



# Closing the Gap or Widening the problem?

Considering directions for Aboriginal & Torres  
Strait Islander Mental Health and Social and  
Emotional Wellbeing in Queensland

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# Who am I



WUTHATHI  
Shelburne Bay:  
Cape York, North  
Queensland



My Grannies



Erub Island : Torres Strait, Far North Queensland



WAKKA WAKKA  
Cherbourg: Southern Queensland



# Closing the Gap



- Originally a social justice campaign
- Aim to achieve health equality (measured as life expectancy) between the Aboriginal and Torres Strait Islander population and non-Indigenous Australians by 2030
- COAG National Partnership Agreements
- Mental Health is not one of the targets



## In Queensland

Mental illness is the highest contributor (20%) to the Indigenous burden of disease in Qld.

(Source: QH,2016)

|                        |     |
|------------------------|-----|
| Other                  | 32% |
| Unintentional injuries | 5%  |
| Chronic respiratory    | 9%  |
| Malignant neoplasms    | 9%  |
| Diabetes mellitus      | 11% |
| Cardiovascular disease | 14% |
| Mental disorders       | 20% |



# Aboriginal & Torres Strait Islander Queenslanders



- 30% more likely to be hospitalised for MI
- (3X) more likely to be hospitalised due to substance misuse
- More likely to enter MH treatment via ED's, court or prison- higher ITO rates
- If hospitalised in a MHU 50% more likely to be secluded

(data source QH 2013)



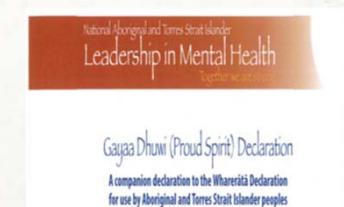
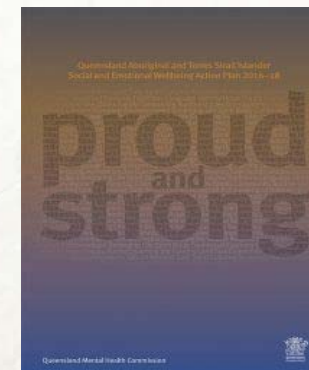
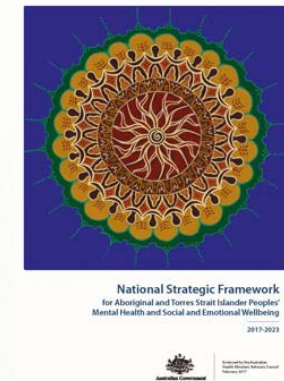
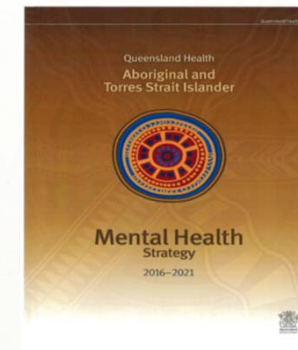


# What is Aboriginal & Torres Strait Islander MH & SEWB



MH & SEWB is holistic, encompasses MH, physical, cultural and spiritual and is informed by the following principles;

- Self determination
- Culturally valid understandings
- Trauma, loss, racism, stigma, adversity-ongoing stressors negative impact
- Family kinship, reciprocal affection, responsibility & sharing
- There is no single Aboriginal or Torres Strait Islander culture/ or group
- We possess Strengths Creativity and Endurance



## What should inform our directions?

- Aboriginal & Torres Strait Islander leadership
- Strengths based approach

*“The national tragedy is that governments have normalised what should be an unacceptable failure of Australian nationhood” - Peter Yu 2018 ANU Reconciliation Lecture*

- Trauma informed practice
- Maintaining our space- investing in us



## Where are the gaps? Possible directions?

- Public MH System- difference? (Model of service)
- PHC Sector- mental health?
- CCHO- established Indigenous, establishing SEWB, mental health?
- Mainstream NGO service established community based MH support (RFQ)- establishing Indigenous







# How can we improve things?





## RFQ Directions

To improve outcomes for Aboriginal and Torres Strait Islander community members by navigating cultural, community and systems interaction through engaging and investing in Indigenous Knowledge and Leadership



## RFQ will model

Indigenous Leadership

Indigenous designed models

Indigenous delivered services

- Consistent with collaborative recovery model
- Based on authentic relationships, and;
- A strengths based approach



## Where to now?

- Establishing an Indigenous framework and protocol
- Developing service model
- Identifying resources
- Delivering Indigenous specific services





# Big Eso (Thank You)

Questions?

