St Vincent de Paul Society
NATIONAL COUNCIL
good works

ABN: 50 748 098 845

National Council of Australia Inc
22 Thesiger Court
Deakin ACT 2600
PO Box 243
Deakin West ACT 2600
Telephone: (02) 6202 1200
Facsimile: (02) 6285 0159
Website: www.vinnies.org.au
Donation Hotline: 13 18 12

Senate Select Committee on Health
PO Box 6100
Parliament House
Canberra ACT 2600

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Submission to Senate Select Committee on Health

The St Vincent de Paul Society (the Society) is a respected lay Catholic charitable organisation operating in 149 countries around the world. Our work in Australia covers every state and territory, and is carried out by more than 60,000 members, volunteers, and employees. Our people are deeply committed to social assistance and social justice, and our mission is to provide help for those who are marginalised by structures of exclusion and injustice. Our programs assist millions of Australians each year, including people living with mental illness, people who are homeless and insecurely housed, migrants and refugees, and people experiencing poverty.

In addition to working with Aboriginal and Torres Strait Islander (ATSI) Peoples through the Society's wide range of general projects for excluded and marginalised Australians, the Society is also engaged in some projects that are specific to Indigenous Australians. We are proud to stand in solidarity with ATSI Peoples in our national advocacy positions, and to listen to and learn from the First Peoples of this land. On 15 July 2014, the Society was invited to make a submission to the Senate Select Committee on Health, which was to inquire and report on health policy, administration, and expenditure. We made a submission, and on 25 November we were invited to provide more information on Indigenous health issues. We have now consulted with our members, and are pleased to present this submission. We are happy to provide more written or oral evidence on any point.

Executive Summary

The Society recognises that many Aboriginal and Torres Strait Islander People face significant disadvantage in terms of their health in our society. The Society is committed to providing programs and services which address health concerns faced by the most vulnerable Australians, a group which is overrepresented by Indigenous Australians.

The health crisis faced by many Indigenous Australians in our community has been brought about by the treatment of the First Peoples at colonisation and through subsequent government policies. The Society believes that this treatment continues to be perpetuated by the disadvantage faced by Indigenous Australians in the social determinants of health, including poorer access to education, housing, employment, housing and health care services. Consequently, the Society calls for a renewed approach to Indigenous health, which focuses on understanding the causes of poor health for Indigenous Australians. We hope that, through this understanding, measures can be taken so that the First Australians are able to enjoy their rights to the resources necessary to realise self-determination in terms of their health.

1. The extent of the problem

Despite significant advances in non-Indigenous Australians' health over the last century, Indigenous Australian's health and wellbeing has continuously deteriorated.[1] Today, on most health measures, the gap between Indigenous and non-Indigenous Australians is at an unacceptable level. For example, there is a persistent 10-year gap in life expectancy between Indigenous and non-Indigenous Australians.[2] Worryingly, over the past five years, this gap has only been reduced by 0.8 years for Indigenous males, and 0.1 years for Indigenous females.[3] However, this is not the only health measure on which Indigenous Australians fare far worse than non-Indigenous Australians; an Australian

[1] Australian Indigenous HealthInfonet, 'The context of Indigenous health' (2013) at healthinfonet.ecu.edu.au/health-facts/overviews/the-context-of-indigenous-health

[2] St Vincent de Paul National Council, 'Submission to Senate Select Committee on Health' '(2014) at vinnies.org.au/icms_docs/195679_Submission_to_health_inquiry.pdf

[3] National Aboriginal Community Controlled Health, 'Closing the gap on Indigenous health inequality' (2014) at naccho.org.au/download/aboriginal-health/abs%20life%20expectancy%20fact%20sheet(2).pdf

Institute of Health and Welfare report shows diabetes is around four times more common among Indigenous people than among other Australians. Of the many and complex health issues faced in Indigenous populations, three are of particular concern to the Society: smoking, mental health, and alcohol abuse.

Smoking

As stated above, Aboriginal and Torres Strait Islander people experience disadvantage in a range of socioeconomic indicators, placing them at greater risk of exposure to behavioural and environmental health risk factors.[4] For example, the smoking prevalence among Aboriginal and Torres Strait Islanders aged 18 years is over three times that of the overall Australian population, at 51%[5]. High smoking rates increase other health problems, while also reinforcing disadvantage. They do this by compounding the barriers already faced by people living in poverty through financial costs, tobacco related illnesses, and premature death. Moreover, the issues extend beyond the individual smoker: they affect non-smokers via second-hand smoke, including children.[6] Most concerning perhaps is that the problem tends to have intergenerational effects, as international studies indicate children who grow up in households where adults smoke are themselves more likely to take up smoking, thus placing Indigenous children in a more vulnerable position.[7]

Mental health

Indigenous Australians face considerable disadvantage in terms of mental health. According to an ABS report, this sub-population is 1.4 times more likely to experience a severe life stressor, twice as likely to report high to very high levels of psychological distress, and 2.3 times more likely to have contact with community mental health services, compared with other Australians.[8] Additionally, during 2007-9, Indigenous Australians were twice as likely to be hospitalised for mental health problems compared with non-Indigenous Australians.[9] Suicide rates among young people from the Indigenous community are more than double those of non-Indigenous Australians.[10] Taken as a whole, this evidence suggests that Indigenous Australians suffer from mental health issues at alarming rates compared to the general population. Moreover, poorer mental health has been found to be associated with other socioeconomic determinants of health including, unemployment, lower income, lower educational attainment and not owning a home.[11]

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[4] Australian Bureau Statistics, 'The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples' (2005) at abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter750Oct+2010.

[5] St Vincent de Paul National Council, 'Submission to Senate Select Committee on Health' (2014) at vinnies.org.au/icms_docs/195679_Submission_to_health_inquiry.pdf.

[6] St Vincent de Paul National Council, 'Submission to Senate Select Committee on Health' (2014) at vinnies.org.au/icms_docs/195679_Submission_to_health_inquiry.pdf

[7] Tobacco in Australia, 'Smoking and intergenerational poverty' (n/d) at tobaccoinaustralia.org.au/9-5-smoking-and-intergenerational-poverty.

[8] Australian Bureau Statistics, 'The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples' (2008) at abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter715Oct+2010.

[9] Australian Indigenous HealthInfonet, 'Summary of Australian Indigenous health'(2014) at aihw.gov.au/indigenous-observatory/health-and-welfare/.

[10] Australian Institute of Health and Welfare, ' Strategies to minimise the incidence of suicide and suicidal behaviour' (2013) at health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab.

[11] Australian Institute of Health and Welfare, 'Indigenous health' (2014) at aihw.gov.au/australias-health/2014/indigenous-health/.

Alcohol

Alcohol-related harm is another major risk to the health of Indigenous Australians. The St Vincent de Paul Society in the Northern Territory reports that Indigenous Australians consume on average 16.1 litres of pure alcohol a year, compared with the average Australian (aged 15 and over, 2009-10) who consumed 10.5 litres. It is well-established that alcohol use contributes to Indigenous Australians' life-expectancy disadvantage: the rate of Indigenous Australians dying from alcohol-related causes is between five and 19 times higher than for non-Indigenous Australians, and 40% of Indigenous male and 30% of Indigenous female suicides are associated with alcohol.[12] In addition, according to the report of The Australian Health Review, "alcohol misuse is a contributing factor to a wide range of health and social problems, including: violence; social disorder; family breakdown; child neglect; loss of income or diversion of income to purchase alcohol and other substances; and, high levels of imprisonment". Alcohol-related problems have also been identified with education and employment outcomes. The effect of alcohol-related harm within Indigenous communities is therefore devastating.

2. Causes of Health Disadvantage

Causes of this health disadvantage experienced by Indigenous people are complex. However, they can be attributed to two major and interrelated facts: firstly, the historical oppression that Indigenous communities have suffered; and, secondly, contemporary structural and social factors embodied in the social determinants of health.[13] The combined effect of these factors has resulted in a widespread disadvantage for the Indigenous population, including poor health.

Historical context

The arrival of Europeans in Australia has had far-reaching consequences on the lives and wellbeing of the Indigenous community. The invasion and subsequent colonisation began a long trend of discrimination and injustice, the impact of which is still felt by Indigenous Australians today. Aboriginal and Torres Strait Islander people were forced off their traditional lands, and prevented from engaging in their hunter-gatherer lifestyles, with those who resisted eviction facing violence. This resulted in the death of approximately 20,000 Indigenous people.[14]

Since then, through the implementation of various government policies, more harm has been done by the state in an attempt to "protect" Indigenous Australians. The removal of many Aboriginal and Torres Strait Islander people to missions or reserves, where they were forbidden to speak their own language or maintain their cultural practices, has left deep intergenerational scars. This was combined with the Stolen Generation; the forcible removal of children from their families and communities, to be raised in institutions or by foster families of European background, and the policy of assimilation. This has culminated in a sense of grief and loss experienced by generations of Aboriginal and Torres Strait Islander peoples in relation to dispossession, to the disruption of culture, family and community, disempowering these Peoples. Colonisation and its consequences have resulted in problems in emotional, spiritual, cultural and social well-being for Aboriginal and Torres Strait Islander individuals,

[12] Australian Indigenous HealthInfoNet, 'Review of the harmful use of alcohol amongst Indigenous Australians' (2010) 2 at healthinfonet.ecu.edu.au/uploads/docs/alcohol-pl-review.pdf.

[13] Darren Dick, 'Social determinants and the health of Indigenous peoples in Australia – a human rights based approach' (2007) at humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based.

[14] John Harris, 'Hiding the bodies: the myth of the humane colonisation of Aboriginal Australia' (2003) at http://press.anu.edu.au/wp-content/uploads/2011/05/ch0550.pdf.

families and communities.[15] This grave mistreatment has left Aboriginal and Torres Strait Islander people in a position of great disadvantage, including in terms of their health.

Impact of Social Determinants of Health

Against this historical background, Indigenous Australians now suffer a range of disadvantages which all contribute to ongoing negative health outcomes. These negative health outcomes are also contributed to by certain socioeconomic factors. Systems theory recognises health as the outcome of an interaction between the person and the broader socioeconomic environment.[16] According to the theory, the components of health are interconnected, and action in one sphere can influence what happens in another sphere.[17] As such, the social determinant of health (SDOH) perspective recognises that health is broadly shaped by the socioeconomic status of an individual.

Due to widespread disadvantage across a number of socioeconomic domains, social determinants act as a risk factor to the health of many Indigenous Australians. The determinants include employment, education, racism, housing, and physical environment, access to health care facilities, and factors in childhood including diet, environmental safety and emotional and social health.[18] For example, the national strategic framework for Aboriginal and Torres Strait Islanders People Report shows that Aboriginal and Torres Strait Islander peoples are more likely to live in conditions considered to be unacceptable by general Australian standards.[19] This includes overcrowding, poorly maintained buildings, high housing costs relative to income, and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing.[20] In particular, the 2008 National Aboriginal and Torres Strait Islander Social Survey estimated that 25% of the Aboriginal and Torres Strait Islander population over 15 were living in overcrowded housing.[21] Additionally, the gap in educational achievement is alarmingly high. For example the percentage of Indigenous Australians completing year 12 is 35.9%, while the figure for non-indigenous Australians sits at 67.3%.[22] Differences in educational attainment can impact on a range of economic outcomes, as reflected in employment figures, with Aboriginal and Torres Strait Islander peoples much less likely to be employed compared with other Australians (44% and 71% employed respectively). [23] In relation

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[15] NATSIHC, 'National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context' (2003), pp.5 at naccho.org.au/download/naccho-historical/nsfatsihcont.pdf.

[16] Bruce D Friedman and Karen Neuman Allen, 'Systems Theory' (1997) at http://www.sagepub.com/upm-data/32947_Chapter1.pdf.

[17] Bonnie Raingruber, 'Chapter 3 Health Promotion Theories' (n/d) at http://samples.jbpub.com/9781449697211/28123_CH03_Pass2.pdf.

[18] Darren Dick, 'Social determinants and the health of Indigenous peoples in Australia – a human rights based approach' (2007) at humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based.

[19] NATSIHC, 'National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context' (2003), pp.6 at naccho.org.au/download/naccho-historical/nsfatsihcont.pdf.

[20] NATSIHC, 'National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context' (2003), pp.6 at naccho.org.au/download/naccho-historical/nsfatsihcont.pdf.

[21] Robert Parker, 'Australian Aboriginal and Torres Strait Islander Mental Health: An Overview. Nola Purdie, Pat Dudgeon and Roz Walker (Eds.). 'Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice' (2010) pp.5 at aboriginal.telethonkids.org.au/media/54847/working_together_full_book.pdf.

[22] Australian Bureau of Statistics, 'Exploring the gap in labour market outcomes for Aboriginal and Torres Strait Islander Peoples' (2014) at abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0main+features72014.

[23] The Smith Family Research Report, 'Improving educational outcomes of Aboriginal and Torres Strait Islander girls' (2014) at

to income, the average wage for Indigenous people is around $475 per week, which is 59% of the average wage for non-Indigenous people. [24]

The correlation between poverty, socioeconomic inequality and poor health outcomes for Indigenous communities is well-established. As researcher Maggie Walter explains:

> "From the lowly position of the vast majority of Australian Aborigines on the social gradient, the applicability of the social determinants of health to Aboriginal Australia appears obvious. These include the psychosocial stress inherent in Aboriginal people's lives; the low birth weights, poor maternal health and heavy burden of disease experienced by Aboriginal children; the historical and ongoing exclusion of Aboriginal people from social institutions and access to social resources; the high rates of unemployment and relegation of most Aboriginal workers to low-level, insecure market work; the high levels of addiction present in many Aboriginal communities; the inability of many Aboriginal communities and families to consistently access good food; and the limited transport options available to a majority of Aboriginal people".[25]

The Society draws upon the example of smoking to demonstrate how the SDOH can impact upon health behaviours. Within the Aboriginal community, in 2008 the ABS reported that people who were unemployed were more likely than those who were employed to be a current daily smoker (58% compared with 41%), and to use illicit substances (30% compared with 21%).[26]

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The Society believes that the causes of the current disadvantage experienced by Indigenous Australians (colonisation and social determinants of health) are in fact interrelated. For example, circumstances of excessive consumption of alcohol in Indigenous communities are caused by a range of interrelated historical and contemporary socioeconomic circumstances. The forced removal of individuals from their families has resulted in 'a group of profoundly hurt people living with multiple layers of traumatic distresses.[27] Moreover, historic socio-economic deprivation and continuing impact of colonisation and dispossession have led to disproportionate numbers of Aboriginal people being dependent on income support, and living with alcohol addiction.[28] Research shows that, due to: "the devastating effects of colonialism, including dispossession and illness and death resulting from disease and confrontation, alcohol became somewhat of a panacea for Indigenous people's pain, with many using it as a means of escape and solace".[29] This problem is compounded by the ongoing discrimination, unemployment, poverty and social isolation.

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thesmithfamily.com.au/~/media/Files/Research%20and%20Advocacy%20PDFs/Research%20and%20Evaluation%20page%20PDFs/improving-educational-outcomes-aboriginal-torres-strait-islander-girls.ashx.

[24] Burns J, MacRae A, Thomson N, Anomie, Catto M, Gray C, Levitan L, McLoughlin N, Potter C, Ride K, Stumpers S, Trzesinski A, Urquhart B, 'Summary of Indigenous women's health' (2013) at healthinfonet.ecu.edu.au/population-groups/women/reviews/our-review.

[25] Maggie Walter, 'Aboriginality, Poverty and Health—Exploring the Connections' (n/d) at eprints.utas.edu.au/4810/1/4810.pdf.

[26] Australian Bureau Statistics, 'Adult health: Risk Factors and socioeconomic status'(2010) at abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter750Oct+2010.

[27] Perri Campbell, Peter Kelly and Lyn Harrison, 'The Problem of Aboriginal marginalisation: Education, labour markets and social and emotional well-being' (July 2012) at deakin.edu.au/research-services/forms/v/3280/wps-31w.pdf.

[28] Aboriginal Health Council of Western Australia Submission Response, 'The harmful use of alcohol in Aboriginal and Torres Strait Islander communities Submission 69' (17 April 2014) at aph.gov.au/DocumentStore.ashx?id=0a0eb432-8c8e-4e0d-876e-1cb604e4c73b&subId=251874.

[29] M Wilson, A Stearne, D Gray & S Saggers, 'The Harmful use of alcohol amongst Indigenous Australians' (2010) at http://www.healthinfonet.ecu.edu.au/alcoholuse_review.

Likewise, many have argued that the current high level of mental health challenges within Indigenous communities is the outcome of an historical dispossession, exclusion, discrimination, marginalisation and inequality.[30] Research shows that the risk of developing a mental illness is higher when a person is socially excluded and isolated or experiences poverty, neglect, abuse or trauma; misuses drugs or alcohol; is in poor physical health; or has a physical or intellectual disability.[31] Moreover, mental illness challenges are compounded in Aboriginal and Torres Strait Islander communities through material disadvantage and/or influenced by the impact of colonialism.[32] For example, a report on the Aboriginal and Torres Strait Islander Mental Health and Wellbeing shows that members of the Stolen Generations were more likely to have had contact with mental health services.[33]

Consequently, the disadvantage faced by Indigenous Australians in terms of their health is a complex product of an interaction between historic and current socioeconomic and political factors.

3. Current policy responses

In light of such disparity between Indigenous and non-Indigenous people Australian governments have made commitments to addressing Aboriginal and Torres Strait Islander health and inequality as a major priority. Since 2008, successive Australian governments' Indigenous health policy has been informed by the "Closing the Gap" strategy, which aims to close the health gap between Indigenous and non-Indigenous Australians by 2030.

Since the start of the implementation of the commitments under the Closing the Gap strategy, some positive achievements have been reported. For example, data released from the Prime Minister's Office in 2014 show that Aboriginal child mortality has declined by 32%,[34] reducing the gap by 50% in mortality rates for Indigenous children under five within a decade is promising.[35] However, another report from the ABC indicates that there has been little progress in reducing the life expectancy gap and literacy of Indigenous children.[36] And, although some progress has been observed in halving the gap for Indigenous children in reading, writing and numeracy within a decade, this is not at the rate

[30] Stephen R. Zubrick, Carrington CJ Shepherd, Pat Dudgon, Graham Gee, Yin Paradies, Clair Scrine and Roz Walker, 'Social Determinants of Social and Emotional Wellbeing' (2014) at http://aboriginal.telethonkids.org.au/media/698896/wt-part-2-chapt-6-final.pdf.

[31] Australian Government Department of Health, 'National Aboriginal and Torres Strait Islander Health Plan 2013-2023 Priorities – Health Enablers' (27 June 2013) at http://www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc~priorities~health-enablers.

[32] Heather Stewart, Judith Griffiths and Pauline Mulligan, 'Barriers and Solutions to the Coverage of Mental Health and Well-being Stories in Aboriginal and Torres Strait Islander Communities' (2013) at ame.sagepub.com.ezproxy2.acu.edu.au/content/23/1/43.full.pdf+html.

[33] Robert Parker, 'Australian Aboriginal and Torres Strait Islander Mental Health: An Overview. Nola Purdie, Pat Dudgeon and Roz Walker (Eds.). 'Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice' (2010) pp.6 at aboriginal.telethonkids.org.au/media/54847/working_together_full_book.pdf.

[34] Australian Indigenous Chamber of Commerce, 'Closing the Gap Report from the Prime Minister' (2014) at indigenouschamber.org.au/2014-closing-the-gap-report-from-the-prime-minister/.

[35] ABC, 'Closing the Gap: Report card' (2014) at abc.net.au/news/2014-02-12/closing-the-gap-2014-report-card/5254826.

[36] ABC, 'Closing the Gap: Report card' (2014) at abc.net.au/news/2014-02-12/abbott-delivers-closing-the-gap-update/5254188.

expected under initial targets.[37] Moreover there has been no progress made in reducing the gap of employment outcomes between Indigenous and non-Indigenous Australians within the last decade.[38]

Another specific brand of policy being pursued in Australia is limiting the items that Indigenous Australians are able to purchase. For example, successive governments have attempted to solve harmful or excessive alcohol consumption through restrictions in certain locations and venues of Indigenous communities. One attempt is to prohibit the purchase of alcohol under the BasicsCard scheme.[39] The BasicsCard forms part of the Income Management Scheme implemented by the Department of Human Services, and aims to assist those receiving payment to meet 'priority needs such as rent, bills food and education' by stipulating where part of their payment can be used.[40] In addition, the Northern Territory has diverse restrictions about alcohol consumption in certain areas including restrictions on consuming alcohol in public places, and restrictions on when alcohol may be sold.[41] While the way alcohol is being supplied to the Indigenous community may have a role in the problem, isolating and blaming the supply chain is tantamount to ignoring the underlying or historical factors contributing to excessive alcohol consumption in the first place (as demonstrated above): it treats the symptom, rather than addressing the dual causes of colonialism and social determinants. Measures such as compulsory income management which restrict or limit the right for Indigenous Australians to make decisions about their health are inherently disempowering, humiliating and isolating.[42]

A third feature of current policy on Indigenous health is the climate of contact funding cuts. For example, under the current Federal Budget 2014–2015, Indigenous related programs and basic services have suffered some serious cuts, including the downsizing of 150 Indigenous programs in to 5 areas.[43] These measures will not only affect front-line health services of Indigenous communities in the short term, but also jeopardise the "closing the health gap" strategy. For example, $3m will be cut from the National Tobacco Campaign,[44] $78m from Aboriginal Children and Family Centres, $15m from the National Aboriginal and Torres Strait legal services, $80-90m from Indigenous health programs, $450m from outside school hours care, $500m from universal access to preschool and $14.7m from early learning projects.[45]

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[37] Australian Indigenous healthinfonet, 'Key references' (2014) at healthinfonet.ecu.edu.au/closing-the-gap/publications/key-references.

[38] Australian Indigenous healthinfonet, 'Key references' (2014) at healthinfonet.ecu.edu.au/closing-the-gap/publications/key-references.

[39] Australian Government Department of Human Services, 'About the BasicsCard'(23 December 2014) at http://www.humanservices.gov.au/customer/enablers/centrelink/income-management/basicscard.

[40] Australian Government Department of Human Services, 'About Income Management'(23 December 2014) at http://www.humanservices.gov.au/customer/enablers/centrelink/income-management/about-income-management.

[41] Northern Territory Government Department of Business, 'Alcohol Measures on the NT' (4 November 2013) at http://www.dob.nt.gov.au/gambling-licensing/liquor/liquor-restrictions/alcohol-measures/Pages/default.aspx.

[42] See, eg, Prof Rob Bray et al, 'Evaluating New Income Management in the Northern Territory: Final Evaluation Report and Summary' (2014) at http://caepr.anu.edu.au/others/Report-1418859519.php.

[43] Darren Mara, 'Indigenous affairs hit by 'savage budget cuts'' (16 May 2014) at http://www.sbs.com.au/news/article/2014/05/14/indigenous-affairs-hit-savage-budget-cuts.

[44] Myles Morgan, 'Budget figures show government savings will dwarf its spending on indigenous programs over the next few years' (13 May 2014) at http://www.sbs.com.au/news/article/2014/05/13/government-dramatically-reduce-indigenous-programs.

[45] Secretariat of National Aboriginal and Islander Child Care, 'Cuts will hurt Aboriginal and Torres Strait Islander children and families' (June 2014) at http://www.centrecare.com.au/resources/latest-news-

The cumulative effects of the budget cuts and reduction of programs is not difficult to foresee: Indigenous people will continue to fall behind in all health measures from their fellow non-Indigenous Australians and Closing the Gap Strategy will remain an unattainable project. For example, the Society is particularly concerned about the outcome of Indigenous Australians mental health in light of these measures. Previous government approaches to addressing mental health services have not been able to adequately address the disadvantage experienced by Indigenous Australians. There has been a lack of mental health target agreements set out under the COAG strategy. Additionally, where the government has implemented health programs in the community there has been a lack of consultation and communication with local Aboriginal Health Services.[46] The Society is concerned that this, coupled with the various cuts to Aboriginal services will exacerbate the disadvantage experienced by Indigenous Australians.

4. What needs to be done

As stated above, past injustices against Indigenous communities have continued to impact on their health and wellbeing. Aboriginal and Torres Strait Islander Peoples experience significant disadvantage across all the social determinants of health – combined with discrimination faced by Indigenous Australians in accessing healthcare, the compounding of measures of social disadvantage leads to these disproportionately negative health outcomes.[47] The Society believes that there are a range of approaches government could choose to take to improve the health of Indigenous Australians.

A holistic understanding of Indigenous health

Indigenous disadvantage in health cannot be understood and addressed unless it is viewed from a broader systemic perspective, which includes the factors that influence health and their intersectional effects on health and wellbeing, as explained above this requires consideration of the SDOH relevant to the demographic under consideration. Improvements in health will be observed when we address those SDOH. Hence, Indigenous health disadvantage should be viewed in this context. There should be a systemic approach to the issues affecting Indigenous health so that an appropriate policy response can be designed. For example, individual programs that operate at the point of mental health crisis, while important, will not close the gap in Indigenous mental health. Indigenous communities will continue to experience a health gap, until a *preventative* approach, which involves addressing the root causes of the particular health problem, is put in place. This means considering and investigating in consultation with the Indigenous community the social determinants of poor health: the basic building blocks of good health and wellbeing, including a healthy place to live, to learn, and to work, and systems that empower people to build up resilience and recovery. Furthermore, due to the complex nature of the SDOH, there should be coordination and cooperation in the multilevel partnerships across sectors.

documents/1406%20Cuts%20will%20hurt%20Aboriginal%20and%20Torres%20Strait%20Islander%20children%20and%20families%20[SNAICC%20NEWS].pdf.

[46] Tom Calma and Pat Dugeon, '20 years after Burdekin: mental health a circuit breaker' for closing the Indigenous health gap' (23 October 2013) at http://blogs.crikey.com.au/croakey/2013/10/23/20-years-after-burdekin-mental-health-a-circuit-breaker-for-closing-the-indigenous-health-gap/.

[47] St Vincent de Paul Society National Council, 'Submission to the Senate Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples' (14 October 2014) at https://www.vinnies.org.au/icms_docs/197232_Submission_on_Constitutional_Recognition_of_Aboriginal_and_Torres_Strait_Islander_Peoples.pdf.

Recommendations:

1) Funding should be made available to peak bodies who conduct policy and research work on SDOH for Indigenous Australians, such as the National Aboriginal Community Controlled Health Organisation, National Congress, the Central Australian Aboriginal Congress, and The Lowitja Institute (National Institute for ATSI Health Research).

Genuine engagement and investment, not punitive measures

Achieving improvement on the SDOH requires long term and sustained investment in the sector in order to tackle the fundamental causes of the problem. As outlined above this is not the current government's policy approach. By investing in the SDOH within the Indigenous communities, the potential for direct cost savings in the future as health outcomes improve is substantial. In addressing the factors which lead to a health crisis this approach contrasts many current approaches which address health crisis once they have occurred. This approach is therefore more sustainable. In investing in the health of Indigenous Australians, the barriers that people face in accessing health services will be reduced. However, some in the sector are concerned that current cuts to health services, such as introducing a GP co-payment, will remove any "gains we are making in Aboriginal health".[48] In particular, it seems like the financial barrier to attending a GP will "introduce a dangerous disincentive for people to seek the medical attention they need until their health conditions are advanced and need more invasive and costly attention".[49] We believe that co-payments will hit Australia's most vulnerable the hardest, and will likely reap short-term financial benefits for the Federal government at the expense of longer term financial costs.[50] The Society regards this approach to health as short-sighted. Instead we should be supporting the primary health care services which assist in preventing the onset of chronic illness, rather than creating services which respond to a health crisis once it has already occurred.

Recommendations:

1) All funding cuts ($160 million) to Indigenous health programmes from the 2014 Budget be reversed.
2) All funding cuts to other Indigenous programs from the 2014 Budget be reconsidered ($534 million over the next five years), in light of the impact that other services such as education, employment, land and culture will have on health.
3) Measures to introduce a GP co-payment, either directly or indirectly, be abandoned.

Secondly, reducing the disadvantage experience by Indigenous Australians requires affording the opportunity to decide on matters affecting their life. "Indigenous Communities must be afforded the opportunity to be the architects of their own solutions . . . so that they can be active participants in

[48] Matthew Cooke, 'Aboriginal health services concerned about lack of transparency in GP co-payment discussions' (18 August 2014) at http://nacchocommunique.com/2014/08/18/aboriginal-health-services-concerned-about-lack-of-transparency-in-gp-co-payment-discussions/.
[49] Matthew Cooke, 'Aboriginal health services concerned about lack of transparency in GP co-payment discussions' (18 August 2014) at http://nacchocommunique.com/2014/08/18/aboriginal-health-services-concerned-about-lack-of-transparency-in-gp-co-payment-discussions/.
[50] Australian Medical Association, 'Flawed co-payment proposal does not stack up' (2014) at https://ama.com.au/ausmed/flawed-co-payment-proposal-does-not-stack.

initiatives that affect their lives, and not silent recipients".[51] This should be achieved not through top–bottom policy approaches which further erode confidence and basic human rights, but rather through genuine engagement from government which can meaningfully empower people through addressing the underlying causes of their disadvantage, and should contrast some approaches in the past which have disempowered Indigenous people in an effort to 'protect' them including the Northern Territory Emergency Response (NTER), the Stronger Futures policy and the New Income management scheme recently being considered for the Northern Territory. Therefore, any prevention or response programs need to be designed to offer a multi-faceted and systemic response to the causes of ill-health, rather than acting as a punitive response to a crisis.

Recommendations:

4) Compulsory Income Management be ceased.[52]
5) As part of the Federation White Paper's discussions on health, and as part of the response to the Mental Health Commission's 2014 review, Indigenous communities be consulted, and Indigenous voices be given special priority.

Constitutional recognition

Constitutional recognition of Indigenous Australians can lay the foundation of Indigenous health by recognising at a deep and symbolic level the inherent value of Indigenous Australians, which will go some way to removing discriminatory structural barriers that are impeding realisation of Indigenous equal rights, socio-economic parity and cultural prosperity. The Australian Indigenous Doctors' Association (AIDA) states that, "While it will not wash away the grave injustices of the past, with such recognition there is capacity to heal the deep wounds that affect health outcomes and continue to weigh heavily on Australia as a nation".[53] Recognition of this type constitutes a step forward in affording Indigenous Australians greater access to social determinants of health, as well as recognising their identity and culture as being central to Australia's national identity.

Recommendation:

1) A referendum on recognition of Indigenous Australians in the Constitution. This would include adopting an awareness-raising campaign to inform the public about the issue.[54]

[51] Janet Stanley, Adam M Tomison and Julian Pocock, 'Child abuse and neglect in Indigenous Australian communities' (19 September 2003) at https://www3.aifs.gov.au/cfca/publications/child-abuse-and-neglect-indigenous-australian-communities.
[52] St Vincent de Paul Society, 'Submission to the Inquiry into A New System for Better Employment and Social Outcomes Report'(12 August 2014) at https://www.vinnies.org.au/icms_docs/193489_Submission_to_the_Inquiry_into_A_New_System_for_Better_Employment_and_Social_Outcomes_Report.pdf.
[53] Tammy M Kimpton, 'Racism, health and constitutional recognition' (2014) at ttps://www.mja.com.au/journal/2014/200/11/racism-health-and-constitutional-recognition.
[54] St Vincent de Paul Society, 'Submission on Constitutional Recognition of ATSI Peoples'(15 October 2014) at https://www.vinnies.org.au/icms_docs/197232_Submission_on_Constitutional_Recognition_of_Aboriginal_and_Torres_Strait_Islander_Peoples.pdf.

2) Removal of ss 25 and 51(xxvi) from the Constitution, which currently allow state and federal governments respectively to discriminate based on race.[55]
3) Inserting new content in the Constitution, recognising Aboriginal and Torres Strait Islander Peoples as the first occupiers of the land; acknowledging their continuing relationship with their traditional land and waters; and affirming their continuing languages, culture and heritage.[56]

Conclusion

The health gap between Indigenous and non-Indigenous Australians is at an unacceptable level. While contemporary social and systemic circumstances are playing a major role in sustaining the poor health of Indigenous communities, the foundations of the problem were laid down during the arrival of Europeans centuries ago. As a result of European colonialism, Indigenous communities, lives, land and culture has been disrupted. Moreover, persistent racial discrimination, neglect and isolation have pushed the most vulnerable Indigenous people to the margins of society.

The cumulative effect of these injustices has resulted in a massive health disadvantage within many Indigenous communities. Despite various commitments made by successive governments to address the challenge, including the "Closing the Gap'', the health problem of Aboriginal and Torres Strait Islander people still remains an unresolved and critical issue in the Australian social policy landscape.

The factors contributing to and perpetuating the health disadvantage experienced by Aboriginal and Torres Strait Islander people are predominantly preventable, if addressed both at a structural and socio-economic level. There should a systemic approach to Indigenous disadvantage and robust investment to realise the commitments. Importantly, this includes a commitment to addressing the social determinants of health, relevant to Indigenous Australians. The Society believes that this is a sustainable approach of which both the Indigenous community and the wider Australian population will benefit from. Further, it is equally important to constitutionally recognise Aboriginal and Torres Strait Islander people which can be the first step in healing the trauma and psychological abuse from dispossession, disempowerment and loss and grief suffered by Aboriginal people in Australia.

All levels of government would do well to pay heed to the words of Aboriginal activist, Lilla Watson:

"If you have come to help me you are wasting your time.
But if you have come because your liberation is bound up with mine,
then let us work together."

[55] St Vincent de Paul Society, 'Submission on Constitutional Recognition of ATSI Peoples'(15 October 2014) at https://www.vinnies.org.au/icms_docs/197232_Submission_on_Constitutional_Recognition_of_Aboriginal_and_Torres_Strait_Islander_Peoples.pdf.
[56] St Vincent de Paul Society, 'Submission on Constitutional Recognition of ATSI Peoples'(15 October 2014) at https://www.vinnies.org.au/icms_docs/197232_Submission_on_Constitutional_Recognition_of_Aboriginal_and_Torres_Strait_Islander_Peoples.pdf.