



Department of Health and Ageing
EMAIL: roadmap@health.gov.au

30th January 2012

Dear Colleagues

**RE: COMMENTS ON THE TEN YEAR ROADMAP FOR NATIONAL MENTAL
HEALTH REFORM DRAFT #4**

Thank-you for the opportunity to provide comment on the above-mentioned.

We welcome a national commitment to mental health reform. There are many positive aspects of the Ten Year Roadmap, including its holistic approach, however, information is lacking in the draft document as to finer details, resourcing and true commitment to reform.

Background

The Aboriginal and Torres Strait Islander Legal Service (QLD) Ltd (“ATSILS”) provides legal services to Aboriginal and Torres Strait Islander peoples throughout Queensland. Our primary role is to provide criminal, civil and family law representation. We are also funded by the Commonwealth to perform a State-wide role in the key areas of: Law and Social Justice Reform; Community Legal Education and Monitoring Indigenous Australian Deaths in Custody. As an organisation which, for a number of decades, has practiced at the coalface of the criminal justice arena, we believe we are well placed to comment upon the Ten Year Roadmap. Our comments arise from a platform based upon actual experiences.

Our comments

General Comments on the Ten Year Roadmap for National Mental Health Reform

We support the intent of the Ten Year Roadmap for National Mental Health Reform, but believe that it requires further commitment in terms of refining when and how the Key Directions are to occur as well as financial commitment. We view the timeframes for implementation, described as “short term” and “longer term” as too imprecise, failing to require any accountability, other than to occur within the ten year timeframe. We also view the monitoring templates as vague. Targets are required to strive toward and to assess success or failure. Concrete performance indicators in terms of targets such as numbers or percentages provide real evaluation measures. For example, the draft document mentions reducing suicide rates, however there is no mention of a figure that is to be aimed at over a particular period of time. It is concerning that such weak evaluation measures are being suggested, as they are unlikely to indicate what is working and what is not. Internal review mechanisms, which are also lacking in the draft document, are essential to assess each Key Direction and to adapt the actions within the Key Directions.

We agree with each of the proposed Key Directions of the Roadmap, however we note that there is no explanation in terms of the prioritisation of each of the Key Directions or detail in terms of when or how they are to be implemented. Without this occurring there is no true commitment to the implementation of the Key Directions, with the thought that they may never be implemented, or perhaps some implemented and not others. Therefore we suggest that timeframes be set for the implementation of each of the Key Directions.

It is our view that the Roadmap forms a good framework, but that further work is required to shape it into a document which can assist in achieving practical outcomes. Also, given that part of the role of the new Mental Health Commission is to report on performance of the mental health system and to monitor the progress of the Roadmap, it would make sense for the Mental Health Commission to be provided the opportunity to have input into the document. We understand that the document

is to be signed before the Mental Health Commission commences its operations, however, considering the present gaps that exist in the draft document (we note that the online survey is not likely to encourage people to comment in detail on these gaps) it would be worth gaining the input of the Mental Health Commission. The independence of the Mental Health Commission would also assist in the drafting of a truly beneficial document in the best interests of the target group.

Aboriginal and Torres Strait Islander Peoples and the Criminal Justice System

Unfortunately, many Aboriginal and Torres Strait Islander peoples in Queensland enter the criminal justice system due to mental illness, a lack of understanding by the criminal justice system of mental illness and a lack of support services to enable people to remain in the community. Discrimination and prejudice due to mental illness is often experienced at each step of the process through the criminal justice system, rather than detection, acknowledgement of the illness and diversion from the system for treatment and support. We note that not only individual community members require enhanced awareness of mental illness, but also Government Departments must look at the way in which they conduct their work and its impact upon people with mental illness.

At present, those with mental illness are often arrested for matters where others in the community would not come to the attention of the Police, and are either sentenced or for contested matters are at significant risk of having bail refused due to considerations associated with their mental illness. At times bail is refused simply due to the lack of mental health services in a community.¹ This is particularly the case with Aboriginal and Torres Strait Islander peoples who live in remote communities.

It should not be the case that people who should be diverted from the criminal justice system due to mental illness, fall into that system because of a lack of resources and/or of capacity in community based services for the mentally ill. The draft

¹ Queensland Alliance, (31 March 2005) *Criminalising Illness? Strategies to Reduce the Over-Representation of People with Mental Illness in the Criminal Justice System – Submission to the Review of Corrective Services Act 2000*, p. 2. <www.qldalliance.org.au/resources/items/2005/04/06768-upload-00001.pdf>

document acknowledges the need for services in all communities, but fails to provide specific detail as to how this is to occur. It is also essential that services and support provided through either diversion or prison based programs are at least equivalent in quality as those available to the general community.

As mentioned above, the behaviour of a mentally ill person who is caught up in the criminal justice system, needs to be treated as a health issue, not as a criminal law matter. This is yet another aspect of countering stigma and discrimination, as mentioned in the draft document. We acknowledge and support a process where people undertake programs to assist with mental illness and it is acknowledged that they may not have been in control of their actions at the time of any alleged criminal offence, therefore should not be treated as a criminal. Both of these aspects can also assist in ridding sigma associated with mental illness and the criminal justice system.

Aboriginal and Torres Strait Islander Peoples - Support for people with mental illness

The draft document acknowledges that there are people with mental illness who fall through the gaps in service and support systems. We suggest that many Aboriginal and Torres Strait Islander peoples are in this category, especially those from rural and remote communities and this is acknowledged in the document. However, we also note that there is no mention of any specific strategy to work with Aboriginal and Torres Strait Islander peoples.

Although the draft document acknowledges the higher rate of mental illness amongst Aboriginal and Torres Strait Islander peoples and the necessity for Governments and service providers to better respond to these needs, it fails to say how. The importance of support is mentioned throughout the document. This is important, however it fails to recognise the debilitating consequences of intergenerational trauma experienced by many Aboriginal and Torres Strait Islander individuals, families and communities. Such widespread trauma results in a lack of people being in a position to provide support to others, as they themselves require support. The draft document is quite general in the sense that it fails to truly acknowledge the

situation for many Aboriginal and Torres Strait Islander people and that this level of trauma cannot be addressed in a generalised manner. It also needs to be taken into consideration in terms of the treatment process, that the level of family and community support may not be present in the same form for many Aboriginal and Torres Strait Islander peoples, as it is for others.

Further to the above, the success of supporting people with mental illness in the community relies upon the existence of appropriate and capable community based and non-Government services. In Queensland such services have been identified as being inadequate to treat people with mental illness. The result is that people with mental illness are untreated, lack support, are or become homeless, are more likely to come to the attention of the Police and are more likely to be incarcerated.

To address service provision and reduction of contact with the criminal justice system, further funding is required for culturally competent community based and non-Government services that work with the mentally ill, as well as other services people need to access, such as housing and general support services. Money that would ordinarily be used in particular Departments such as Corrections Departments could be used for such services, given the savings that would be created through diverting people away from prisons.² We reiterate that there is no mention in terms of resourcing the Key Directions in the draft document.

Collaboration, Communication and Coordination

Although not large in comparison to city populations, large numbers of Aboriginal and Torres Strait Islander peoples live in rural and remote communities. Access to services and support in these communities is often sparse. Also, simply supplying a service for people who have no other choice will not guarantee use of that service, particularly by Aboriginal and Torres Strait Islander peoples.

² Queensland Alliance, (31 March 2005) *Criminalising Illness? Strategies to Reduce the Over-Representation of People with Mental Illness in the Criminal Justice System – Submission to the Review of Corrective Services Act 2000*, p. 3.

Under Key Direction 2: *Early Detection and Intervention* it is mentioned that better connections are to be built between different services, agencies and supports. We view collaboration, communication and coordination as essential to the success of any treatment and support programs whether they be in a city, rural or remote area. Agreement must be reached between different service providers and working protocols developed to provide the smoothest service to the client and their supporters. In the context of Aboriginal and Torres Strait Islander peoples, each of the services must be culturally competent and accessible to people, including those in rural and remote areas. Feedback and evaluation from participants, their families and other support people is essential in improving services and ensuring that services are as relevant as possible to those who need them. Without this interaction, engagement services risk being isolated from those they were created to assist. Clearly change cannot occur without a commitment to funding the change and monitoring process.

Particular skills of individuals and organisations within communities need to be recognised and supported (skills audits could assist in the identification process). For example, in some remote communities Wellbeing Centres exist and have great capacity due to their knowledge base and understanding of their communities. These Centres were set up as part of the Cape York Welfare Reform, but in addition to the referrals received from the Family Responsibilities Commission, Wellbeing Centres also receive numerous self-referrals from community members. This is also potentially a service model that could be replicated elsewhere.

Audits of skills and services are essential to identify gaps and service replication, as well as identifying the different services provided by different organisations. This is valuable information for community members, as well as for organisations to refer people to others for assistance. Further, knowledge of services could assist in terms of funding to fill the gaps, rather than funding two or more organisations to provide the same service. We view this process and the sharing of this information as important, particularly when there are a number of different levels of Government and non-Government involved.

Culturally competent community controlled services are a key to the potential success of the diagnosis, delivery of services and support of Aboriginal and Torres

Strait Islander peoples with mental illness. Aboriginal and Torres Strait Islander organisations are in the best position to delivering appropriate services to Aboriginal and Torres Strait Islander peoples in a culturally appropriate manner. We acknowledge that Governmental assistance is also essential in respect to the coordination of this service provision.

Again, we thank you for providing us with the opportunity to provide comment.

Yours faithfully,

Shane Duffy

Chief Executive Officer