Media release on the Australian Government response to the National Review of Mental Health Programmes and Services:

‘Promising Start, But Meet With Us to Discuss the Detail’, Say Indigenous Leaders

2 December 2015

The National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) welcomed the Australian Government’s response to the National Mental Health Commission’s National Review of Mental Health Services and Programmes last Thursday, but reserved its final judgment.

NATSILMH Chair Professor Pat Dudgeon said:

‘In particular, we welcome the $85m new funding promised to Indigenous mental health, and the broad recognition of our wellbeing and mental health needs as a priority. Further, the commitment to a ‘stepped’ mental health system, a digital mental health gateway, regional level planning and the integration of our mental health, suicide prevention, alcohol and drug services building on the social and emotional wellbeing concept all hold great promise. But we need to meet with the Australian Government and learn more before we can wholeheartedly endorse the response.’

NATSILMH and Australian Suicide Prevention Advisory Council member Ms Adele Cox is concerned about Indigenous suicide prevention:

‘The response discusses ‘refocusing efforts to prevent Indigenous suicide’ but does not elaborate. In particular, there is no indication as to whether the $17.8m pledged to the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy continues to be quarantined, or whether it has been counted in the $85m of new funding. We need clarification in both areas’, she said.

NATSILMH member Mr Tom Brideson is concerned about workforce:

‘The response focuses on using the existing workforce better. But it is critical that gaps are filled particularly in those rural and remote areas where mental health services are almost non-existent, and that means training and employing additional staff in addition to upskilling existing staff’, he said.
NATSILMH member Professor Tom Calma AO also struck a note of caution:

‘Of course, the additional Indigenous mental health funding and focus is welcome, but the reliance on Primary Health Network-led regional planning has risk. Requiring the PHNs to proactively support Indigenous communities and services to be partners in these planning processes, and to be accountable for better mental health outcomes over time, is key. It is also important that the roll out of the National Disability Insurance Scheme for Indigenous people living with a psychiatric disability, and a broader, preventative approach to reducing the contribution of negative social determinants to mental illness among us, is coordinated with this planning,’ he said.

Professor Dudgeon added:

‘It is also critical that the National Service Planning Framework that will guide regional planning incorporates the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing as an overarching Indigenous mental health and related areas service planning framework.’

She closed by saying:

‘The next step of the response, where much of the detail will be decided, is critical. NATSILMH welcomes the additional funding and congratulates the Australian Government on a promising start. But, as a priority, we call on Ministers Ley, Nash and Scullion to maintain the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group as their primary ongoing source of advice for this next step. Further, to meet with Indigenous mental health, suicide prevention and substance abuse leaders and stakeholders to discuss this next step at the national and regional levels. Such a partnership approach will help ensure we get the detail right, and that the reforms result in better mental health and related outcomes for our peoples.’

END

• Professor Dudgeon is also a member of the National Mental Health Commission.

• Professors Dudgeon and Calma are also Co-chairs, and Ms Cox and Mr Brideson are also members, of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group.

• For media enquiries and interview requests, please contact Mr Chris Holland on 0438 409 149.

• Available for interview, NATSILMH members; Professor Pat Dudgeon (Chair), Professor Tom Calma AO; Ms Adele Cox.

• For more information about NATSILMH: www.natsilmh.org.au.
• For more information about the mental health gap, see the factsheet attached to this release.

• For more information on the appropriate reporting of mental illness and suicide see the Mindframe initiative: http://www.mindframe-media.info

• Lifeline: 131 114

• Kids Helpline: 1800 551 800

• Mensline: 1300 78 99 78
**Factsheet on the Indigenous Mental Health Gap**

- **Stressful Life Events**: Indigenous Australians report these at 1.4 times the rate of other Australians.¹ Stressful life events can be traumatic and impact on mental health. They include: serious illness, serious accident, mental illness, serious disability; death of a family member or close friend, divorce or separation, not able to get a job, involuntary loss of job, alcohol or drug-related problems, gambling problems, witness to violence, abuse or violent crime, and trouble with the police.²

- **Psychological Distress**: In 2012–13, 30 per cent of respondents to the *Australian Aboriginal and Torres Strait Islander Health Survey* over 18 years of age reported high or very high psychological distress levels in the four weeks before the survey interview.³ That is nearly three times the non-Indigenous rate.⁴ In 2004-05, high and very high psychological distress levels were reported by 27 per cent of respondents suggesting an increase in Indigenous psychological distress rates over the past decade.⁵

- **Mental Health Conditions** Indigenous peoples comprise about 3 per cent of the total population.⁶ For community based mental health clinics, about 9 per cent of contacts were provided to Indigenous peoples in 2013-14: 3.3 times the non-Indigenous rate.⁷ In 2012-13, Indigenous people accounted for a disproportionate 9 per cent of mental health-related ED occasions of service. They accounted for 4.9 per cent mental health-related hospitalisations including specialised psychiatric care in 2012-2013; and 4.1 per cent of all episodes of residential mental health care in 2013-2014.⁸

- **Suicide**: The overall indigenous suicide rate was twice the non-Indigenous rate over 2001-10.⁹ Approximately 100 Indigenous deaths by suicide per year took place over that decade. In 2012, 117 suicides were reported.¹⁰ In 2013 the number was 138.¹¹ The *Overcoming Indigenous Disadvantage 2014* report found that hospitalisations for intentional self-harm had increased by 48 percent since 2004-2005.¹²

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⁹ http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2013~Main%20Features~External%20Causes%20(V01-V98)~10021