



To the Honourable Ruth Forrest, MLC and Committee,

Thank you for the opportunity to submit to your inquiry into Rural Health Services Tasmania. I represent TANA – Trauma Awareness Network Australia, as co-founder and newly-elected President. TANA is a registered Australian Health Promotion Charity for the prevention of complex trauma. We are a grassroots organisation.

In line with our position in health promotion and prevention, I submit to this inquiry not to highlight problems with Rural Health Services, of which you are aware, but to propose a solution. Our solution is upstream prevention through education - about complex trauma and post-traumatic growth.

TANA's work is fundamentally about getting beneath the surface of the core issues that lead to ill-health. While it is obvious that addressing complex trauma aligns with mental and emotional ill-health, an exhaustive list of studies now proves that adverse experiences is an identified cause of lifelong *physical* health conditions. This includes all our major chronic illnesses, addiction as well as social anxiety and isolation.

In addressing your terms of reference, 1-6 and 9, we are focussing on concerns expressed about outcomes with particular regard to **mental health services**:

1. Health outcomes: Firstly, data from the Australian Institute of Health and Welfare in July 2020, indicate that "rural and regional populations show higher rates of hospitalisation, deaths and injury" than those in major cities. Hobart and Darwin are excluded from their definition of 'major city', thereby we acknowledge that all Tasmanians could be considered at higher risk of poorer health outcomes. Having read other submissions to this inquiry, you have received abundant evidence of these concerns.

'Tasmanians are the unhealthiest, oldest, worst educated, most under employed and most dependent on Government benefits in Australia. The flow on effects means increasing health costs, more people who are alienated from society and in turn have no stake in developing their communities.' - Susan Parr, TCCI Report 2018

TANA believes in the light and infinite potential in all people. The only reason for our current mental health pandemic (this is global) is because something is in the way of people being able to fully express that potential. We know from our ongoing research that complex trauma is a significant root cause that affects everyone, albeit in varying degrees. With this in mind, TANA promotes and educates for post-traumatic growth.

2. Availability and timelines: I will address item two with an illustrative example, acknowledging that this is a case of simple, rather than complex trauma. A parent on the North-West Coast approached her son's school chaplain when she had tried avenues for accessing urgent mental health services to help resolve her 9-year-old son's recurring nightmares and inconsolable terror of dying. She was told there would be a two month wait to see a psychologist. This chaplain instantly recognised something he could do to assist, while the family waited for their appointment. He established duty of care protocols with the child's teacher and the Principal, and then he asked

sensitively and listened to this boy, while he explained that his 3 year-old friend had died of cancer. He could feel a small lump behind his ear that he believed was cancer and that he was going to die, too. The chaplain had a story book about the amygdala and the child was effectively educated in understanding his fear response and was assisted in forming a relationship with it, naming it and learning to speak to it to calm it down. Two weeks later, the boy's mother came running up the corridor, to the chaplain to hug him, gushing with gratitude, that the nightmares had stopped, and all was again well with her son.

This story cannot be underestimated. This child no longer needed mental health services because the chaplain was trauma informed. Imagine the mother being trauma informed, empowered with the awareness to help her son from the outset of his traumatic experience and avoiding her own distress at not knowing how to support him.

The burden of availability of mental health services is eased by building a Trauma-Informed Community of Care, at the grassroots level and at a systems level. We now understand that even children living with toxic stress in their home environment can have the effects mitigated by a trauma-responsive community. Anyone can respond. A trauma-informed fireman was observed lying on the ground beside a wounded child, amidst broken glass, debris and blood, watching Happy Feet on his phone with the child, while awaiting the helicopter airlift to hospital.

As the psychological and emotional burden is lifted from individuals, the burden on our health system is automatically lightened - for the people working in it and, significantly, for the financial burden carried by the State. The positive ripple effects are untold.

Even for children whose home lives are stressful and disruptive, a supportive community can mitigate the effects of trauma.

TANA's solution to addressing availability of mental-health services is that we are funded to provide training for building a Trauma-Informed Community of Care across Tasmania. We are aware of some work already being undertaken in our systems, and we support all of it, however, it must be recognised as a four-stage process that begins with trauma-awareness. Trauma-aware individuals and groups becomes trauma-sensitive, then trauma-responsive. Being trauma-informed is when policies and practices that are trauma-sensitive and responsive are the norm. We can train both the service providers and the general public, and we can provide opportunities for service providers to train their own people, with an evidence-based program that has gained significant traction in the United States.

The science is clear. When adverse experiences are left unresolved or unmitigated by a supportive caregiver, especially in childhood while the body and brain are still physically developing, they do not go away. They remain stored in the body, manifesting as elevated stress states, which obviously create a state of dis-ease; of being not-at-ease. The body develops disease when the stress load is maintained, failing to return to homeostasis. When a child is constantly on alert for potential threat, and living in a constantly stressful environment, they experience toxic stress. This causes physical health problems that are often exacerbated throughout the lifespan.

TANA's work *underpins* the state of health and wellbeing we are seeking with all of the programs and services made available in our community. When the root cause of a problem is not addressed, however, it gets bigger. This is bigger than Tasmania, with the federal government including *the single largest Commonwealth investment in mental health and suicide prevention in Australia's history — a record \$2.3 billion. We have a monumental task ahead of us to ensure that our system levels up to our expectations and treats people with the care and*

compassion they deserve. Scott Morrison, Statement from the Prime Minister, National Mental Health and Suicide Prevention Plan, 2021.

Adverse Childhood Experiences (ACEs) science includes myriad clinical studies that explore the developing brain from pre-conception to the end of brain development, now understood to be at around 25 years. It may appear odd to have mentioned brain development from pre-conception, but we now know that the *environment* in which a person finds themselves alters the human physiology. This extends to the environment of the mother's body in which we grow and her environment on a moment-to-moment basis. This complexity deepens when we consider the science of epigenetics, which can loosely translate as intergenerational transmission of genetic coding for emotional activation based on environmental conditions.

When viewing this from a broader perspective – the macrocosm – we can translate the importance of the environment we collectively provide for our citizens, by our contribution. Those of us who seek to lead must take responsibility for creating the most fertile environment for growth and thriving.

ACEs science easily appeals to the logical mind – it seems obvious, when you think about it, that experiences affect people. We *feel*, therefore we are. Mental health diagnoses often include symptoms of numbing, such as the phenomenon of self-harm, which is symptomatic of a state known as dissociation, a cutting off from feeling. Why does this happen and how is it healed by clinicians? It is through processes that lead to integration.

In brain science, this can be observed as dormant areas of the brain, activating or reactivating. It can be seen on brain scans as electrical activity, as lighting up. It is becoming common knowledge that the stress state shuts down the cognitive function, one's ability to think clearly and make decisions.

Educating people at all levels of society, from those in high office to those who suffer terribly with low self-esteem, is critical to resolving so many of the crippling health issues now plaguing our medical facilities, individuals and families. TANA wants to make complex trauma common knowledge by 2030 and Tasmania is perfectly positioned to lead the country as the first trauma-informed state in Australia. All we require is the funding to get started.

3. Barriers to access: Along with the obvious barriers to mental health services in rural and remote areas, such as distance, TANA's solution addresses the barriers of social anxiety and social isolation, and shame and stigma. With the known root cause of complex trauma, TANA's work offers people relief from the burden of shame. One of our partners in the USA articulated it well, stating that in her work in trauma-informing prisoners, their reaction is overwhelmingly one of relief as they realise that what happened to them was not their fault. Once we begin the conversation, the barrier of avoiding help-seeking, which older males are particularly notorious for, is penetrated and often quickly dissolves once trauma-awareness is gained. TANA's work can open the door for people to seek the professional help they need. It is empowering. TANA offers education, not advice, creating informed help-seekers who understand that they must take responsibility for doing the work of healing, as they are supported by service providers in the community. We work with an empowerment model, rather than a victim orientation, and keep our participants forward-looking, aspiring for better- for themselves and their families. It is common to see this awareness lead to a firm decision to be the one who breaks the cycle of intergenerational transmission, leading to better health outcomes at a population level.

4. Planning systems: Incorporate community-based upstream prevention through education in all planning.

5. Staffing of community health and hospital services: We would like to share an idea for locating and staffing Wellbeing Centres on school premises as part of an effective prevention plan. This idea asks the government to redirect resources that are already allocated for mental health services, to meet the difficult-to-reach clients where they are – at their child’s school for pick up and drop off. This could begin by making use of existing unused buildings in some schools, while planning for the necessary infrastructure in future budgets. This is happening in other regions of the world, with great success for improved health as well as educational outcomes. Wellbeing Centres that offer trauma-informed support services, is one strategy that could help break the cycle of intergenerational transmission of trauma, as the focus is on understanding what has happened to *them* and how to make it better, for the sake of their children. Through the establishment of interagency support on the ground in schools, the trauma-informed approach could be well-established with greater effect as a message conveyed through action. Parents and the broader communities receive what they need and are given the language to express those needs to service providers. This is part of TANA’s empowerment model designed to alleviate the financial burden on society and promote resilience, contribution and thriving. Students in distress could have in-the-moment access to calming spaces and services, easing the burden on teachers and other students as learning in classrooms are disrupted frequently by dysregulated students with the growing number living with the effects of unresolved trauma. Staffing community health on school grounds where the whole cross-section of our society is located offers a long-term solution that supports health.

6. Capital and recurrent health expenditure: The following data is not local to Tasmania, but it does create a worthwhile broader context to consider. The National Mental Health Commission stated that the cost of mental ill-health in Australia each year was around \$4000 per person or \$60 billion in total. Australia could save \$48 billion every year by investing in early intervention to reduce mental illness in children. A further \$11 billion in productivity is lost every year by businesses failing to put measures in place to protect their workers' mental health, much of it in untreated depression.

9. Any other matter incidental thereto: Half of Tasmania’s adults are operating at no higher than Level 3 Literacy – at base level functional. Having worked in classrooms at every level, but mostly in Years 9-12 in North-West Tasmanian schools for over 15 years, I can comment on the effects of unresolved trauma on learning. I also know how captivated young audiences are when they are learning about what really matters to them – things like: why people behave the way they do, how to manage emotions, what makes healthy relationships? Learning occurs when it matters to the student and educating about complex trauma and its effects, prevention and mitigation for resilience and thriving, for post-traumatic growth, is essential learning for all Tasmanians. A supportive community is critical if we want to see less people requiring health services, rather than pouring more and more resources into treatments, while overlooking the cause.

About five years ago, I was with a colleague at the end of the school day, and he noted that only about three students in our Year 10 class were not suffering with some form of mental illness. I heard myself say: If we don’t do something significantly different, the number of people who *can* help will be outnumbered by those who *need* help.

TANA was founded two years later, **always** with a strict focus on empowerment. We do not support maintenance of the victim state at all, but realise the unequivocal, unavoidable need to address complex trauma because it is in the way. Trauma-awareness, leading to trauma-sensitivity and trauma-responsiveness can lead Tasmania to being fully trauma-informed. Trauma-awareness ‘kicks the log’ for healing and can contribute to preventing further harm. Building a Trauma-Informed Community and System of Care, at a grassroots and systems level, simultaneously, can stop the intergenerational transmission that has compounded to become the health crisis we now face.