Royal Commission into
Victoria's Mental Health System

Fact Sheet

Aboriginal social and emotional wellbeing

The Commission acknowledges the protective role of culture, identity and connection to country for Aboriginal social and emotional wellbeing.[1] Social and emotional wellbeing means being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life.[2]

The Commission recognises the leadership and ingenuity of many Aboriginal elders, communities and community-controlled organisations in supporting better social and emotional wellbeing outcomes for Aboriginal people.

Colonisation, racism, discrimination, marginalisation and the compounding impact of intergenerational trauma have had a profound and enduring impact on social and emotional wellbeing outcomes for Aboriginal people.[3]

Aboriginal communities remain resilient and committed to supporting their communities.

However, Aboriginal Victorians experience higher rates of poor mental health than non-Aboriginal Victorians.[4]

Poor mental health and substance use disorders have been estimated to account for as much as

14%
of the health gap

between Aboriginal and non-Aboriginal people.[5]

One study found that

twice as many

Aboriginal adolescents as non-Aboriginal adolescents (aged 18–24 years) experience considerable psychological distress.[6]

The national suicide rate for Aboriginal people is estimated to be

twice the rate of the general population;[7]

suicide among Aboriginal people generally occurs at a much younger age.[8]

In 2016,

30%

of reported suicide deaths were Aboriginal children and young people,

despite this group accounting for only 3–4 per cent of the Australian population of that age group.[9]

Aboriginal people aged 15–24 years are estimated to be over

five times more likely

to die by suicide

than their non-Aboriginal peers.[10]

The Commission is grateful to the many Aboriginal people and organisations who have invested their trust in the Commission and shared their individual and collective experiences of pain, trauma and resilience.

The Commission also acknowledges the significant contribution of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), which developed the *Balit Durn Durn* report to support the Commission's deliberations.

The Commission's interim report idenfitied the urgent need to address mental illness in Aboriginal communities and the central role of self-determined Aboriginal social and emotional wellbeing services in promoting Aboriginal social and emotional wellbeing.

The report recommended expanding the delivery of multi-disciplinary social and emotional wellbeing teams across Aboriginal community-controlled health organisations.

It also recommended the establishment of a new Aboriginal Social and Emotional Wellbeing Centre to support the transformation of Aboriginal mental health care across the state.

When Aboriginal people talk about our health, we don't do it in isolation. Mental, physical and spiritual health is holistic.

The [mental health] system does not understand Aboriginal spirituality … My family has been afraid of people judging them for their mental health issues. They have been afraid to talk about it for fear of being labelled mental or being unable to hold a job.[11]

- Auntie Nellie Flagg

The recommendations contained in the final report build on the interim report recommendations. They include funding for two healing centres to complement the social and emotional wellbeing services delivered by Aboriginal community-controlled health organisations. This reform recognises healing is an essential component of improved Aboriginal social and emotional wellbeing.

The Commission is also recommending a suite of reforms to provide children and families with early, culturally safe and flexible support through Aboriginal-led organisations in partnership with mental health services. Aboriginal children and young people will be able to access specialist mental health services, family-oriented therapeutic care and intensive multidisciplinary care delivered within community settings. These reforms focus squarely on care being delivered through Aboriginal organisations.

Many Aboriginal people access mainstream mental health services for their care[12] and it is incumbent on mental health services to provide culturally safe responsive and inclusive treatment, care and support.[13]

The Commission's aspiration is for a mental health and wellbeing system where Aboriginal self-determination is respected in the design and delivery of care. In the new system, Aboriginal people should be able to choose to receive care within Aboriginal community-controlled organisations, within mainstream services, or a mix of both. Irrespective of where treatment, care and support are delivered for Aboriginal people, communities and families, it is fundamental that it is safe, inclusive, respectful and responsive.

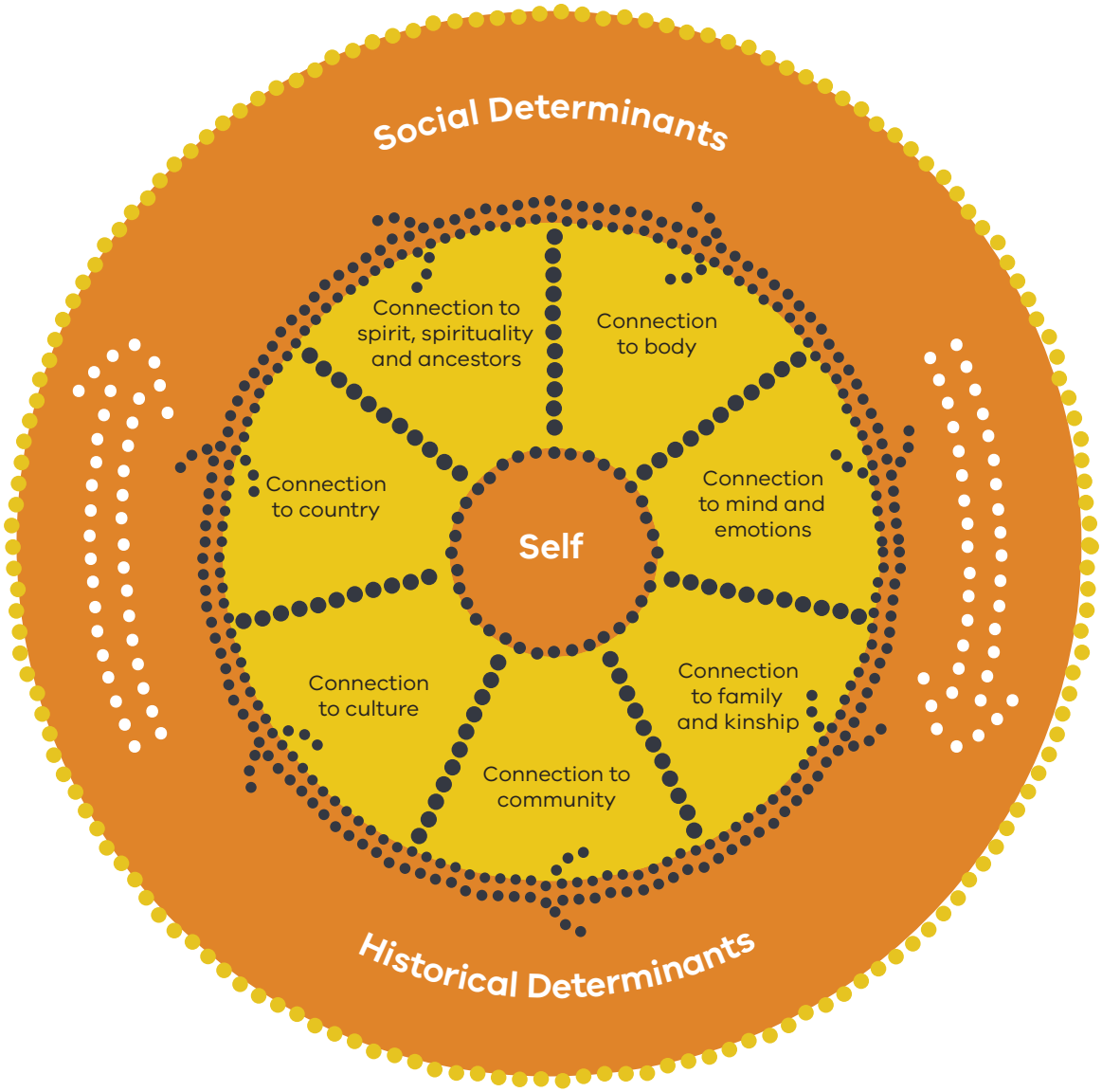
> It really does take a village to raise a child, and through building relationships with families we can see the ongoing protective role of culture and community that will continue throughout families lives. Despite this - there is a significant lack of investment in early intervention - and very little of it goes to Aboriginal families and those that need it most.[14]
>
> - Victorian Aboriginal Community Controlled Health Organisation

> Given the legacy of institutional injustice, how governments work with Aboriginal communities is just as important as what actions governments take to improve mental health outcomes for Aboriginal people and communities.[15]
>
> - Helen Kennedy

> The issues that impact on the health and well-being for our community is complex, inter-related and driven by a range of environmental factors. The legacy of intergenerational trauma is still very present in past, present and subsequent generations. Isolated reforms that happen in one pocket of the service system will not effectively address these complex issues.[16]
>
> - Andrew Jackomos

> Healing needs to be an intricate part of the processes of prevention as well as the treatment of mental health issues, supporting recovery and improving social and emotional well-being. No amount of conventional Western mental health approaches will be enough without concurrent investment and focus on traditional and contemporary healing.[17]
>
> - Helen Kennedy

Figure 1: Aboriginal social and emotional wellbeing



This conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community.

Source: Reproduced from Graham Gee and others, 'Chapter 4: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing', in Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (Canberra: Commonwealth of Australia, 2014), pp. 55–68.

Recommendations

Recommendation 33: Supporting Aboriginal social and emotional wellbeing

- Build on the recommendation from the Commission's interim report which supports Aboriginal social and emotional wellbeing, and fund the Social and Emotional Wellbeing Centre to establish two co-designed healing centres.
- Fund Infant, Child and Youth Area Mental Health and Wellbeing Services to support Aboriginal Community Controlled Health Organisations by providing primary consultation, secondary consultation and shared care.
- Fund Aboriginal Community Controlled Health Organisations to commission the delivery of culturally appropriate, family-oriented, social and emotional wellbeing services to children and young people.
- Fund the Victorian Aboriginal Community Controlled Health Organisation, in partnership with an Infant, Child and Youth Area Mental Health and Wellbeing Service, to design and establish a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports.

1 Witness Statement of Helen Kennedy, 15 July 2019, para. 8; *Evidence of Helen Kennedy*, 16 July 2019, p. 1049; Victorian Aboriginal Child Care Agency, *Submission to the RCVMHS: SUB.0002.0030.0027,* 2019, p. 5; Victorian Aboriginal Community Controlled Health Organisation, *Correspondence to the RCVMHS: CSP.0001.0114.0001, Balit Durn Durn Report*, 2020, p. 24; *Witness Statement of Andrew Jackomos PSM*, 11 July 2019, para. 41 c.

2 Department of Health and Human Services, *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–2027, 2017*, p. 50.

3 Victorian Aboriginal Legal Service, *Submission to the RCVMHS: SUB.0002.0030.0226, 2019,* p. 23; *Witness Statement of Helen Kennedy,* para. 98(a); *Witness Statement of Emma King,* 18 July 2019, para. 22; Department of Health and Human Services, *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–2027,* p. 10.

4 Victorian Aboriginal Legal Service, p. 23; *Witness Statement of Helen Kennedy,* para. 98(a); Department of Health and Human Services, *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–2027,* p. 10.

5 Australian Institute of Health and Welfare, *Australian Burden of Disease Study: Impact and Causes of Illness and Death in Aboriginal and Torres Strait Islander People 2011,* 2016, p. 98.

6 Peter S Azzopardi and others, 'Health and Wellbeing of Indigenous Adolescents in Australia: A Systematic Synthesis of Population Data', *The Lancet,* 391.10122 (2018), 766–82 (p. 9).

7 Department of Health and Human Services, *Victoria's 10–Year Mental Health Plan: Victorian Suicide Prevention Framework 2016–25,* 2016, p. 2.

8 Department of Health and Human Services, *Victoria's 10–Year Mental Health Plan: Victorian Suicide Prevention Framework 2016–25,* 2016, p. 2.

9 Professor Patricia Dudgeon and others, *Solutions That Work: What the Evidence and Our People Tell Us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report* (School of Indigenous Studies, University of Western Australia, 2016), p. 7.

10 Professor Patricia Dudgeon and others, p. 7.

11 *Witness Statement of Aunty Nellie Flagg,* 4 July 2019.

12 *Witness Statement of Helen Kennedy*, para. 37.

13 *Witness Statement of Helen Kennedy,* para. 34.

14 Victorian Aboriginal Community Controlled Health Organisation, *RCVMHS and Alliance Meeting Summary Report,* p. 15.

15 *Witness Statement of Helen Kennedy,* para. 69.

16 *Witness statement of Andrew Jackomos,* 11 July 2019, para. 90.

17 *Witness statement of Helen Kennedy,* para. 82.