AMSANT Aboriginal Corporation
ICN 8253 | ABN 26 263 401 676
Level1 Moonta House |43 Mitchell St Darwin NT 0800
Postal Address - GPO Box 1624 Darwin NT 0801

AMSANT Response to Draft National Stigma and Discrimination Reduction Strategy

The Aboriginal Medical Services Alliance of the NT is the peak body for the community-controlled Health Services (ACCHSs) sector in the Northern Territory (NT). We have 25 member services providing Aboriginal comprehensive primary health care (CPHC) right across the NT from Darwin to the most remote regions. AMSANT has been established for over 20 years and has a major policy and advocacy role at the NT and national levels, including as a partner with the Commonwealth and NT governments in the Northern Territory Aboriginal Health Forum (NTAHF) and through APO NT as part of the Children and Families Tripartite Forum.

AMSANT advocates for equity in health, focusing on supporting the provision of high quality CPHC services for Aboriginal communities. Our organisation also embraces a social and cultural determinants of health perspective which recognises that health and wellbeing are profoundly affected by a range of interacting economic, social, and cultural factors.

AMSANT welcomes the opportunity to respond to the draft National Stigma and Discrimination Reduction Strategy. The impact of racism and stigma is recognized as one of the nine guiding principles that underpin Social and Emotional Wellbeing (SEWB). As a holistic and overarching view of mental health SEWB incorporates the physical, social, emotional, and cultural wellbeing of individuals and their communities. Supporting SEWB through Aboriginal CPHC services therefore involves breaking down the mainstream health silos that separate out mental health, substance misuse, family violence and preservation, and cultural and spiritual wellbeing, and delivering more integrated and holistic care.

Introduction

It is now well established that discrimination and racism affect mental health with the impact increasing in line with the frequency of the experiences of discrimination. The unpredictable and anxiety-provoking nature of racially discriminatory experiences, (which may be dismissed by others as trivial or not important), may lead a person to feeling as if there is something wrong with them (Williams 2015). Chronic and ongoing concerns of these experiences may lead to a person being vigilant, or to being avoidant of such experiences, and over time this may extend to further re-traumatisation (Carter 2007).

Recent analysis of data from the Mayi Kuwayu longitudinal study of culture, health, and wellbeing, indicated that 49.3% of the total psychological distress burden among Aboriginal and Torres Strait Islander adults could be attributable to everyday discrimination and 27.1% to everyday racial discrimination, with everyday racial discrimination explaining 47.4% of the overall gap in psychological distress between Indigenous and non-Indigenous people (Thurber et al. 2022).

Chronic exposure to racism and discrimination can lead to excessive stress, which can also have physical health effects, with potential impacts on the immune, endocrine, and cardiovascular systems, and links established between discrimination and obesity, inflammation, and chronic disease (Pascoe 2009).

A 2016 study exploring race relations through in-depth interviews with Aboriginal people living in or regularly visiting Darwin, found that respondents felt stereotyped, judged, and patronised by non-Aboriginal community members on a daily basis, and identified their daily experience as one of loss (Habibis et al. 2016). In order to improve race relations, respondents to this study suggested that non-Aboriginal people need to take responsibility to learn more about Aboriginal culture, recognising that people who discriminated against them were ignorant of the depth and richness of Aboriginal culture and its strengths.

This submission focuses on priority areas one and two within the draft Strategy: 1) Implement foundational actions to address stigma and discrimination, and 2) reduce structural stigma and discrimination. As the draft Strategy rightly acknowledges people most frequently and significantly experience discrimination within institutional settings, and as such challenging structural discrimination within these settings should be the primary focus of this Strategy and any investment towards its implementation.

Priority 1: Foundational Actions

Legislation

AMSANT supports recent amendments to the NT Anti-Discrimination Act. In particular, the introduction of a representative complaints model, the protection of additional attributes including disability, accommodation status, and experience of domestic violence, and the modernisation of language and protections in relation to LGBTQIA+SB[1] people.

[1] Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Sistergirl and Brotherboy

Protecting people from the harms of discrimination is an appropriate object of government legislation, as recognised by the International Covenant on Civil and Political Rights (ICCPR) and the International Convention on the Elimination of All Forms of Racial Discrimination.

Laws are not only about legal protections and remedies, they also set standards of conduct and play an educative role about what is deemed acceptable in our society. Modern and effective legislation should help to set norms that discourage people from discriminating against others and encourage people to speak out publicly against various forms of discrimination.

However, a far more comprehensive response to discrimination in our communities is needed than can be delivered by legislative reform alone. System and population level change must be pursued, rather than relying solely on the capacity that an Act provides to respond to incidents of prejudice.

Accountability measures

In practice, complaints mechanisms under anti-discrimination legislation remain inaccessible to many members of the community.

The Indigenous Needs Legal Project, which conducted fieldwork with eight communities in the NT in 2011, found that 80% of people interviewed who identified themselves as victims of discrimination did not seek legal assistance in response to it. It also suggested that many participants in this survey viewed discrimination as not an actionable legal event, but rather as an intolerable but entrenched and expected part of life (Allison et al. 2012).

This reflects the need for improved awareness and education of the community of their legal rights, as well as adequate resourcing of community legal education and access to quality, culturally responsive legal services. There is also a need to support law and justice groups and initiatives that aim to work between mainstream and Aboriginal law.

Recommendation 1: Increased investment in Aboriginal legal services and community-based law and justice groups and initiatives to ensure culturally appropriate legal education and supported access to discrimination complaints mechanisms.

In the NT, the Anti-Discrimination Commission plays an important role in overseeing compliance with the NT Anti-Discrimination Act through its community visitor and community education programs.

However, it is currently under-resourced and under-staffed such that they are often unable to adequately exercise important functions, such as own motion investigations.

Recommendation 2: Ensure appropriate funding of oversight bodies such as the NT Anti-Discrimination Commission to enact key functions such as community education and community visitor programs.

Even with supportive institutions and services in place, for many a reluctance to seek out legal recourse in response to an incident of discrimination may be as much due to a situation of poverty or disadvantage as it is to a lack of understanding about legal systems or rights. That is to say that experiencing discrimination may be considered a lesser concern when compared to other, more urgent, problems such as housing eviction, removal of children or potential incarceration.

Improve evidence base through data collection and monitoring

Our understanding of the intersectional experience of Aboriginal people who identify as LGBTQIA+SB is limited by the lack of inclusion of sexual orientation, gender identity and intersex status in population research and data collection. For example, neither the Australian Bureau of Statistics (ABS) or National Coronial Information System (NCIS) disaggregate for LGBTQIA+SB status when gathering intentional self-harm data.

A recent study from Western Australia examined the impacts of racism, social exclusion, and queer phobia on Indigenous LGBTQIA+SB people and found 73% of Indigenous LGBTQIA+SB participants have experienced discrimination (Hill et al. 2021). Our national data collection mechanisms need to be improved so we can begin to better understand the intersectional experience of these two groups.

Recommendation 3: That the Strategy call for improved national data collection in relation to sexual orientation, gender identity and intersex status to better understand the ways that these groups experience discrimination and stigma, including those with intersectional identities.

Improvements such as this to the kinds of data that we are collecting must be made alongside considerations of *how* we are collecting that data. Approaches to collection in large National Surveys privilege modes of knowing, doing, and understanding as envisaged by Western, often colonial, standards of traditional academic scholarship.

This is often inappropriate for remote Aboriginal communities and detracts from the integrity of information that can be collected. Where cultural knowledge, philosophies and practices are ignored and there is a lack of understanding of First Peoples knowledge on the part of the non–First Peoples researcher and/or research team, there is an inherent risk of further trauma and deep colonisation (NHMRC 2003).

Recommendation 4: That the Strategy include an action to prioritise First Peoples research methodologies and support Aboriginal leadership in research to embed cultural safety in research involving Aboriginal and Torres Strait Islander peoples.

The primary focus of research remains with populations that experience discrimination and stigma. While there is certainly a need to increase our understanding of the experiences of this group, there is an equal need and yet much less of a research focus on the populations and institutions from whom this discrimination originates. Research into these groups might ask: what shift is required for these populations to embrace their responsibility to change? What would 'incentivise' them to do so? What are they able to access to do so?

Aboriginal and Torres Strait Islander peoples, in conjunction with other First Peoples around the globe, represent a significantly over-researched population. Shifting the focus of research away from a perpetual examination of the “vulnerable” or lived experience group can also help to shift the locus of responsibility.

Recommendation 5: That the Strategy include an action for increased research into the people and institutions who perpetrate discrimination.

Priority 2: Structural Stigma and Discrimination

Health and Mental Health Systems

Draft Action 2.1c within the Strategy suggests the introduction of a requirement for mainstream mental health services to partner with local ACCHSs. AMSANT is supportive of this as a foundational action, however, would take this further and recommend that in communities where mental health services are being delivered to a majority Aboriginal population any partnerships should be established with the goal of a transition of service control from mainstream providers to ACCHSs. This is in alignment with the

APO NT partnership principles[2] which set out a framework for partnerships between Aboriginal and non-Aboriginal organisations in the NT.

Such a recommendation would also align with priority reform two of the National Agreement on Closing the Gap, which seeks to increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander community-controlled organisations.

Community control ensures that people who are going to use health services can determine the nature of those services, and participate in the planning, implementation, and evaluation of those services. Control of life circumstances and self-determination are critical determinants of health and wellbeing, underpinning the ability of individuals to participate and engage productively in the community and for communities to prosper. A review of international research indicates the effectiveness of empowerment strategies to improve health and reduce health disparities, with outcomes at psychological, organisational, community and population levels, and in relation to socially excluded populations (Wallerstein 2006).

Recommendation 6: That Action 2.1c within the draft Strategy be strengthened to specify that where mental health services are being provided to a majority Aboriginal population, Aboriginal Community Controlled Health Services should be the preferred provider of services, with plans developed for transition from existing mainstream service providers.

Action 2.1j suggests legal mechanisms should be introduced for supported decision-making and advance care directives. Mechanisms to realise both functions are under consideration in the current review of the NT Mental Health and Related Services Act. AMSANT expressed our support for the inclusion of nominated support persons and advance care directives in our submission to the NT Government in response to the proposal for a revised Act in 2021 and look forward to seeing these reforms progress.

Workforce training and development

Draft Action 2.2k responds to the need to train healthcare professionals in conceptions of mental health across different cultures, and trauma-informed care. AMSANT is supportive of this action which aligns

[2] The APO NT Partnership principles can be access here: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://irp.cdn-website.com/0174bec0/files/uploaded/21070504-APO-NT-Partnership-Principles-Updated-version.pdf

closely with the work of our SEWB team through the Damulgurra program. Through this work we deliver training to the NT ACCHSs and broader social services sector in Culturally Responsive Trauma-Informed Practice (CRTIP) with a focus on developing and adapting training content and resources to respond to the unique cultures, languages, and ways of working within the places and services we work with.

A growing body of evidence demonstrates that understanding and responding to trauma is important for all healthcare practitioners and service providers, including those working directly with trauma, such as mental health professionals (Browne et al. 2012; Felitti et al. 1998). If trauma is overlooked, unresolved trauma may reduce the effectiveness of services provided within trauma affected communities, and place individuals, communities, and workers at risk of further harm.

However, AMSANT's work delivering CRTIP training and associated research has highlighted that developing a more trauma-informed workforce cannot be achieved through the provision of one-off training programs alone. This kind of systemic change relies concurrently on a commitment to whole-of-organisation embedded workforce initiatives and cultural change. In many cases, training individual workers creates an incentive for change at the individual level, however, attempts to create or implement change are blocked by institutionalised policies, systems, and processes at organisational and systemic levels.

While the training described in Action 2.2k is paramount, it is unlikely to affect meaningful change without training and change management supports at leadership and governance levels that focus on creating organisational, policy and legislative environments that enable implementation.

Recommendation 7: That the Strategy's actions relating to culturally responsive and trauma-informed care training address the concurrent need for leadership and governance training and long-term planning and implementation supports for organisations and governing bodies.

As recognition for the importance of trauma-informed practice grows, we are seeing an expansion of services seeking to provide training in this space and be acknowledged as 'trauma-informed' organisations. Given this, AMSANT continues to advocate for the development of national accreditation standards in trauma-informed care. AMSANT is already working towards this through our own research agenda, with key outcomes identified including:

- A set of national standards and guidelines for the provision of culturally responsive trauma informed care
- An accreditation mechanism for organisations to become formally accredited as culturally responsive and trauma informed organisations
- A set of assessment criteria and guidelines for use by Research Ethics Committees to ensure that research is conducted in culturally responsive and trauma informed ways.

Recommendation 8: That the Strategy include as a priority action work towards the development of national accreditation standards in culturally responsive trauma-informed care, noting that many existing models and resources focus on being 'trauma-informed' outside of considerations of cultural diversity and difference.

Social services

Access to housing and experiences of homelessness are a glaring omission within the Strategy. While Action 2.3i speaks to the need to reform tenancy laws, including protections against eviction, the Strategy on the whole does not adequately address access to housing as a basic human right and protective factor for health and wellbeing, nor the discrimination and stigma experienced by those without a home.

Access to stable and adequate housing enables adults and children to engage in their community – socially, recreationally, and economically, and can influence both physical and mental health. Rates of homelessness in the NT are twelve times the national average, with 81% of people defined as homeless living in severely crowded dwellings[3]. The social stress associated with overcrowding is likely to be an aggravating factor in some physical and mental illness and a contributor to high rates of domestic violence (Bailie and Wayte, 2006).

This worsening housing reality in many Aboriginal communities in some cases leads to increased 'urban drift', with people leaving their communities for major centres. This further contributes to rates of homelessness as well as disconnection from country, family and culture, and increases associated mental and emotional ill-health. While this is a widely observed phenomenon, the full extent and impact of mobility factors are complex and not necessarily well understood.

[3] See NT Shelter website: https://ntshelter.org.au/educational-resources/

A 2008 study examining the views and experiences of Aboriginal people sleeping rough in Darwin found a significant lack of empathy for the life circumstances of participants. Aboriginal people in public places were usually regarded with suspicion by mainstream society and perceived to be: irresponsible, choosing a morally corrupt lifestyle, a source of contagion, neglectful of their children, and engaging in unhealthy social behaviours including alcohol abuse (Holmes and McRae-Williams, 2008). These experiences can exacerbate existing mental and physical health issues and severely limit capacity to access services.

Recommendation 9: That the Strategy include actions that recognise access to housing as a basic human right and protective factor for health and wellbeing and seek to address the discrimination and stigma experienced by those living without a home.

Legal systems

A strong view that emerged from the Darwin-based *Telling It Like It Is: Aboriginal Perspectives on Race and Race Relations* research project was that the criminal justice system itself is deeply racist, unfairly punitive and does nothing to address underlying causes of offending (Habibis et al. 2016).

AMSANT is supportive of drat Action 2.5a that seeks to increase knowledge and awareness of mental health among judges, legal professionals, and child protection workers. We would also like to see this action extended to include police as the first point of contact with the criminal justice system. To this end, in recent years AMSANT's own Damulgurra Program has commenced providing CRTIP to new NT Police recruits and has also provided training to Territory Families, the NT's child protection agency.

Recommendation 10: That Action 2.5a be extended to include Police as recipients of mental health awareness training.

In the NT, Aboriginal people are imprisoned at higher rates than anywhere else in the nation, comprising 84% of the adult prison population in 2018, compared to a national average of 28% (ABS 2018). Often, these individuals have experienced complex trauma and/or are living with a cognitive impairment, mental health condition or other disability. Many aspects of the NT's Criminal Justice system fail to meet the needs of these individuals.

The 2016 Commonwealth Senate review into the indefinite detention of people with cognitive and psychiatric impairment in Australia (Commonwealth of Australia 2016) set out a set of clear

recommendations to improve the experience of people with mental illness, cognitive impairment and disability interacting with our legal system, including the elimination of indefinite detention.

This recommendation is yet to be enacted within the NT with appalling repercussions. Just one example from a 2019 ABC news report revealed the case of Justin Walker, who had been indefinitely detained in prison for over six years on a custodial supervision order due to a lack of alternative placement options (Heaney 2019).

Recommendation 11: That the Strategy include an action to eliminate the use of indefinite detention across all states and territories

More recently, the NT Review of Forensic Mental Health and Disability services (McGrath 2019), made clear the lack of mental health supports available for clients in prison, as well as the lack of viable therapeutic, community-based options to support people with complex mental and cognitive disabilities. Finding alternative placement options and options for people to return to Country, when possible, will require collaborative partnerships to be established between government agencies and Aboriginal organisations.

Recommendation 12: That the Strategy recommend the development of national minimum standards for therapeutic supports available to people incarcerated in detention facilities

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