trauma, and my grief. I realised that I needed to go and seek all those elements to help me feel normal again.

I needed this to be on Country and Western healing, to heal from my past, and prepare me for my future. As a mother. I knew that I did not want that for my children and that was my hope. In my deepest times, I had thoughts of suicide. I never had before. I knew I couldn’t do that, I needed to be well and happy and healthy for my children. I always had a fear about getting to age 38, because that was the age that my mum was when she died.

For the last six months I had not slept well, not eaten well, and had been grieving heavily. At the beginning of this year, I ended up in hospital. For six days they did test after test and eventually diagnosed me with pneumonia. But when I told my doctor what had been happening recently in my life, she told me what stress and grief does to your cells. And the overall functioning of our organs and body. She believed, a huge contributor to why I got so sick. Since then I have made different choices. I continue to work hard to stay focused and healthy. I know that if I am healthy with what I put in my mouth it helps with my mind, I have clarity.

I know for certain, no one thing is the answer.

Being able to recognise things like alcohol was not going to help. That the first thing I needed was an understanding of my trauma, and strategies to cope and sleep. To heal my heart and the hurt that I had. Working with my counsellor helped me find these strategies. But I would not be where I am now if I had not done my desert and sea salt healing. That connection back with family and Country was a major part of my healing.

I got to the point where I just needed my feet on the dirt. The first thing I did when I got the desert. I don't think anyone knows what that is like unless you are an Aboriginal person; connected to the land like that.

I do believe having my family around has been healing. Being connected back to strong, positive Aboriginal people. It's like medicine. Connecting back has been the key.

The twists and turns of grief take an enormous toll. Around my brother's 12 month anniversary of his passing. I received the full coroner's report. Reading all the details in the report was incredibly difficult for me and it immediately made me feel like going back to the same habits I was in last year, after he passed away. Back to bed with closed blinds, lying in the darkness, feeling all my pain again.

This time, I called my counsellor immediately. I told her, "I'm going back". She said "that's ok to go back to that sadness, because you are grieving but how about setting some boundaries? If you want to lie down in the darkness in your room, that's is fine. But set an alarm. Plan tasks afterwards. Go out with the kids and have a bike ride or a walk. Allow that moment you need, and then do something afterwards."

This advice helped me so much. I only went to my room twice to do that. I've never felt the need to go back into my darkness again. I felt so good knowing that I could use the tools that she had taught me. I could deal with my "fight or flight" response. I will continue to use those tools. It's important to have accountability to continue healing. If I don't get up for breathing, I make time to practise another tool. My counsellor is the person in my back pocket.

I want to remove the stigma. Its ok to go and talk to a professional, and it doesn't mean there is something wrong with you. Just like when we have a broken leg, we go to the doctor. If we have a hole in our tooth, we go to the dentist. If we have hurt in our mind, you go to a specialist.

My counsellor was very encouraging of going back to Country. She recognised that it was not going to be just that one kind of healing for me, she knew there was the other parts I needed to do. She acknowledges the struggle, the pain. We've developed strategies to change that anger into passion and empowerment. I am grateful that I have found a professional who wants me to use this power and cultural connection, because that is a crucial part of my healing.

2.4 Community Story: We need an Aboriginal knowledge place

- Anonymous Aboriginal Community Member

I truly believe that the more we can get young people back into the bush and connecting to the waterways, the lands and the Ancestors, the more they will be healthy.

Our culture was built on a deep understanding of what's there – in terms of land, waterways, ecology, spiritual connection of how Country came to be. This has certainly helped straighten me out as an old man. I have seen the effect the bush has on so many young people over the years, there is a very deep transformation that can come. I am a Psychiatrist; I have the benefit of Western education. I trained as a doctor and then as a psych. As a young man I spent a lot of time living in the Kimberly learning from people, an immersion in Kimberly culture. As I got older, I realised that for my own physical and mental health, I needed to become far more immersed in our culture here in Victoria. I work with an Elders Group to look at Indigenous cultural practises and healing linked to social and emotional wellbeing for kids and families.

There is something profound about the stillness and the spiritual presence of the bush. It's a bit like a possum skin cloak, an Aunty would talk about this – you wrap a child in a possum skin, they become quiet and still. I have experienced the same in the bush. Something about the sheer power and size – it calms kids, they are a bit in awe of it. The really tough kids, they want to smash you up, they punch a tree, they hurt their hand, they kick a tree, they hurt their foot. Its bigger and tougher, but it's not here to hurt them. There is so much here that the kids can observe – it becomes like a wonderland. You can do all sorts of teaching on Country.

How hungry we are for knowledge and practise. Cultural grounding is the basis for building other aspects of health. A steady platform builds resilience. I want kids to forget labels and diagnoses, to just be kids, in this still, beautiful space. They have to confront this whole space with all they are – not their mental illness or their diagnosis - all of them, here all at once, in this moment. It's way beyond a label.

I did a PhD. I was a classic doctor, psychiatrist, researcher – then all this repressed stuff became really important to me. The Western knowledge I had gained wasn't touching my spirit. Not healing me holistically. I began to immerse myself far more openly in cultural practises, it transformed me, and then my practice. It had a ripple effect. Mum and dad to survive, they hid their Aboriginality. We talked about it at home but never in public. They lived a life of fear of being persecuted. I want kids to move beyond fear. And to understand how profoundly sophisticated Aboriginal culture is.

The problem that the Commission needs to understand is that the dominant culture doesn't listen and is always trying to make Aboriginal people fit in or be more compliant with Western culture rather than hearing the deep benefits. The Commission needs to understand that Aboriginal culture doesn't need to be seen as Western culture – Aboriginal people don't need to assimilate – there is deep value in culture. Clinicians need to listen.

I watched families come in with all these layers of complexity, thinking they had to walk away with a diagnosis, because then you know how to treat it – but it is much bigger than that. We give kids more and more medication, instead of going into the bush, linking in with Aunties and Uncles. Our kids end up on high doses. The most frustrating thing when I saw our kids on all that medication, was trying to get through to their spirit. I remember one boy saying. "It feels like my spirit is stepping away from my body".

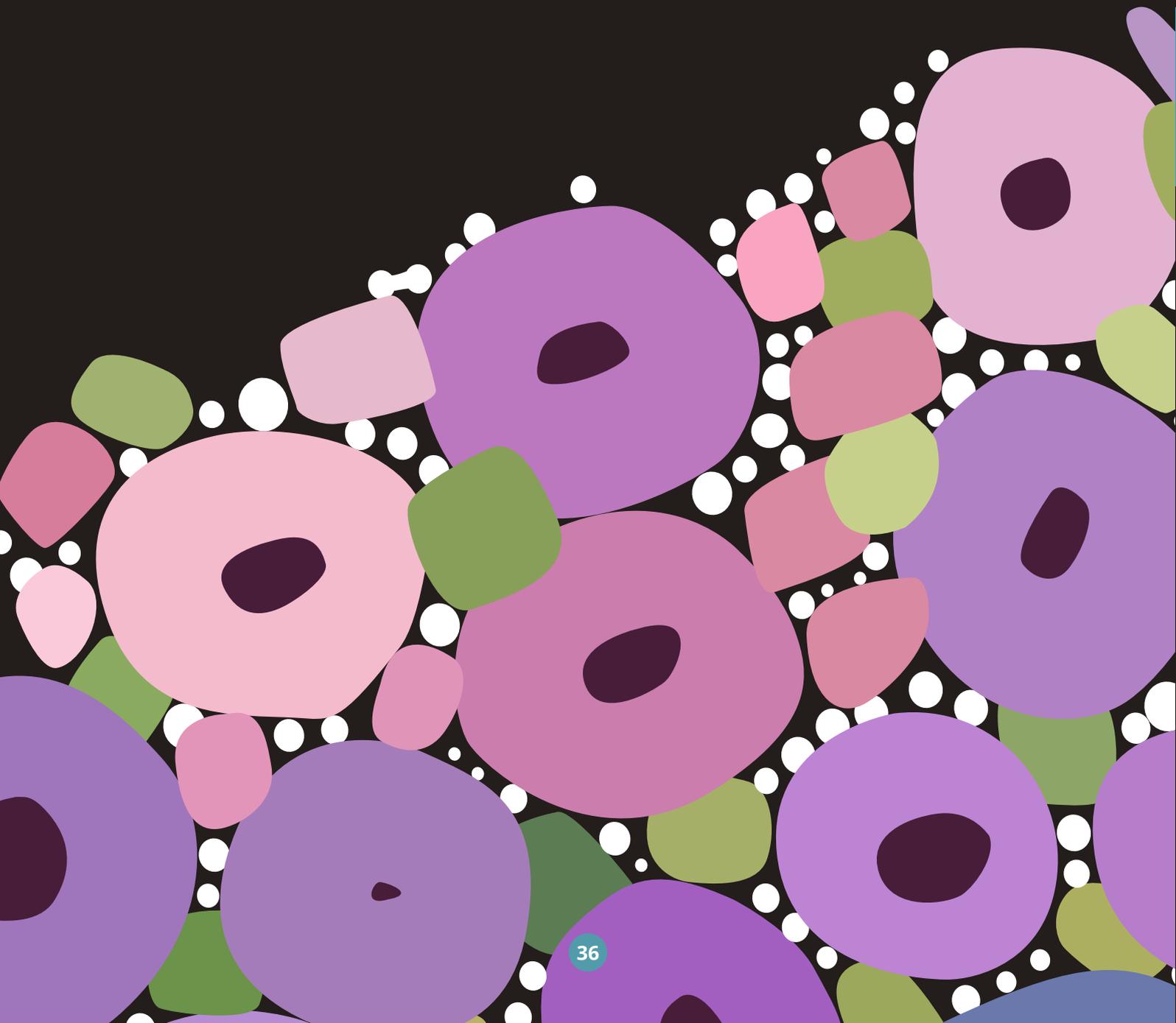
We need our own space to do these practices, to value our Elders. We are losing the next generation of Elders; we need to listen to this knowledge, and we need to do it now. It is urgent.

I have leukemia and am I just finishing chemo, so I value what Western medicine has given me. I want to be honest in that I see the value of Western health practices. But I do not believe our people can be truly healthy and have ongoing wellbeing without being immersed in our culture.

My perfect scenario would be a healing space for us, whether it was land or a multi-purpose building that allowed cultural practice to occur; fire pits, yarning circles, specific areas where you have environmentally friendly therapeutic areas. That is the absolute dream.

We need an Aboriginal Knowledge Place.

Section 3: The solutions for an improved mental health system are with Aboriginal people



3.1 What the Interim Report says:

The Interim Report highlights the widespread and disproportionate rates of psychological distress, depression and anxiety in Aboriginal Communities and states that these occurrences must be addressed as a priority. Most importantly the Interim Report acknowledges the ongoing detrimental impact of colonisation and post-invasion policies on the social and emotional wellbeing of Aboriginal Communities.

The proposed solutions in section 3.2 strengthen Recommendation 4 of the Interim Report. Specifically, Solutions 2 and 3 closely reflect Recommendation 4 of the Interim Report and expand on its principles offering a contextualised Aboriginal-led way forward. Solutions, 1, 4 and 5 are somewhat independent from the proposals within Recommendation 4; however, they nonetheless draw from and build on Recommendation 4.

The five solutions found in Section 3.2 reflect the voices of Aboriginal and non-Aboriginal organisations and workers, and Aboriginal people with lived mental health experience, who have shared their stories in order to create meaningful, enduring changes to the current mental health system through this Report and the broader Commission process.

Royal Commission Interim Report: Recommendation 4 Aboriginal social and emotional wellbeing

Recommendation 4

The Commission recommends that the Victorian Government, through the mental health implementation office, expands social and emotional wellbeing teams throughout Victoria and that these teams be supported by a new Aboriginal Social and Emotional Wellbeing Centre. This should be facilitated through the following mechanisms:

- Dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations, with state-wide coverage within five years.
- Scholarships to enable Aboriginal social and emotional wellbeing team members to obtain recognised clinical mental health qualifications from approved public tertiary providers, with a minimum of 30 scholarships awarded over the next five years.
- Recurrent funding for the Victorian Aboriginal Community Controlled Health Organisation to develop, host and maintain the recommended Aboriginal Social and Emotional Wellbeing Centre in partnership with organisations with clinical expertise and research expertise in Aboriginal mental health. The centre will help expand social and emotional wellbeing services through:
 - clinical, organisational and cultural governance planning and development
 - workforce development—including by enabling the recommended scholarships
 - guidance, tools and practical supports for building clinical effectiveness in assessment, diagnosis and treatment
 - developing and disseminating research and evidence for social and emotional wellbeing models and convening associated communities of practice.

3.2 Aboriginal-led solutions will pave the way by 2025:

Solution 1:

Establish five on Country healing centres (or camps) to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.

Solution 2:

Ensure long-term, sustainable, and flexible investment in Aboriginal social and emotional wellbeing to create generational change

Solution 3:

Invest in recurrent funding arrangements for multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Organisations to secure long-term state-wide coverage.

Solution 4:

Critically invest in Aboriginal-led solutions to prevent suicide and self-harm.

Solution 5:

Appropriately invest in Aboriginal leadership and culturally safe service delivery across mainstream primary, secondary and tertiary health services.

Solution 1: By 2025, establish five on Country healing centres to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.

1.1 Based on local Aboriginal need, the establishment of five on Country healing centres in Victoria will significantly change the support options available to those in need and respond to sustained calls by Communities for Aboriginal-led, culturally appropriate services. These centres will also create an important alternative to those not wanting to engage with medical systems due to previous or associated trauma.

1.2 On Country healing centres have a multitude of benefits, as they will:

- provide a place for Aboriginal-led trauma informed healing that integrates traditional and contemporary practice
- restore language, knowledge systems, kinship, and Aboriginal customs
- create paid employment opportunities for Elders who will play a critical role in the healing of young people and Communities.

1.3 Drawing on the Department of Health and Human Services (DHHS Supporting Self-determination: Prioritising Funding to Aboriginal Organisations Policy), Aboriginal funding arrangements must be flexible and prioritised to Aboriginal organisations to develop healing centres.

Expertise from Aboriginal Communities and workforces informed this recommendation

Overwhelmingly throughout the consultations, Aboriginal Community and workforce called for a sustained investment in Community-led, cultural healing places.

"We need an Aboriginal knowledge place."

(Anonymous)

Participants spoke about the importance of connection to Country—a place to heal and to come together for young people and the whole Community:

"Our mental health, the suicides, this is beyond a crisis. I really believe that a lot of young people will open to an Elder. Someone who has the empathy and the patience to listen. We need holistic healing, with Elders. Getting on Country."

(Aboriginal Community member with lived experience).

"I truly believe that the more we can get young people back into the bush and connecting to the waterways, the lands and the Ancestors the more they will be healthy. I have seen the effect the bush has on so many young people over the years, there is a very deep transformation that can come."

(Aboriginal member of the workforce)

"We need places where mob can help mob. The system is failing. I was at a psych ward with my daughter a few months ago and I sat down with the psychiatrist. At every step of the way, my daughter has fallen through the cracks.... My dream is to have sessions out in the bush.... We would sit down by the creek, have a cuppa and a yarn. There will be an Elder you can have a yarn with, and then you could head off to the local gathering place and do some art or some storytelling. It's what we need more of."

(Aboriginal Community member with lived experience)

"I watched families come into clinical settings with all these layers of complexity thinking they had to walk away with a diagnosis, because then you know how to treat it – but it's much bigger than that. We give kids more and more medication, instead of going into the bush. Linking in with Aunties and Uncles. Our kids end up on really high doses. The most frustrating thing when I saw our kids on all that medication, was trying to get through to their spirit. I remember one boy saying. "It feels like my spirit is stepping away from my body."

(Aboriginal member of the ACCO workforce)

"We need our own space to do these practises, to value our Elders and families. We are losing the next generation of Elders; we need to listen to this knowledge, and we need to do it now. It is urgent."

(Aboriginal member of the workforce).

"We need holistic healing, with Elders. Getting on Country. We need to look at things differently, we don't fit into this prescription-based culture. We respond to different things; we respond to our Elders. We stop and we listen. We take away what our Elders tell us."

(Aboriginal community member with lived experience)

Reconnection to culture is healing and is not supported in the current system

Cultural healing places will support reconnection with cultural practice and are fundamental to mental health. One participant said:

“Cultural grounding is the basis for building other aspects of health. A steady platform builds resilience. I want kids to have a place to forget labels and diagnoses, to just be kids, in this still, beautiful space. They have to confront the bush with all they are – not their mental illness or their diagnosis - all of them, here all at once, in this moment. It’s way beyond a label.”

(Aboriginal member of the workforce).

This critical part of healing is not supported in the current system as a senior member of the Aboriginal workforce highlighted:

“I have been in this business a hell of a long time, and now I can see the missing ingredient in what we are doing... we are losing contact in a cultural context. You look at youth justice centres, kids clearly say to you they are missing their storylines, their cultural connections. This is something we need to invest in very strongly.”

(Anonymous)

There must be paid roles for Aunties, Uncles and Elders

Cultural roles, and in particular well-paid roles for Aunties and Uncles, were a common solution put forward by participants. One interviewee described her experience in a paid Auntie role, and the positive impact she saw this having on the young women she worked with.

“I am employed in an Aunty role working with young women. It’s about health and wellbeing – young Aboriginal women need culture as that protective force. The role of Aunties is supporting identity. Mainstream organisations, schools, they all erase that stuff off your skin. You think of those Uncles and Aunts that can tell a yarn, and stretch that yarn a bit bigger, you know when they come around, they just make you laugh all the time and you forget sadness. Kids go to them. Kids will go to people who make them feel good... The response we have seen from young women to having Aunt in this role has been really positive... Imagine if rather than going to a Headspace, we could go to Aunties Place.”

(ACCO staff member)

Solution 2: By 2025, ensure long-term, sustainable, and flexible investment in Aboriginal social and emotional wellbeing to create generational change.

The introduction of a new tax or levy to create revenue for the mental health system reform, as recommended in the *Royal Commission into Victoria's Mental Health System Interim Report*, creates a unique opportunity for this significant investment into Aboriginal social emotional wellbeing.

2.1 A fixed funding amount of this new revenue stream should be allocated to Aboriginal social and emotional wellbeing. This should be cemented in legislation to protect Aboriginal organisations and Communities from political cycles of government, and the subsequent changes to funding and portfolio agendas.

2.2 All other ongoing or introduced social and emotional wellbeing and mental health funding outside of the new levy/tax must have target investment into Aboriginal organisations and Communities.

2.3 All funding should be prioritised to Aboriginal organisations first, in recognition that Aboriginal self-determination creates sustainable and ongoing mental health and social and emotional wellbeing outcomes for Communities.

Expertise from the community and workforce consultations that informed this recommendation:

A consistent message was that Aboriginal people know what is needed to create better social and emotional wellbeing outcomes for their Communities and that

"Self-determination must be adhered to, as does prioritising and redirecting funding to Aboriginal organisations and outcomes."

(Aboriginal member of workforce)

Funding instability and defunding programs that are working have led to critical setbacks

Short-term funding cycles regularly lead to the closure of high impacting programs and services and prevent long-term positive change. One participant shared their experience:

"In the regions young ones are feeling the same as I did. Nothing has improved. The system hasn't changed. In my town we used to have more positive Community events. What happened to those? They got defunded of course."

(Young Aboriginal member of the workforce)

Short-term funding has a negative impact on both programs and workforce, as this staff member highlighted:

“We have to have psychological support for staff. We did have telephone support through an Aboriginal psych who could give advice and understood the issues and supports staff are providing. It did work and the person did get several calls, Indigenous and non-Indigenous staff used it. It was a part of staff retention. It was funded for six months and then it was dropped.”

(ACCO staff member)

Another interviewee talked about the onerous processes to acquire funding:

“The programs that are working, don’t get funded based upon the mental health outcomes they achieve... you have to jump through hoops to get funding.”

(Young Aboriginal member of the workforce)

Relationships take time to build and programs need to be long-term

Important relationships with clients take time to build and are often disrupted when funding and programs cease; this is often due to 12 month cycles of funding and heavy and/or prescriptive administrative and funding requirements that are not meaningful to the client or service provider.

“We know mob aren’t going to go to clinical spaces. We watch this time and time again; they go to women’s and men’s gatherings. To be in places where people ask, do you want a cuppa or are you right? Those men would never talk to a clinical psych but these programs, they are only ever funded once. By the time the trust and relationships are built, they are defunded.”

(Young Aboriginal member of the workforce)

Solution 3: By 2025, invest recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Organisations to secure long-term state-wide coverage.

3.1 Secure ongoing recurrent funding arrangements for multi-disciplinary social and emotional wellbeing teams by 2025 to ensure workforce sustainability in ACCOs and ongoing continuity of service to community, families, and individuals. Multi-disciplinary teams must consist of psychologists, general practitioners, psychiatrists, social workers, counsellors, Aboriginal social and emotional wellbeing and mental health workers, Aboriginal health practitioners, and mental health nurses. It is recognised that to ensure self-determination and cultural safety, Aboriginal staff must be in leadership roles within these multi-disciplinary teams.

3.2 Advocate for Commonwealth investment in early intervention and prevention through Aboriginal organisations.

3.3 Significantly increase investment and support for appropriate, meaningful client management systems, information technology systems and related training that allows service workers to understand a client's full story and provides data and data sovereignty for ACCOs and Aboriginal Communities.

3.4 Increase investment into 'Return to Country' programs to allow Aboriginal children in care to stay connected to their culture, and for Community members displaced from their Traditional Lands (e.g. the Stolen Generations) to reconnect for healing.

3.5 Increased investment into Aboriginal family centred AOD models of care

3.6 Fund the development of culturally appropriate assessment diagnostic and treatment tools, developed by Aboriginal people for Aboriginal people.

Invest in Aboriginal Community Control

There were clear calls for ACCOs to be funded to provide necessary social and emotional wellbeing supports.

"There needs to be funding for ACCOs to be service providers for their Community. There needs to be a culturally safe environment. For a lot of Community members, they are not going to go to hospital, religious, or a mainstream organisation if they don't know anyone there. They are more likely to go to an ACCO because they know people there. It's a safer environment."

(Non-Aboriginal Member of the Workforce)

The real solution is that

"ACCOs need to be directly funded for the services, instead of going to mainstream, to provide services as and when required."

(Non-Aboriginal Member of the Workforce)

ACCOs are culturally safe places

Participants spoke about feeling culturally safe in ACCOs.

“Young people are more likely to unpack with someone they know and trust. Rather than going into clinical office with some whitefella off the street who knows nothing about their life.”

(Young Aboriginal member of the workforce).

ACCO staff spoke about how supports are targeted to meet unique needs.

“Our organisation is a safe place. You can pop in when you’re hungry, thirsty or want to have a chat. Community members will walk past and pop in, we make them a cuppa, pull out a roll and some cheese. We don’t want this to feel like a doctor’s office. It’s less clinical, more informal, safe and comforting. They might recognise a car out the front, so they walk in the door and sit down for a chat. We have food bank every Friday – we don’t ask questions. We’re not going to ask if someone is Aboriginal, or for their pension cards, they are community members – we live in the community – they need to know we are here for them. Trust is built up, it’s genuine and not fabricated. We work really hard on boundaries, but this is how we end up doing stuff that is outside our role, we know the knock-on effect of one small act of kindness.”

(Non-Aboriginal ACCO Staff Member)

Increase investment in ‘Return to Country programs’ to support connection to Country, culture and kinship

Return to Country programs were described as a critical part of trauma informed social and emotional wellbeing support.

“Returning to Country as a part of a wellbeing plan, it’s very difficult to put into your mental health care plan. It’s so important that people are being made to feel ok about it. To get funding to return.”

(Non-Aboriginal member of the workforce)

One participant stated that

“For young people who aren’t connected, there’s something that’s inside that you know is missing. When you don’t have that strong connection, it makes you vulnerable. Anything that’s developed from the Royal Commission has to heavily focus on culture and connection to Country.”

(Member of the Aboriginal Executive Council)

Another young person said

“Knowing genealogy, my family history, it’s a privilege. The goal should be that everyone has access to this knowledge. Especially for our young mob who go into care, so they know who they are and where they come from. It is identity, it’s who we are, it’s understanding our story, our lineage. Connection to family and kinship enables you to speak strongly, to position yourself in terms of who your family is. Kinship links you into cultural systems.”

(Young Aboriginal member of the workforce)

Fund the development of culturally appropriate assessment, diagnostic and treatment tools

The importance of culturally appropriate assessment diagnostic and treatment tools was also highlighted during conversations.

“We have created our own assessment tool, a culturally friendly one that doesn’t trigger our Community members. We designed it as a cultural mind map and Community can sit down and fill out, and then we transfer the information into a mainstream referral form. The mainstream assessment tool - not one member of our Community is going to sit and fill that out. It’s not culturally appropriate. Without cultural resources, we are left with clinical paperwork that makes our clients disengage.”

(Member of the Aboriginal workforce)

One participant spoke about the cultural inappropriateness of requirements

“No matter what the form, we as staff are filling out 90 per cent of it and I still struggle to get it done. They are repetitive, clients will get frustrated and say, that is the same question and the language is triggering.”

(Member of the Aboriginal workforce)

Solution 4: Critically invest in Aboriginal-led solutions to prevent suicide and self-harm

4.1 As an immediate priority, invest in an initial Victorian specific post suicide intervention and suicide prevention service, attached to an existing ACCHO service. Initially this could be done in partnership with an appropriate mainstream service like the Jesuit Social Services 'Support After Suicide' program, assisting children, young people, families and communities impacted by suicide and providing counselling, support groups and online resources.

4.2 Establish 24-hour Aboriginal Crisis Assessment and Treatment (CAT) teams across Victoria so that any individual with an acute mental health crisis (and their families) can receive culturally appropriate and safe support.

4.3 Provide investment to support the employment of Aboriginal management and staff in existing CAT teams to improve cultural safety and outcomes for Aboriginal patients and families.

4.4 Establish a statewide Aboriginal-led suicide and self-harm prevention panel to coordinate and target efforts for Aboriginal patients and families, particularly in areas of most need.

4.5 Continue to fund the statewide rollout of Hospital Outreach Post-Suicidal Engagement (HOPE) program as seen in Bairnsdale, Shepparton and Epping. Support a statewide evaluation of the impact of HOPE programs on Victorian Aboriginal Communities.

4.6 In partnership with the Victorian State Coroner's Office, reform suicide and self-harm reporting to address current underreporting in Victoria.

4.7 Employ additional Aboriginal staff in the Victorian State Coroner's Office to support Aboriginal people and families. There is currently only one Aboriginal staff member in the Victorian State Coroner's Office, which presents a high risk of burnout and trauma in servicing Community.

4.8 Support the investment of new PhD scholarships and specific research grants focusing on improving the evidence base in suicide prevention and better outcomes in Aboriginal mental health and suicide prevention.

Many Community members and workforce shared distressing stories about losing family members to suicide and called for urgent support.

The need for 24-hour support was also highlighted.

"Most incidents are happening on the weekends and after hours. There is no safe place, no afterhours safe place to cool down. They can call the lifelines but it's not culturally appropriate, so we get them on Monday frustrated after a breakdown. We are not a crisis place, but we don't have one and don't have anywhere to direct people to when we are not in the office."

(ACCO staff member)

"I am a strong educated Aboriginal (Wiradjuri) woman who found it very difficult to navigate and access proper treatment for my son. I can only imagine how some people without this background feel while trying to support their child or loved one."

(Anonymous)

Solution 5: By 2025, appropriately invest in Aboriginal leadership and culturally safe service delivery across mainstream primary, secondary and tertiary health services.

5.1 Substantially increase the number of Aboriginal designated beds by a minimum of three per cent in mental health units in hospitals across the State. The current number of beds allocated for Aboriginal people does not meet current demand.

5.2 Undertake a scoping study to determine the viability of a stand-alone Aboriginal mental health residential facility, comparable to those that exist in other jurisdictions.

5.3 Increase the number of Koori Mental Health Liaison Officer (KHMLO) roles across all adult specialist mental health services, as well as child and adolescent mental health services, to ensure there are two Koori Mental Health Liaison Officer positions across each service setting. This includes traineeship positions.

5.4 Formally mandate in the Statement of Priorities (under the Health Services Act 1988) that all services fund KHMLO positions to work in pairs or units to reduce the high rates of isolation and staff burnout.

5.5 Ensure all mainstream services have Aboriginal healing spaces/cultural rooms for open access to Aboriginal patients.

5.6 Increase employment targets for Aboriginal staff in all roles across primary, secondary, and tertiary health services, but particularly focusing on increasing the number of Aboriginal people in leadership roles within mainstreams health services.

5.7 Trauma-informed and healing-based approaches must be integrated into mainstream health care practices, particularly for health services working in mental health and with Aboriginal clients and families.

5.8 Recurrently fund the Aboriginal Centre of Excellence to work with mainstream services to practically apply trauma-informed and Aboriginal healing care models.

5.9 Establish and deliver at least 30 scholarships to support Aboriginal staff to attain psychology, psychiatry, mental health nursing, counselling and diploma or certificate level qualifications by 2025.

5.10 Undertake a statewide review into pay disparity issues between Aboriginal and non-Aboriginal mental health clinical roles, recognising the critical value of cultural knowledge/brokerage roles as well as clinical functions.

5.11 Ensure all mainstream mental health clinical services pledge their support for the Gayaa Dhuwi (Proud Spirit) Declaration and report on what services are doing to support Aboriginal and or Torres Strait Islander leadership in mental health, and to improve mental health and the reduction of suicide. This information would be used to share success stories and ways of turning the words of the Declaration into action. This would consequently ensure better accountability of services and performance measurement.

Institutional racism is widespread and must be eradicated

Institutional racism still plagues the Victorian mental health mainstream system and was widely reported in the consultations.

“The real issue is institutional racism. It is really, really sickening. We have to continuously advocate for Community members while they are at mainstream services and its very time intensive, that’s when resources come into it. We get a different response, if we are accompanying them, especially if it’s by a registered nurse or someone with authority, they don’t get the same response that an Aboriginal person presenting by themselves would. It’s not acknowledged that we are doing that work.”

(ACCO staff member)

Aboriginal leadership is critical to improve cultural safety

Investing in and supporting Aboriginal leadership in mainstream services is widely reported as fundamental to improving cultural safety.

“It’s about supporting Aboriginal leaders. In mainstream organisations we must have Aboriginal staff in leadership positions so they can guide our services and conversations.”

(Non-Aboriginal staff member)

“We don’t make any decisions about anything for Aboriginal people unless we have an Aboriginal person in the room.”

(Non-Aboriginal staff member)

Increase the number of Koori Mental Health Liaison Officers

Participants confirmed that Koori Mental Health Liaison Officers play a fundamental role in supporting individuals and families to navigate mainstream health. One Aboriginal worker said

“Quite often I am the middleman between government agencies, an advocate. To make sure peoples voices are being heard and that their families are being heard. That they are being respected culturally and treated with dignity. Within government organisations there is so much red tape around working therapeutically with Aboriginal families.”

(Staff member of an Aboriginal organisation).

“You do need your planner to be culturally competent to understand concepts like returning to Country to heal. Cultural competence training and Aboriginal employment must be prioritised, so people do understand these concepts. If you are talking to a planner who doesn’t understand, and if you aren’t able to advocate for your needs, not knowing how to articulate it; ‘I need to go back home’. Why? ‘I need to be around my

mob, with my Uncles.' Why? Even if you have a planner who does understand, there is no 'going back to Country' box to tick."

(Non-Aboriginal Member of the workforce)

Working differently

There were calls to support Aboriginal staff with cultural leave, and other supports such as culturally appropriate debriefing and vicarious trauma leave.

"Mainstream organisations need to be prepared to support Aboriginal staff. People have their own stories, that they will be living and reliving as a part of their own healing. We need to appreciate that and support people through that and we need to be ok with working differently."

(Non-Aboriginal Member of the workforce)

Structured, culturally appropriate support and additional leave were common solutions put forward to address isolation and cultural load.

"My days are filled with high complexity and high trauma from listening to people's stories. Sometimes I just have to leave the office. I wish we had a place at the office where I could just curl up. Sometimes I need time to recover and I don't want to take sick pay, because I'm not sick. I don't want to have to go and get a doctor's certificate for something that's part of my role, I would like an understanding around that. I would like the policy makers to know, it's not us making an excuse, sometimes you can't take on anymore, you can't even look people in the face, you are done – I would like for there to be some respect around that."

(Staff member of an Aboriginal organisation).

Trauma-informed and healing-based approaches should be the cornerstone of all care practices

Participants said that trauma-informed and healing-based approaches need to be widespread.

"We are trying to heal the traumas that come day in and day out."

(Senior member of the Aboriginal workforce)

"When I was at the Peter Mac Cancer Centre, we were a custodian of a possum skin cloak – the healing cloak. It came with instruction from the ladies who made it. There were ways of using that tool, words around being accepting of the gift. I was working with an Aboriginal lady who had cancer, I remember her sitting near the window and asking her if I could drape it around her shoulders. This woman just burst into tears. There are

beautiful cultural healing tools that we are not utilising enough in these spaces. She said told me that the cloak had a profound effect, that she felt protected."

(Member of the Aboriginal workforce)

Isolation, cultural load, lateral violence, and lack of support needs to be addressed

Isolation, lateral violence, and lack of support were common experiences reported by the Aboriginal mental health workforce.

"These are very stressful jobs." said one participant, "...there is lateral violence and if there's a decision taken that a Community member disagrees with then you can be easily accessed at any time, as you are in that Community. To grow the workforce, we have to set up the system so there won't be so much pressure on our people and more emphasis on staff retention."

(Staff member of an Aboriginal Community organisation)

Another participant recommended that

"we need to look at vicarious trauma and how big of a toll it takes. There's work to be done in defining what the role of cultural load is. The term is laced all over documents and frameworks, it is acknowledged but ill-defined. We need to investigate the impact of cultural load and the various mechanisms to support Aboriginal staff."

(Member of the Aboriginal Executive Council)

Pay disparity is widespread between Aboriginal and non-Aboriginal workers

Pay disparity was also a common theme with many Aboriginal workers reporting getting paid less than their non-Aboriginal colleagues; this was observed as common practice across different services.

"The Aboriginal workforce are doing the same work as mainstream, not paid as much, not recognised for the work they do, the cultural load isn't acknowledged, the support and supervision isn't there.... There needs to be respect and recognition of lived experience and knowledge."

(Member of the Aboriginal Executive Council)

Cultural roles in mainstream and Aboriginal organisations

Cultural roles and paid roles for Aunties and Uncles were a common solution put forward by participants. We spoke to one woman who described her experience in a paid Aunty role, and the positive impact this had on the young women she worked with.

"I am employed in an Aunty role working with young women. It's about health and wellbeing – young Aboriginal women need culture as that protective force. The role of Aunties is supporting identity. Mainstream organisations, schools, they all erase that stuff off your skin. You think of those Uncles and Aunts that can tell a yarn, and stretch that yarn a bit bigger, you know when they come around, they just make you laugh all the time and you forget sadness. Kids go to them. Kids will go to people who make them feel good."

(Senior member of the Aboriginal workforce)

Thanks



We offer our sincere thanks to all our readers.

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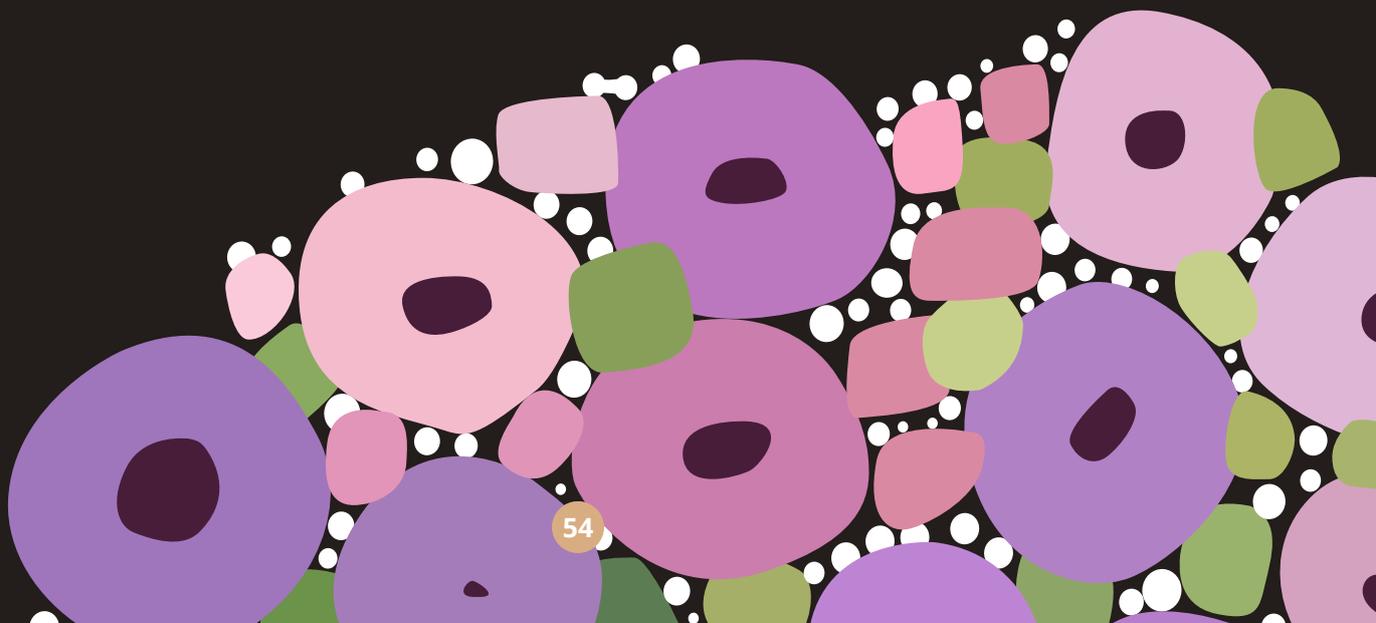
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