Indigenous peoples understand that culture is inherently bound to complex social and community relationships, which include health and wellbeing.

GAYAA DHUWI (PROUD SPIRIT) DECLARATION IMPLEMENTATION GUIDE

as per Action 12.3 of the Fifth National Mental Health and Suicide Prevention Plan

Outcomes of the 12 December 2017 NATSILMH Workshop
National Centre of Indigenous Excellence, Redfern, Sydney, NSW

Copyright 2018 National Aboriginal and Torres Strait Islander Leadership in Mental Health Ltd.
Artwork - Copyright 2015 Roma Winmar
Preface

National Aboriginal and Torres Strait Islander Leadership in Mental Health Ltd. (NATSILMH) is a core group of senior Aboriginal and Torres Strait Islander people working in the areas of social and emotional wellbeing, mental health and suicide prevention. Most are based in, or associated with, national and state mental health commissions or other nationally important mental health bodies.

NATSILMH’s aim is to help restore, maintain and promote the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples by advocating and providing advice and leadership in these areas. It also aims to reduce the rate of suicide among Aboriginal and Torres Strait Islander peoples.

In 2015 NATSILMH launched the Gayaa Dhuwi (Proud Spirit) Declaration (Declaration) as the touchstone of its work to promote Aboriginal and Torres Strait Islander leadership in the mental health system. After two years of promotion, the 2017 Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) now requires Australian governments to:

- Improve Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services in collaboration with ACCHSs and other service providers by:
  - recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration (Action 12.3).

NATSILMH are pleased to provide this Health in Culture - Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide (Guide), to assist Australian governments, mental health commissions and the various parts of the Australian mental health system implement the Declaration. NATSILMH intend the Guide to be a ‘living document’ that will be enriched over time, including by workshops and discussions with key stakeholders over 2018-19.

Published separately to this Guide, but intended as a companion document, is a Health in Culture Policy Concordance of national policy documents relevant to Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention including the Gayaa Dhuwi (Proud Spirit) Declaration, the Fifth Plan and other key documents. See the NATSILMH website: http://natsilmh.org.au.

NATSILMH members meet in December 2016 at the offices of the Aboriginal and Torres Strait Islander Healing Foundation in Canberra. From far left to right around the table: Ms Samantha Wild, Mr Tom Brideson (Chair), Ms Adele Cox, Ms Denise Andrews, Professor Pat Dudgeon (Inaugural Chair 2015 - 2017), Mr Richard Weston, Mr Cliff Collard, Mr Chris Holland (EO), and Dr Mark Wenitong. Members not present include Professor Tom Calma AO, Professor Gracelyn Smallwood AO, Professor Ngiare Brown, Dr Robyn Shields AM, Ms Cassandra (Sandy) Gillies, and Dr Vickie Hovane.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations used</td>
<td>4</td>
</tr>
<tr>
<td>Introduction to the Gayaa Dhuwi (Proud Spirit) Declaration</td>
<td>5</td>
</tr>
<tr>
<td>Part 1: Implementing the Gayaa Dhuwi (Proud Spirit) Declaration</td>
<td>12</td>
</tr>
<tr>
<td>Part 2: The ‘Best of Both Worlds’ in Aboriginal and Torres Strait Islander Mental Health</td>
<td>13</td>
</tr>
<tr>
<td>Part 3: Aboriginal and Torres Strait Islander Values, Monitoring and Research</td>
<td>23</td>
</tr>
<tr>
<td>Part 4: Aboriginal and Torres Strait Islander Presence and Leadership Across the Mental Health System</td>
<td>27</td>
</tr>
<tr>
<td>Closing Words</td>
<td>33</td>
</tr>
</tbody>
</table>

---

## Where to find the Gayaa Dhuwi (Proud Spirit) Declaration


For hard copies of the Declaration, including a poster version for display, please write to NATSILMH at: christophermjholland@gmail.com
### Abbreviations used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEWB</td>
<td>Social and emotional wellbeing</td>
</tr>
<tr>
<td>GDD</td>
<td>Gayaa Dhuwi (Proud Spirit) Declaration</td>
</tr>
<tr>
<td>NATSILMH</td>
<td>National Aboriginal and Torres Strait Islander Leadership in Mental Health Ltd</td>
</tr>
<tr>
<td>Fifth Plan</td>
<td>Fifth National Mental Health and Suicide Prevention Plan</td>
</tr>
<tr>
<td>Social and Emotional Wellbeing and Mental Health Framework</td>
<td>National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023</td>
</tr>
<tr>
<td>ACCHSs</td>
<td>Aboriginal Community Controlled Health Services</td>
</tr>
<tr>
<td>PHNs</td>
<td>Primary Health Networks</td>
</tr>
<tr>
<td>LHHs</td>
<td>Local Hospital Networks/ Local Hospital Districts</td>
</tr>
</tbody>
</table>
Introduction to the Gayaa Dhuwi (Proud Spirit) Declaration

The landmark 1995 *Ways Forward* report, the first national analysis of Aboriginal and Torres Strait Islander mental health, made it clear that differing Aboriginal and Torres Strait Islander concepts of mental health and social and emotional wellbeing (SEWB), and the different challenges to mental health experienced by Aboriginal and Torres Strait Islander peoples, required different policy approaches to Aboriginal and Torres Strait Islander mental health from those developed for non-Indigenous people.

Yet a poor understanding of these differences has challenged policy-makers and the effectiveness of mental health service delivery to Aboriginal and Torres Strait Islander peoples in past decades. With a seemingly entrenched ‘mental health gap’ evident between Aboriginal and Torres Strait Islander and non-Indigenous peoples, now - more than ever - Aboriginal and Torres Strait Islander leadership from within the mental health system is needed:

- To champion and promote Aboriginal and Torres Strait Islander concepts of SEWB and mental health, and Aboriginal and Torres Strait Islander cultural strengths as sources of mental wellness, healing and resilience for Aboriginal and Torres Strait Islander people.
- To highlight the mental health challenges faced by Aboriginal and Torres Strait Islander peoples.
- To champion and promote and Aboriginal and Torres Strait Islander mental health as a specialised area of practice.

This is not to the exclusion of clinical approaches to mental health, but to support Aboriginal and Torres Strait Islander people and the practitioners who work with them to utilise the best of Aboriginal and Torres Strait Islander and non-indigenous knowledge and mental health practice to achieve better mental health outcomes. The *Gayaa Dhuwi (Proud Spirit) Declaration* (Declaration) is about embedding and supporting Aboriginal and Torres Strait Islander leadership from within the Australian mental health system to ensure Aboriginal and Torres Strait Islander people access ‘the best of both’ of these worlds.

Part of an International Movement

The Declaration is in fact part of an international movement of Indigenous leaders working in the mental health systems of post-colonial countries. Specifically, it has its origins in the Whareratá Group of Indigenous mental health leaders from Canada, the US, Australia, Samoa and New Zealand who developed the seminal 2010 *Whareratá Declaration* (available on the NATSILMH website: [http://natsilmh.org.au/sites/default/files/uploads/Wharerata%20Declaration-JLPS%202010.pdf](http://natsilmh.org.au/sites/default/files/uploads/Wharerata%20Declaration-JLPS%202010.pdf)).

The Whareratá Group based the *Whareratá Declaration* on a vision of a world in which the negative effects of colonisation on Indigenous mental health are reversed. Critical to this vision was indigenous leadership to support the recognition of indigenous culturally shaped understandings of SEWB and mental health and to support Indigenous peoples access to cultural
healers and culturally informed healing methods alongside clinical, ‘Western’ approaches.

The Wharerātā Declaration also aims to align domestic mental health policy, services and programs with human rights principles as they apply to Indigenous peoples - particularly the rights to the highest attainable standard of mental health (by the right to health), to self-determination, and cultural rights as set out in the UN Declaration on the Rights of Indigenous Peoples (see extracts in Table 1 below). See, for the full text: https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

Member countries of the International Initiative for Mental Health Leadership endorsed the Wharerātā Declaration in 2010 and now promote it as a key part of their work. Of note, in the March 2013 Sydney Declaration, the Wharerātā Declaration was endorsed by key Australian government mental health agencies including the:

- National Mental Health Commission
- New South Wales Mental Health Commission
- Western Australian Government Mental Health Commission
- Australian Capital Territory Health Directorate
- Mental health/substance abuse divisions of the health departments of South Australia, Victoria, Northern Territory and Tasmania.


The Queensland Mental Health Commission (established in July 2013) and the South Australian Mental Health Commission (October 2015) have since signaled their support for NATSILMH and the development of Aboriginal and Torres Strait Islander leadership capacity in line with the Wharerātā Declaration.

NATSILMH and the Gayaa Dhuwi (Proud Spirit) Declaration

The endorsement of the Wharerātā Declaration underpinned the formation of NATSILMH in 2013-2014. Guided by the Wharerātā Declaration, NATSILMH is an independent body that aims to provide and promote Aboriginal and Torres Strait Islander leadership across the Australian mental health system. It incorporated as a not for profit company limited by guarantee in October 2017.

NATSILMH is currently supported by the National, Queensland, Western Australian and New South Wales mental health commissions. Part of its work is to advise the commissions in matters relating to Aboriginal and Torres Strait Islander mental health and wellbeing.

The Wharerātā Declaration is not a ‘universal’ document. While it recognises the similarities of Aboriginal and Torres Strait Islander experience in colonial settings across the world, it also recognises differences. In fact, from the start it was intended that the Wharerātā Declaration would be adapted by Indigenous peoples in various countries to directly address their situation. With this in mind, a priority task of NATSILMH was to adapt the Wharerātā Declaration for use by Aboriginal and Torres Strait Islander peoples in Australia - a process that led to the Gayaa Dhuwi (Proud Spirit) Declaration (Declaration).
The process began in February 2015 with the circulation of a discussion paper among the then extant four Australian mental health commissions. Then began - within very limited resources – consultations with key stakeholders. This included feedback from the National Aboriginal Community Controlled Health Organisation and the National Aboriginal and Torres Strait Islander Healing Foundation (both of whom are also members of NATSILMH, but with advice sought in an independent capacity).

The Queensland Mental Health Commission also held a community workshop through which NATSILMH heard from Aboriginal and Torres Strait Islander community members. Members of the Wharerata Group and other experts were also consulted.

Over time, it became clear to NATSILMH that what was required was more than a simple adaptation of the Wharerátá Declaration. Indeed, when the process of development was complete, NATSILMH referred to the Gayaa Dhuwi (Proud Spirit) Declaration as a “companion declaration” - one that has its own unique ‘fit’ with the situation of Aboriginal and Torres Strait Islander peoples in Australia.

In honour of her tremendous contribution to Aboriginal and Torres Strait Islander mental health and wellbeing, NATSILMH consulted with Ms Pat Delaney (nee Swan), a co-author of the Ways Forward report with Professor Beverley Raphael, to seek a name for the Declaration. Ms Delaney directed NATSILMH to the Dharriwaa Elders Group for this purpose. NATSILMH thank the Dharriwaa Elders for the name ‘Gayaa Dhuwi’ for the Declaration. ‘Gayaa’ means happy, pleased and proud, and ‘Dhuwi’ means spirit in the Yuwaalaraay and Gamilaraay languages of north-west New South Wales.

In August 2015, and with the support of the then four Australian mental health commissions, NATSILMH launched the Gayaa Dhuwi (Proud Spirit) Declaration as the touchstone of its work to promote Aboriginal and Torres Strait Islander leadership in the Australian mental health system.

The Gayaa Dhuwi (Proud Spirit) Declaration and its Relationship to Other Key Documents

After two years of NATSILMH’s promotion of the Declaration, the 2017 Council of Australian Governments’ Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) now requires Australian governments to:

* Improve Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services in collaboration with ACCHSs and other service providers by:*

Co-designing Health in Culture - Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide
Copyright NATSILMH Ltd. 2018
recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration (Action 12.3).

But it also critical to understand that the overall implementation of the Fifth Plan itself is intended to be guided by a range of strategic documents, in particular the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023 (Social and Emotional Wellbeing and Mental Health Framework); the work of the Aboriginal and Torres Strait Islander Suicide Prevention Project, the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 (p.32, Action 11), and the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (p.2 & 24).

To assist with cross referencing the Gayaa Dhuwi (Proud Spirit) Declaration, Fifth Plan, Social and Emotional Wellbeing and Mental Health Framework and other key documents a companion Health in Culture – Policy Concordance of Aboriginal and Torres Strait Islander mental health policy is being published with this Guide (illustrated below, available on the NATSILMH website: natsilmh.org.au).
### Working in a Rights-based Framework

At page 11 of the Fifth Plan is set out a list of Australia’s human rights commitments relevant to mental health and a statement that ‘[this] national plan is an important means of addressing these commitments’.

Listed as one of these commitments is the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*. Of particular relevance to the Gayaa Dhuwi (Proud Spirit) Declaration and this Guide are three sets of rights as applied to Indigenous peoples and relating to health, leadership and culture. These are set out in Table 1 below.

<table>
<thead>
<tr>
<th>Subject matter</th>
<th>Art.</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.</td>
</tr>
<tr>
<td><strong>Self-determination and leadership</strong></td>
<td>18</td>
<td>Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.</td>
</tr>
<tr>
<td><strong>Culture including protection and revitalisation</strong></td>
<td>11</td>
<td>1. Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artefacts, designs, ceremonies, technologies and visual and performing arts and literature.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. States shall provide redress through effective mechanisms, which may include restitution, developed in conjunction with indigenous peoples, with respect to their cultural, intellectual, religious and spiritual property taken without their free, prior and informed consent or in violation of their laws, traditions and customs.</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Indigenous peoples have the right to manifest, practice, develop and teach their spiritual and religious traditions, customs and ceremonies; the right to maintain, protect, and have access in privacy to their religious</td>
</tr>
</tbody>
</table>
and cultural sites; the right to the use and control of their ceremonial objects; and the right to the repatriation of their human remains.

Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures, and to designate and retain their own names for communities, places and persons.

1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.

While implementing the Fifth Plan, it is critical that Australian governments respect these rights by working within a rights-based framework in any area that touches on Aboriginal and Torres Strait Islander mental health, SEWB, suicide prevention and related areas.

Acknowledging Historical, Political and Social Context

Aboriginal and Torres Strait Islander history since colonisation has been a story of resilience and survival. Aboriginal and Torres Strait Islander populations were subjected to a process of colonisation that has been characterised as genocidal and was collectively traumatic, including by the forced removal of children (the Stolen Generations). Intergenerational effects including intergenerational trauma, and intergenerational poverty, remain challenges for the present day.

Further, the deliberate breaking up, dispossession and marginalisation of Aboriginal and Torres Strait Islander communities including by legally enforced segregation was a tactic of colonisation. This included weakening community leadership and obstructing cultural practices. Today these legacies in communities can be compounded by alcohol and other drug use and other challenges.

The difficulties faced by some Aboriginal and Torres Strait Islander individuals today can be understood as ongoing impacts on the personal level of this collective experience. Particular challenges associated with mental health difficulties include a higher rate of exposure to stressful life events. These can include adverse childhood experiences, racism, lateral and other forms of violence, and contact with the criminal justice system. They can cause psychological distress, depression and trauma, and, in some cases, can overwhelm a person’s resilience and ability to cope, even leading to suicide.

Responses to mental health difficulties among Aboriginal and Torres Strait Islander people cannot be ‘silied’ into the mental health system without consideration of these collective historical, social and political determinants and their role in mental health difficulties among Aboriginal and Torres Strait Islander individuals. Indeed, appropriate responses could include support for Reconciliation, Apology-related activity including the acknowledgement of past wrongs, anti-racism activity, and support for recent national Aboriginal and Torres Strait Islander initiatives including the Uluru Statement and moves to constitutional recognition and reform, and the Redfern Statement. Equally
important is support for ‘Closing the Gap’ and/or other efforts to address the social determinants that contribute to mental health difficulties among Aboriginal and Torres Strait Islander individuals.

An Overview of the Gayaa Dhuwi (Proud Spirit) Declaration and this Guide

The Declaration comprises three main sections:

- First, there is a preamble, designed to set the scene and provide some context for the main part of the Declaration.

- Second is the main part of the Declaration, arranged according to five themes.

- Third, is an Appendix, which contains nine principles of social and emotional wellbeing that were initially proposed as part of the seminal 1995 Ways Forward report, the report of the first national consultancy into Aboriginal and Torres Strait Islander mental health. Twenty years later, they are still as relevant as they ever were.

The main part of the Declaration is structured according to the five themes of the *Wharerätá Declaration* (referenced as ‘GDD Theme X’). Under each theme are articles (referenced as GDD Theme X, Article X). This Guide is organised in four parts as follows.

**Part 1:** Considers overall implementation of the Declaration.

**Part 2:** Considers Themes 1 and 2 - for the mental health system to recognise and incorporate Aboriginal and Torres Strait Islander culturally informed approaches, and otherwise support a ‘best of both worlds’ approach to Aboriginal and Torres Strait Islander mental health.

**Part 3:** Considers Theme 3 - the need to adapt mental health and related outcome measures to Aboriginal and Torres Strait Islander values and cultural understandings. Further, it talks about ways to develop an evidence base that can include and provide due respect to those cultural understandings, rather than to exclude them inadvertently.

**Part 4:** Considers Themes 4 and 5 - on the employment of an Aboriginal and Torres Strait Islander mental health workforce and the nature of Aboriginal and Torres Strait Islander leadership itself – its accountability to Aboriginal and Torres Strait Islander communities and the wider Aboriginal and Torres Strait Islander population. This includes the culturally informed ways that leadership is exercised.
Part 1: Implementing the Gayaa Dhuwi (Proud Spirit) Declaration

Article 12.3 of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) states that:

Governments will improve Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services in collaboration with ACCHSs and other service providers by: ... recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration...

The National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023 (Social and Emotional Wellbeing and Mental Health Framework) also recognises the importance of Aboriginal and Torres Strait Islander leadership within the mental health system and supports implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.xvi

Implementation

<table>
<thead>
<tr>
<th>National level action</th>
<th>1. Working with NATSILMH and other stakeholders including the mental health commissions, Australian governments develop a set of national Gayaa Dhuwi (Proud Spirit) Declaration implementation measures and targets. These would be input rather than outcome focused and could include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Number of services/ Aboriginal Community Controlled Health Services offering cultural healing activities.</td>
</tr>
<tr>
<td></td>
<td>• Number of Aboriginal and Torres Strait Islander people employed across relevant mental health and related professions.</td>
</tr>
<tr>
<td></td>
<td>• Aboriginal and Torres Strait Islander-specific mental health funding.</td>
</tr>
<tr>
<td></td>
<td>• Number of PHNs with co-designed Gayaa Dhuwi (Proud Spirit) Declaration implementation plans.</td>
</tr>
<tr>
<td></td>
<td>• Population ratios: Aboriginal and Torres Strait Islander mental health workers to Aboriginal and Torres Strait Islander population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State/territory level action</th>
<th>2. Include Gayaa Dhuwi (Proud Spirit) Declaration implementation plans and measures/ targets (as above) as deliverables in relevant mental State and Territory mental health and related services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LHN-PHN/ regional level action</th>
<th>3. Include Gayaa Dhuwi (Proud Spirit) Declaration implementation plans and measures/ targets (as above) as deliverables in PHN and LHN service contracts.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Display and promote the display of the Declaration.</td>
</tr>
<tr>
<td></td>
<td>6. Actively promote the Gayaa Dhuwi (Proud Spirit) Declaration to stakeholders and particularly government departments, services, mental health professionals and professional associations in the course of business.</td>
</tr>
<tr>
<td></td>
<td>7. Develop a Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan either as a stand-alone plan or as a part of a Reconciliation Action Plan.</td>
</tr>
</tbody>
</table>
Part 2: The ‘Best of Both Worlds’ in Aboriginal and Torres Strait Islander Mental Health

Themes 1 and 2

GDD Theme 1: Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.

GDD Theme 2: Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

(a) Best of Both Worlds – Foundation Approaches

Underpinning Themes 1 and 2 of the Gayaa Dhuwi (Proud Spirit) Declaration is the principle that Aboriginal and Torres Strait Islander peoples are entitled to the best of Aboriginal and Torres Strait Islander and non-Indigenous mental health practice across the spectrum of possible mental health systems interventions.

In this section is discussed the importance of the Australian mental health system recognising and supporting the cultural determinants of Aboriginal and Torres Strait Islander mental wellness and social and emotional wellbeing (SEWB) in addition to clinical approaches. The role of 1. cultural healers, 2. mental health and SEWB services in Aboriginal Community Controlled Health Services (ACCHSs), and 3. culturally respectful mainstream mental health services are key parts of a ‘best of both worlds’ approach, and are discussed separately following this section.

Fifth National Mental Health and Suicide Prevention Plan on ‘best of both worlds’ approach

Most Aboriginal and Torres Strait Islander peoples want to be able to access services where the best possible mental health and social and emotional wellbeing strategies are integrated into a culturally capable model of health care. This approach needs an appropriate balance of clinical and culturally informed mental health system responses, including access to traditional and cultural healing. (p.30)

GDD Theme 1, Article 1: The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development and service and program delivery.

GDD Theme 2, Article 1: All parts of the Australian mental health system should be guided by Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing in combination with clinical approaches when working to heal and restore the wellbeing and mental health of Aboriginal and Torres Strait Islander people.

As noted in the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023 (Social and Emotional Wellbeing and Mental Health Framework) ‘social and emotional wellbeing provides a foundation for effective physical and mental health promotion strategies. Promoting social and emotional wellbeing is about
maximising the benefits of the protective factors that connect and support wellbeing, while minimising exposure to risk factors and particularly those that are also risk factors for mental health conditions’ (p.14).

Diagram 1 below, reproduced from the Social and Emotional Wellbeing and Mental Health Framework, illustrates the SEWB concept. xvii

![Diagram 1: Social and emotional wellbeing expressed as a diagram](image)

SEWB is widely understood to be the foundation for Aboriginal and Torres Strait Islander peoples’ physical, mental and spiritual wellness. While the SEWB concept varies between different cultural groups, shared features include that it is inseparable from culture, and comprises a set of cultural determinants of Aboriginal and Torres Strait Islander wellbeing. Further, it affirms a stronger association between collective and individual wellbeing than that generally acknowledged in Western societies. xviii

The cultural determinants that make up SEWB include the health of families (including culturally determined concepts of ‘extended’ family), kin and communities, and the individual’s connections (and the strength of their connections) to family, community, land, culture, spirituality and ancestry. Different SEWB elements can be more or less important at different parts of the life cycle of an Aboriginal and Torres Strait Islander person. xix

SEWB is important to Aboriginal and Torres Strait Islander mental wellness because it works to reduce the potentially negative impacts of life stressors by providing a ‘buffer’ against them. xx Strong SEWB includes an empowered sense of Aboriginal and Torres Strait Islander self-hood and cultural identity that can provide meaning and resilience in times of adversity. xxi

Critically then, SEWB and the cultural determinants of Aboriginal and Torres Strait Islander mental wellness provide a strength-based perspective for mental health promotion and prevention activity. Rather than a deficit based model, it aims to builds on existing personal and collective sources of wellness, self-esteem and resilience. Activities in this context can include cultural revitalisation;
strengthening personal and family connections to culture, country and community; and supporting a strong Aboriginal and Torres Strait Islander cultural identity in young people.\textsuperscript{xiii}

In co-designing cultural and SEWB-based mental health promotion and prevention activity, process is key. First, policy makers and providers must work in partnership with Aboriginal and Torres Strait Islander communities. Second, Aboriginal and Torres Strait Islander leadership at the community or other level is critical. Such processes must be respectful of a community’s right to give or withhold ‘free, prior and informed consent’ to proposals. And in practice, the involvement of Elders cannot be separated from community leadership and this is particularly so for activities that require cultural governance.

**Implementation**

<table>
<thead>
<tr>
<th>National level action</th>
<th>1. Implement the Social and Emotional Wellbeing and Mental Health Framework and its strengths based approach to Aboriginal and Torres Strait Islander mental health promotion and the prevention of mental health difficulties (refer in particular to Action Area 2: Outcomes 2.1, 2.2, 2.3 and 2.4).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Continue supporting the Healing Foundation and other national efforts to heal trauma and intergenerational trauma in the Aboriginal and Torres Strait Islander population.</td>
</tr>
<tr>
<td>State/territory level action</td>
<td>3. Ensure State and Territory strategic responses are consistent with the Social and Emotional Wellbeing and Mental Health Framework and work with State and Territory Aboriginal and Torres Strait Islander health planning partnerships and the state and territory level peak bodies of the Aboriginal Community Controlled Health Services to co-design and co-implement responses.</td>
</tr>
<tr>
<td>LHN-PHN/ regional level action</td>
<td>4. Implement Action 10 of the Fifth Mental Health and Suicide Prevention Plan extracted in Text Box 3 below.</td>
</tr>
</tbody>
</table>

**Text Box 3: Action 10 of the Fifth Mental Health and Suicide Prevention Plan**

Action 10 Governments will work with PHNs and LHNs to implement integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples at the regional level. This will include:

- engaging Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery
- collaborating with service providers regionally to improve referral pathways between GPs, ACCHSSs, social and emotional wellbeing services, alcohol and other drug services and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points; connect culturally informed suicide prevention and postvention services locally and identify programs and services that support survivors of the Stolen Generation
- developing mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration
- clarifying roles and responsibilities across the health and community support service sectors
- ensuring that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures.
(b) Cultural Healers/ Specialised Areas of Practice

GDD Theme 1, Article 2: Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must¹ have access to cultural healers and healing methods.

Cultural healers play an important role in maintaining and healing SEWB and Aboriginal and Torres Strait Islander people may want to choose to use a cultural healer when responding to physical health difficulties. Mental health services will optimally combine traditional and cultural approaches, including that provided by healers, with other clinical practice.

The Social and Emotional Wellbeing and Mental Health Framework acknowledges the important role cultural healers, Elders, and others can play working with spiritual wellbeing in the health and correctional centres space. In particular, Outcome 3.1 is directly relevant to this issue and is extracted in Text Box 4 below.

Text Box 4: Outcome 3.1 of the Social and Emotional Wellbeing and Mental Health Framework: Access to traditional and contemporary healing practices (extract)

Rationale: Healing can happen in many different ways for individuals and communities. Spirituality and specific Aboriginal and Torres Strait Islander healing approaches can play an important role in this regard. Many healing practices and programs occur outside of the responsibility of the health sector. Developing and promoting pathways for healing is an important component of person-centered and holistic care.

Key strategies
1. Develop culturally appropriate treatment pathways within a social and emotional wellbeing framework.
2. Support access to traditional and contemporary healing practices and healers.
3. Support traditional and contemporary healing practices like that of the Ngangkari, cultural healers and Elders alongside other mental health and related services.
4. Support programs for members of the Stolen Generations and their families.

Implementation

National level action 1. Implement Outcome 3.1 of the Social and Emotional Wellbeing and Mental Health Framework at the national level (as above).

2. Support the establishment of an Aboriginal and Torres Strait Islander-led body and process to examine the use of Aboriginal and Torres Strait Islander cultural healers and healing practices. This body would make recommendations about a national scheme to enable Aboriginal and Torres Strait Islander people in both remote and urban settings to access cultural healers. Proposed TOR subject matters include:

¹ The word ‘must’ used here reflects the language of the WA Mental Health Act 2014. S.7 ‘Principles’: A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers.
(a) A national council of Aboriginal and Torres Strait Islander cultural healers.xxiv
(b) Model state and territory legislation to ensure Aboriginal and Torres Strait Islander peoples’ access to cultural healers (see also 6 below).
(c) Models for recognising cultural healers.
(d) Protecting the role of communities in identifying cultural healers.
(e) Funding for the employment of cultural healers based within ACCHSs or as appropriate.
(f) Capital works needed for healing activities.
(g) Protecting Aboriginal and Torres Strait Islander intellectual property in cultural healing.
(h) Ensuring the survival of cultural healing traditions that are currently under threat.

*Either as a result of the above process or independently:*

3. Support the establishment of a national council of Aboriginal and Torres Strait Islander cultural healers under the auspice of NACCHO and/or the Healing Foundation to oversee the recognition of cultural healers and to protect the role of communities in identifying cultural healers. This would draw on the experience of the South Australian Traditional Healers Brokerage Program and international experience.

4. Advocate for Commonwealth financial support for Aboriginal and Torres Strait Islander peoples’ access to cultural healers, associated capital works and the survival of Aboriginal and Torres Strait Islander healing traditions. Options include:

- A national fund under Aboriginal and Torres Strait Islander control. This could include a brokerage fund to enable practitioners across the health/mental health system to pay for the referral of Aboriginal and Torres Strait Islander people to cultural healers.
- Dedicated Department of Health (DoH) funding for PHNs to support access to cultural healers.
- Dedicated DoH funding for ACCHSs to include cultural healers in mental health and SEWB teams (see below) and cultural healing as an ACCHSs’ treatment option.
- Exploring including cultural healing/ healers as an MBS item within the focused psychological strategy concept.
- Ensure that Aboriginal and Torres Strait Islander cultural healing practices are included as ‘extras’ in private health insurance coverage.xxv

5. Advocate for the protection of Aboriginal and Torres Strait Islander intellectual property in cultural healing practices in Commonwealth legislation.

6. Support the amendment of legislation to require State and Territory mental health services to ensure Aboriginal and Torres Strait Islander people’s access to cultural healers. Models for this include the SA Mental Health Act 2009 - s7(ca)(4)(iv)xix, and the WA Mental Health Act 2014 - s 7 (Principles) as applied to s50, s81, s 189.xxvii
7. Support the establishment of State and Territory councils of Aboriginal and Torres Strait Islander cultural healers under Aboriginal and Torres Strait Islander leadership and/or the auspice of State and Territory ACCHSs peak bodies.

8. Advocate for State and Territory financial support for Aboriginal and Torres Strait Islander peoples’ access to cultural healers. Options include:

- State and Territory brokerage funds to enable practitioners across the health/mental health system to pay for the referral of Aboriginal and Torres Strait Islander people to cultural healers. An existing example is the SA Traditional Healers Brokerage Program.\textsuperscript{xxviii}
- Dedicated funding to State and Territory mental health services.
- Dedicated ‘top up’ State and Territory funding for ACCHSs to include cultural healers in mental health and SEWB teams\textsuperscript{xxx} and cultural healing as an ACCHSs’ treatment option.
- Training programs for State and Territory mental health service staff about cultural healing practices and referral pathways.

9. Implement Outcome 3.1 of the Social and Emotional Wellbeing and Mental Health Framework at a regional level (as above, Text Box 4).

10. Work with Aboriginal and Torres Strait Islander communities to ensure access to community-supported cultural healers as a part of PHN/ LHN regional mental health and suicide prevention plans. This could be by referrals from Local Hospital Network mental health services, primary health care providers and, particularly, ACCHSs. This will include consideration of capital works for healing centres/ spaces.

11. Ensure that cultural healers are appropriately represented in PHN fora. This includes, but is not limited to, PHN Community Advisory Committees and PHN Aboriginal and Torres Strait Islander-specific fora.

\textbf{(c) Supporting Aboriginal Community Controlled Health Services}

Part of ensuring ‘the best of both worlds’ for Aboriginal and Torres Strait Islander people is ensuring their access to Aboriginal Community Controlled Health Services (ACCHSs) able to respond to mental health and SEWB difficulties. As noted by the Social and Emotional Wellbeing and Mental Health Framework:

\textit{Aboriginal Community Controlled Health Services range from large services with several medical practitioners, visiting specialists, and social health teams who provide counselling and other supports, to small services that rely on nurses and/or Aboriginal and Torres Strait Islander Health Workers to provide most services. They are well placed to provide accessible, culturally appropriate care to the communities they serve because they:}

- \textit{Are operated by and situated in local Aboriginal and Torres Strait Islander communities.}
- \textit{Deliver comprehensive, holistic and culturally safe and competent health care to their communities.}
- \textit{Are controlled through a locally elected board of management.}
- \textit{Are affordable to community members as bulk billing is available.}\textsuperscript{xxx} (pp.24-25).
Further, as noted by the Fifth Plan:

*Strong ACCHSs are an important component of a culturally responsive mental health service system. These organisations can play a vital role in:*

- prevention and early intervention to address risk of developing mental health problems
- enabling access to primary and specialist mental health services and allied health
- facilitating the transition of consumers across the primary and specialist/acute interface
- connecting consumers with the range of community-based social support services
- working with mainstream community mental health and hospital services to enhance cultural capability through provision of cultural mentorship, advice and training placements for non-Indigenous staff
- working as part of multi-agency and multidisciplinary teams aimed at delivering shared care arrangements (p.31).

**Implementation**

<table>
<thead>
<tr>
<th>National level action</th>
<th>1. Implement the <em>National Aboriginal and Torres Strait Islander Health Plan Implementation Plan</em>, Strategy 1A (see Text Box 5 below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/territory level action</td>
<td>2. As suggested in Action 11 of the Fifth Plan, co-locate mental health staff and workers from LHN mental health services in ACCHS.</td>
</tr>
<tr>
<td>LHN-PHN/ regional level action</td>
<td>3. Implement Outcome 1.3 of the Social and Emotional Wellbeing and Mental Health Framework. In particular, ‘give preference to funding Aboriginal Community Controlled Health Services to deliver mental health, suicide prevention and other primary health programs and services where feasible’ (key strategy 8).</td>
</tr>
</tbody>
</table>

**Text Box 5: Strategy 1A of the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan** (extract)

ACCHOs are supported to provide high-quality, comprehensive and accountable services that are locally responsive to identified Aboriginal and Torres Strait Islander health needs.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Deliverables by 2018</th>
<th>Deliverables by 2023</th>
<th>Lead entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health needs (including mental health and related needs), workforce capability and capacity of services to address them, have been systematically assessed.</td>
<td>Methodology to map health needs, workforce capability and service capacity has been developed. Focus will be targeted to areas with poor health outcomes and inadequate services. Systematic assessment of health outcomes/needs, workforce capability and service capacity undertaken to inform the development of the core services model, future workforce requirements and</td>
<td>Regional needs prioritisation, workforce capability and service capacity have been embedded in funding methodologies.</td>
<td>Department of Health, National Aboriginal Community Controlled Health Organisation (NACCHO), PM&amp;C, NHLF, Affiliates, ACCHOs</td>
</tr>
</tbody>
</table>
**Text Box 5: Strategy 1A of the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan (extract)**

ACCHOs are supported to provide high-quality, comprehensive and accountable services that are locally responsive to identified Aboriginal and Torres Strait Islander health needs.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Deliverables by 2018</th>
<th>Deliverables by 2023</th>
<th>Lead entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>investment and capacity building priorities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A key element of the Social and Emotional Wellbeing and Mental Health Framework is the roll out of Social and Emotional Wellbeing and Mental Health Teams in ACCHSs and otherwise as appropriate. Such teams may include SEWB workers, mental health workers, psychologists, Aboriginal and Torres Strait Islander mental health workers and occupational therapists depending on the need of any given population group as illustrated in Diagram 2 below, extracted from the Social and Emotional Wellbeing and Mental Health Framework (p.39).

**Diagram 2: Potential Reach of a Mental Health and SEWB Team**
(d) Culturally Respectful Mainstream Mental Health Services

- GDD Theme 1, Article 3: Across their lifespan, Aboriginal and Torres Strait Islander people should have access to affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination.

Some of the challenges associated with cross cultural mental health care are discussed on page 31 of the Fifth Plan. Otherwise, the concepts and importance of cultural safety and cultural competence are assumed knowledge in the reader.

Implementation

1. Implement the Fifth Plan, Action 12 (see Text Box 6 below).
2. Implement the Social and Emotional Wellbeing and Mental Health Framework, Action Area 4 (Outcomes 4.1, 4.2, 4.3). Implement Action Area 5 for guidance regarding care for people with severe mental illness.
3. Implement the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026, Domain 3 (on Communication) and 4 (Workforce Development and Training).
4. Because the employment of an Aboriginal and Torres Strait Islander workforce, and the promotion of Aboriginal and Torres Strait Islander Leaders in the mental health system is critical to ensuring the cultural safety of services, implementing Themes 4 and 5 of the Gayaa Dhuwi (Proud Spirit) Declaration among other key strategic documents will be a critical part of implementing this Article.

Text Box 6: Fifth Plan, Action 12

Governments will improve Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services in collaboration with ACCHSs and other service providers by:

- 12.1. developing and distributing a compendium of resources that includes (a) best-practice examples of effective Aboriginal and Torres Strait Islander mental health care, (b) culturally safe and appropriate education materials and resources to support self-management of mental illness and enhance mental health literacy and (c) culturally appropriate clinical tools and resources to facilitate effective assessment and to improve service experiences and outcomes
- 12.2. increasing knowledge of social and emotional wellbeing concepts, improving the cultural competence and capability of mainstream providers and promoting the use of culturally appropriate assessment and care planning tools and guidelines
- 12.3. recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration (Appendix B)
• 12.4. training all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those in forensic settings, in trauma-informed care that incorporates historical, cultural and contemporary experiences of trauma.

(e) Role of Standard Setting, Education and Professional Bodies

• GDD Theme 2, Article 2: It is the responsibility of all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples, as outlined in this Declaration.

The Fifth Plan states that ‘cultural competence should be considered a core clinical competence capability, as it can determine the effectiveness of a service for Aboriginal and Torres Strait Islander peoples’ (p.29). NATSILMH believe that the process of making cultural competence a core clinical competence should be initiated by Australian governments (building on Action 11 of the Fifth Plan) with the support of the mental health commissions. Implementation would be done by the institutions and bodies in question working with Aboriginal and Torres Strait Islander leaders and experts as appropriate to the subject matters concerned.

Implementation

<table>
<thead>
<tr>
<th>National level action</th>
<th>1. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, develop an overarching plan to ensure mental health services are respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples within five years. This could include action through continuing revision of the National Practice Standards for the Mental Health Workforce and National Standards for Mental Health Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universities and institutions providing mental health and related education</td>
<td>2. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, develop a national and consistent approach to ensuring all future mental health workers are respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples. The development of such an approach could include the Council of Australian Governments’ Education Council, University Chancellors Council Australia, and/or Universities Australia.</td>
</tr>
<tr>
<td>Professional bodies</td>
<td>3. Modify as required university and other educational institution curricula as above. Take advice from the Leaders in Indigenous Medical Education (LIME) Network and others who have already done work with the ‘Indigenisation’ of universities’ medical curriculums.</td>
</tr>
<tr>
<td></td>
<td>4. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, develop a national and consistent approach to continuing professional education to ensure the existing mental health workforce are respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.</td>
</tr>
</tbody>
</table>

See also Gayaa Dhuwi (Proud Spirit) Declaration Theme 4 on an Aboriginal and Torres Strait Islander mental health workforce (below).
Part 3: Aboriginal and Torres Strait Islander Values, Monitoring and Research

Theme 3

GDD Theme 3: Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.

(a) Aboriginal and Torres Strait Islander Values-based SEWB and Mental Health Outcome Measures in Addition to Clinical Measures, Targets

GDD Theme 3, Article 1: Led by Aboriginal and Torres Strait Islander peoples, all parts of the Australian mental health system should use Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical measures when developing evaluation frameworks for Aboriginal and Torres Strait Islander mental health and suicide prevention services and programs. This also applies to the development of an evidence base for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention.

GDD Theme 3, Article 2: Led by Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system.

As stated succinctly in the Wharerâtá Declaration:

*If mental health systems are to improve the well-being of indigenous peoples, then we must strengthen understanding of indigenous perspectives as equally relevant as clinical perspectives, and recognise both the similarities and differences. For example, when using an indigenous values-based health outcomes perspective, it would be important to measure outcomes such as:*

- has the intervention enhanced the individual’s relationship with their family?
- has it enhanced their capacity to function as part of their community?
- have their spiritual beliefs been considered as part of the outcome assessment process?
- has the relationship between their physical health and mental well-being been considered?
- has the intervention considered their cultural needs?
- has the intervention process and outcome increased a well-being orientation?***

Further as per Domain 4 of the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026, (on consumer participation and engagement, below), approaches to measuring cultural safety and cultural competence must start to become Aboriginal and Torres Strait Islander-consumer focused. Only the Aboriginal and Torres Strait Islander consumer will know if they experienced cultural safety in a mental health or related area service environment, or that the staff who they were treated by did so in a culturally competent and respectful manner.
Such measures could also be linked to targets. The Gayaa Dhuwi (Proud Spirit) Declaration also advocates for the use of clinical targets to complement Aboriginal and Torres Strait Islander values based targets. In this regard, NATSIMH recommends the development of measures and targets to track and monitor the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration itself, as set out in Part 1.

Implementation

1. Implement Domain 4 of the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 (See extracted text below). This should also be applied at jurisdictional and regional levels.

2. Establish an Aboriginal and Torres Strait Islander-led process to develop outcome measures that reflect Aboriginal and Torres Strait Islander cultural and
value systems. This process would make recommendations about a national set of measures to support the evaluation of programs and services for Aboriginal and Torres Strait Islander people from an Aboriginal and Torres Strait Islander consumer perspective.

2. The Council of Australian Governments adopts Closing the Gap targets or indicators to ‘close the gap’ in Aboriginal and Torres Strait Islander suicide rates and Aboriginal and Torres Strait Islander mental health outcomes as high-level clinical measures of its work including its prioritisation of Aboriginal and Torres Strait Islander mental health within the Fifth Plan.

<table>
<thead>
<tr>
<th>State/territory level action</th>
<th>1. Adopt national measures and targets (as above) to measure progress on a state and territory-level.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Work with Aboriginal and Torres Strait Islander peoples to ensure Aboriginal and Torres Strait Islander consumer participation in the evaluation of relevant state and territory mental health services and programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LHN-PHN/ regional level action</th>
<th>1. Ensure Aboriginal and Torres Strait Islander consumer participation in the evaluation of services and programs that work in Aboriginal and Torres Strait Islander communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Working with Aboriginal and Torres Strait Islander communities, develop regional clinical targets where appropriate. For example, reductions in suicide in ‘hot spot’ areas.</td>
</tr>
</tbody>
</table>

(b) Build the Evidence Base

See GDD Theme 3, Article 1 (above)

The Wharerátá Group argue that the strict adherence to clinical assessments as the basis for developing an evidence base for Aboriginal and Torres Strait Islander mental health is not effective for Aboriginal and Torres Strait Islander peoples. Further, that this works against the development of such an evidence base led by Aboriginal and Torres Strait Islander people and, subsequently, the inclusion of this evidence base and Aboriginal and Torres Strait Islander knowledge in peer-reviewed journals.

The significant contribution of Aboriginal and Torres Strait Islander-led research activities such the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project and the National Empowerment Project highlights the value of an Aboriginal and Torres Strait Islander designed and implemented national research agenda for expanding the evidence base for Aboriginal and Torres Strait Islander SEWB, mental health and suicide prevention.

NATSILMH believe that Australian government, Australian mental health commissions and peak research bodies such as the National Health and Medical Research Council and other bodies involved in mental health and related area research all have a role to play in the development of Aboriginal and Torres Strait Islander designed and implemented national research agenda for expanding the evidence base for Aboriginal and Torres Strait Islander SEWB, mental health and suicide prevention, including by fund Aboriginal and Torres Strait Islander research scholarships to populate the agenda, once designed.
Implementation (national, jurisdictional, regional)

1. Implement Action 13 of the Fifth Plan (see Text Box 7 below).

2. Implement Outcome 1.2 (on building strong evidence base, including a social and emotional wellbeing and mental health research agenda, under Aboriginal and Torres Strait Islander leadership) of the Social and Emotional Wellbeing and Mental Health Framework.

3. Implement Domain 6 (on data, planning, research and evaluation) of the *National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026*

**Text Box 7: Fifth National Mental Health and Suicide Prevention Plan, Action 13**

Governments will strengthen the evidence base needed to improve mental health services and outcomes for Aboriginal and Torres Strait Islander peoples through:

- 13.1. establishing a clearinghouse of resources, tools and program evaluations for all settings to support the development of culturally safe models of service delivery, including the use of cultural healing and trauma-informed care
- 13.2. ensuring that all mental health services work to improve the quality of identification of Indigenous peoples in their information systems through the use of appropriate standards and business processes
- 13.3. ensuring that future investments are properly evaluated to inform what works
- 13.4. reviewing existing datasets across all settings for improved data collection on the mental health and wellbeing of, and the prevalence of mental illness in, Aboriginal and Torres Strait Islander peoples
- 13.5. utilising available health services data and enhancing those collections to improve services for Aboriginal and Torres Strait Islander peoples.
Part 4: Aboriginal and Torres Strait Islander Presence and Leadership Across the Mental Health System Themes 4 and 5

GDD Theme 4: Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.

(a) Presence – the Employment of an Aboriginal and Torres Strait Islander Mental Health Workforce

Calculating Indigenous mental health workforce needs

A methodology for calculating the above, and that could be connected to workforce targets is suggested by a study undertaken in 2009 by the Aboriginal Medical Services Alliance Northern Territory (AMSANT). From this was proposed a model for integrating alcohol and other drug, community mental health and primary health care in Aboriginal Medical Services in the Northern Territory. This included appropriate needs based population workforce ratios for psychologists and psychiatrists to work with social and emotional wellbeing teams that for a community of 1500 people comprises: four Aboriginal Family Support Workers (including at least one of each gender) with one position identified as a manager; two skilled counsellors able to deliver cognitive behavioural therapy; and two of either a mental health nurse or registered mental health worker. That is, in addition to the core primary health care clinical staff of two general practitioners, six nurses and eight Aboriginal and Torres Strait Islander Health Workers.

By the workforce ratio, psychologists would be based zonally with one for every 1500 people. They would provide supervision to counsellors and see those with more complex situations, including addiction, interpersonal violence and complex problems in young people. There would be one psychiatrist for every 8,000 people, based in regional centres. Modelling was also undertaken for Aboriginal and Torres Strait Islander populations of 750 and lower.

Extract from the Social and Emotional Wellbeing and Mental Health Framework, p.39.
The training and employment of Aboriginal and Torres Strait Islander mental health workers could be linked to agreed health worker – Aboriginal and Torres Strait Islander population ratios as discussed in the Text Box to the right. The advantage of this approach is that it would also enable the training and employment of an Aboriginal and Torres Strait Islander mental health workforce, and more generally a mental health workforce to meet Aboriginal and Torres Strait Islander peoples’ needs, to be linked to meaningful targets. A further example of this was the *NSW Aboriginal Mental Health and Wellbeing Policy 2006-2010* which set a workforce target of 1 Local Health District -based Aboriginal mental health worker per 1000 Aboriginal people in NSW. 

**Implementation**

1. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, agree Aboriginal and Torres Strait Islander mental health workforce requirements at national, jurisdictional and regional levels as the basis of agreeing strategic approaches connected to targets to meet that workforce need. This should include the following:

   - Implementing the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023.
   - Implementing Strategy 1.2.1 of the 2011 National Mental Health Workforce Strategy: ‘Provide better career pathways, supervision, mentoring and locum support programs for Aboriginal mental health workers in a range of settings’.
   - Implementing Outcome 1.1 of the Social and Emotional Wellbeing and Mental Health Framework (on an effective and empowered social and emotional wellbeing and mental health workforce) extracted in Text Box 8 below.

**(b) Promoting Aboriginal and Torres Strait Islander Leaders**

To repeat from the Fifth Plan: *Aboriginal and Torres Strait Islander leadership in mental health services is fundamental to building culturally capable models of care. Governance, planning processes, systems and clinical pathways will be more effective if they include Aboriginal and Torres Strait Islander workers at key points in the consumer journey, such as assessment, admission, case conferencing, discharge planning and development of mental health care plans.*

NATSILMH believe that this principle applies also to government departments and to policy-development that touches on Aboriginal and Torres Strait Islander mental health and wellbeing.

**Implementation**

| National level action | 1. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, the Australian Government identifies mental health and related positions that should be occupied by an Aboriginal and Torres Strait Islander person by virtue of the positions’ work in Aboriginal and Torres Strait Islander mental health and related areas. Co-design an implementation plan so that these positions are filled by a suitably qualified Aboriginal and Torres Strait Islander person within 5-years. |
| State/territory level action | 2. Ensure Aboriginal and Torres Strait Islander leaders are present and supported in all relevant national committees and other policy making bodies. |
| | 3. Ensure Aboriginal and Torres Strait Islander representation on the National Mental Health Commission’s National Emergent Leadership Program in line with the Indigenous Alliances Framework. |
with NATSILMH’s 2017 Discussion Paper on options for the Program. Over time develop elements specifically for Aboriginal and Torres Strait Islander participants that would supplement the wider Program.

4. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, States and Territories’ Governments identify mental health and related positions that should be occupied by an Aboriginal and Torres Strait Islander person by virtue of the positions’ work in Aboriginal and Torres Strait Islander mental health and related areas. Co-design an implementation plan so that these positions are filled by a suitably qualified Aboriginal and Torres Strait Islander person within 5-years.

5. Ensure Aboriginal and Torres Strait Islander leaders are present and supported in all relevant State and Territory committees and other policy making bodies.

6. Working with Aboriginal and Torres Strait Islander mental health leaders and experts, PHNs and LHNs identify mental health and related positions that should be occupied by an Aboriginal and Torres Strait Islander person by virtue of the positions’ work in Aboriginal and Torres Strait Islander mental health and related areas. Co-design an implementation plan so that these positions are filled by a suitably qualified Aboriginal and Torres Strait Islander person within 3-years.

7. Ensure that Aboriginal and Torres Strait Islander leaders are appropriately represented in PHN fora. This includes, but is not limited to, PHN Boards, Community Advisory Committees and Clinical Councils.

**Text Box 8: The Social and Emotional Wellbeing and Mental Health Framework, Outcome 1.1: An effective and empowered social and emotional wellbeing and mental health workforce**

**Rationale:** A highly skilled and supported workforce, operating in a clinically and culturally competent way, is required to meet the mental health needs of Aboriginal and Torres Strait Islander people.

**Key strategies**

1. Incorporate specific Aboriginal and Torres Strait Islander leadership in workforce program development.

2. Increase Aboriginal and Torres Strait Islander employment across the entire social and emotional wellbeing and mental health and workforce, including psychologists and psychiatrists, speech pathologists, mental health workers and other professionals and workers...

3. Give priority support to the further development of social and emotional wellbeing teams within Aboriginal Community Controlled Health Services...

4. Create career pathways by reducing barriers and pathways to education and training including training for emerging professional workforces accredited workers, paraprofessionals and established professionals and professions.

5. Improve the status of all Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing workers, paraprofessionals and professionals and over time, require workers to have qualifications that ensure professional equity.

6. Continue to develop accreditation standards that are systematically measurable; and develop and support pathways to training in existing work environments to increase worker and professional capacities.
7. Progress initiatives that support quality service delivery, quality improvement processes and workforce-wide up-skilling, including appropriate clinical supervision of mental health and social and emotional wellbeing workers, paraprofessionals and professionals.
8. Ensure that workers, emerging workforces and professional services qualify for Medicare Benefits Schedule subsidies.
9. Recognise traditional healers, Elders and other cultural healers as an essential part of the overall social and emotional wellbeing and mental health areas workforce.
10. Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander people with mental health problems and mental illness.
11. Ensure alignment of measurable professional training and education standards and service accreditation standards to ensure a system wide approach to improving reportable capabilities for working effectively with Aboriginal and Torres Strait Islander people.
12. Improve national access to vocational training in key evidence based therapies (for example, cognitive behavioural therapy, dialectical behavioural therapy and mindfulness therapies).
13. Increase Aboriginal and Torres Strait Islander participation rates in tertiary courses.
14. Encourage the development of specialist Aboriginal and Torres Strait Islander mental health courses.

(c) Visible, Influential and Supported Leadership

GDD Theme 5: Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

GDD Theme 5, Article 1: All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership.

GDD Theme 5, Article 2: All parts of the Australian mental health system should support and value the presence and visibility of Aboriginal leaders across all parts of that system, and further support them to be influential in all parts of it.

GDD Theme 5, Article 3: All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to exercise self-care, and to meet and to support each other, and to further develop and articulate Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing.

GDD Theme 5, Article 4: All parts of the Australian mental health system should support the accountability of Aboriginal and Torres Strait Islander leaders to their communities and to the wider Aboriginal and Torres Strait Islander population, including by allowing them the time required to meet and listen to their communities and wider constituents and exercise culturally informed leadership among them.

Theme 5 aims to address the historical and contemporary ‘invisibility’ of Aboriginal and Torres Strait Islander leadership that is a part of wider social exclusion, discrimination and a failure of governments to recognise Aboriginal and Torres Strait Islander peoples’ right to self-determination and leadership.

The influence of Aboriginal and Torres Strait Islander leaders will be exercised through their networks including with:

- communities;
• other Aboriginal and Torres Strait Islander leaders;
• Aboriginal and Torres Strait Islander and non-Indigenous peers in the mental health system;
• mental health professions; and
• mental health policy-makers and politicians.

Aboriginal and Torres Strait Islander models of leadership will also have points of difference when compared to non-Indigenous leadership models. These differences are largely the result of Aboriginal and Torres Strait Islander concepts of community and the collective dimension of life. Leadership in this context is not distant, but is ‘hands on’, connected to and embedded in Aboriginal and Torres Strait Islander community life and a network of community-relationships. It is more fluid and consensus-oriented than dictatorial. Further, it understands and respects diverse, culturally shaped notions of leadership operating within different communities.

The Wharerata Declaration asserts that the optimal leadership model in Aboriginal and Torres Strait Islander mental health will include the best elements of both Aboriginal and Torres Strait Islander and non-Indigenous leadership models. Nonetheless, this will result in a different model of leadership and that the mental health system must take action to accommodate it. It considers five areas of Aboriginal and Torres Strait Islander leadership that capture this ‘best of both worlds’ approach to mental health leadership. In Table 3 below, these are adapted for use by Aboriginal and Torres Strait Islander peoples in Australia.

Table 3: Aboriginal and Torres Strait Islander Leadership Qualities

<table>
<thead>
<tr>
<th>Leadership quality</th>
<th>Description</th>
</tr>
</thead>
</table>
| Informed           | • Informed by Aboriginal and Torres Strait Islander perspectives, particularly social and emotional wellbeing and holistic concepts of physical and mental health.  
                     • Able to work across disciplines – to understand the connections between Aboriginal and Torres Strait Islander mental health problems and social determinants, drugs and alcohol and so on.  
                     • Able to work with non-Indigenous and clinical perspectives on mental health.  
                     • Using appropriate language styles to communicate effectively to Aboriginal and Torres Strait Islander community members as well as Aboriginal and Torres Strait Islander and non-Indigenous peers in the mental health system, in the mental health professions, and among mental health policy-makers and politicians. |
| Credible           | • Credible with Aboriginal and Torres Strait Islander community members.  
                     • Credible among Aboriginal and Torres Strait Islander and non-Indigenous peers in the mental health system, in the mental health professions, and among mental health policy-makers and politicians.  
                     • Personally credible: with values such as integrity, capacity to self-reflect, empathy, vision and care for others. |
| Strategic          | • Raises awareness.  
                     • Future oriented.  
                     • Embrace new paradigms.  
                     • Able to bring Aboriginal and Torres Strait Islander and non-Indigenous peers in the mental health system, in the mental health professions, and among mental health policy-makers and politicians with them. |
Promotes consensus.
Extensively networked, including with other Aboriginal and Torres Strait Islander leaders.
Community connections.
Connected to Aboriginal and Torres Strait Islander and non-Indigenous peers in the mental health system, in the mental health professions, and among mental health policy-makers and politicians.
Practices self-care.
Supportive family, friends, community and work peers
Plans for succession.
Contributes to the betterment of Aboriginal and Torres Strait Islander peoples in many areas of life.

Implementation at national, jurisdictional and regional levels

1. Working with Aboriginal and Torres Strait Islander mental health leaders, develop a national approach to supporting Aboriginal and Torres Strait Islander leaders to work sustainably in the mental health system and related areas. This could include the following.

2. Support Aboriginal and Torres Strait Islander mental health leaders’ support/mentoring networks.

3. Hold conferences along the lines of the bi-annual NSW Aboriginal mental health workers conferences.

4. Develop a succession planning strategy for the current generation of Aboriginal and Torres Strait Islander mental health leaders.

5. Develop a strategy for lived experience leaders taking into account their additional support needs. For example, ensuring the cultural and other safety of these position holders, including by consideration of roles being jointly held by male and female office holders.
Closing Words

NATSILMH are strong advocates of the critical importance of Aboriginal and Torres Strait Islander mental health leadership across the mental health system to effect necessary improvements to Aboriginal and Torres Strait Islander mental health including reducing suicide rates. We believe that such leadership is critical in Australia to overseeing these improvements because without such leadership the mental health challenges of Aboriginal and Torres Strait Islander peoples are likely to remain invisible and unaddressed by the mental health system.

By facilitating the widespread implementation of the Gayaa Dhuwi (Proud Spirit) Declaration, NATSILMH aims to align domestic mental health policy, services and programs with human rights principles and an internationally agreed way of developing best practice and improving the mental health of Aboriginal and Torres Strait Islander peoples.

NATSILMH believes the Gayaa Dhuwi (Proud Spirit) Declaration to be a succinct guide to Australian governments and the mental health system as to how to effect the changes needed through Aboriginal and Torres Strait Islander leadership. It is NATSILMH’s hope that this Guide will assist them to the end. We hope you and/or your organisation will support NATSILMH’s work with your ideas, comments and feedback, including any ideas and comments on this Health in Culture - Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide.
Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the development of indigenous leaders in mental health, The International Journal of Leadership in Public Services Volume 6 Issue 1, p.57.

---


2. See: http://www.iimhl.com


15. A 2011 Queensland study reported that two-thirds of its entire suicide deaths sample (both indigenous and non-indigenous cases, numbering in the thousands) had records of being exposed to at least one recent stressful life event prior to suicide, with no significant differences observed across race, age or gender. De Leo, D., Sveticic, I., Milner, A. & Mackay, K. (2011). *Suicide in indigenous populations of Queensland, Australian Institute for Suicide Research and Prevention National Centre of Excellence in Suicide Prevention and WHO Collaborating Centre for Research and Training in Suicide Prevention, Brisbane: Australian Academic Press*

16. See Outcome 1.1, Example Action


24. The workshop supported a council under the auspice of NACCHO and/or the Healing Foundation to support the treatment and healing of mental health difficulties particularly within ACCHSs.

25. In the same way that chiropractic services and Chinese medicine currently are.

26. WA Mental Health Act 2014. (7) Principles: A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the
views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers. Such is applied at s.50 of the act such that: To the extent that it is practicable and appropriate to do so, the assessment of a person who is of Aboriginal or Torres Strait Islander descent must be provided in collaboration with — Aboriginal or Torres Strait Islander mental health workers; and significant members of the patient’s community, including elders and traditional healers. It is also applied in relation to the examination (s.81) and treatment (s.189) of Aboriginal and Torres Strait Islander people/ patients with mental health problems.

An example is the fund associated with the SA Traditional Healers Brokerage Program. The Traditional Healer Brokerage Program provides access funding to Traditional Healing Services in accordance with Aboriginal traditional medical practice, especially for mental health and social and emotional wellbeing support for Aboriginal patients and consumers. Referrals are provided through SA Health sites including hospitals, health services and clinics and during 2014-15 over 150 Aboriginal patients received treatment through individual healing sessions and clinic scheduled appointments. (SA Health Annual Report 2014-15)

As recommended in the National Strategic Framework for Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing 2017-2023.


