Leadership in a Land of Geographical, Socio-economic and Cultural Contrasts

An Australian Indigenous perspective on closing gaps in mental health, suicide prevention and disability outcomes

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Combined Meeting of the International Initiative for Mental Health Leadership and International Initiative for Disability Leadership 2017

Leadership Exchange, Sydney 2nd of March 2017
Wake Up Calls: Suicide
Contributing lives
Wake Up Calls – Disability

- Half of people living with disability world-wide cannot afford health or other care, compared to a third of non-disabled people.

- Children with disabilities are less likely to attend school than non-disabled children.

- In OECD countries, the employment rate of people with disabilities is half that for people without disabilities.
Indigenous Peoples - Shared Challenges
Indigenous Australia
Cultural, Social and Emotional Wellbeing

Gee, Dudgeon, Schultz, Hart and Kelly, 2013
The first wave
Frontier conflicts and massacres

Australian Frontier Conflicts 1788 – 1940: http://www.australianfrontierconflicts.com.au
The second wave

The confinement to reserves and missions and the forcible removal of children.
PHOTO: Former residents of the Retta Dixon Home (pictured in an undated photo) took civil action in 2014. (Supplied)
Indigenous Australia @ the 2011 Census

Major Indigenous population centres
Remote Australia
NPY Women’s Council
Health movement pioneers (now Dr) Naomi Mayers and (now Prof) Gary Foley who helped establish the Aboriginal Medical Service, Redfern, Sydney
PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership is to work together to Close the Gap between Indigenous and non-Indigenous Australians on the basis of mutual recognition, achievement and opportunities. This new partnership on closing the gap will set concrete targets for the future, within a decade to halve the Aboriginal and Torres Strait Islander health gap, to work together to achieve equity in health status by 2030 and to the

This is a statement of intent between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander health organisations. We work together to achieve equity in health status and the elimination of the Aboriginal and Torres Strait Islander health gap by 2030.

We have a determination to close the fundamental divide between the health outcomes and the opportunities of the Aboriginal and Torres Strait Islander peoples of Australia and the non-Indigenous Australian. We are determined to ensure that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians. We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians, and enjoy living conditions that support their social, economic and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples’ access to health services. Ours is an ongoing and visible challenge. The Commonwealth is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services.

ACCORDINGLY WE COMMIT:

- To developing a comprehensive, long-term plan of action that is targeted to meet, evidence-based and capable of addressing the existing inequities in health to achieve equity in health status;
- To ensuring that historical and contemporary health needs of Aboriginal and Torres Strait Islander peoples are addressed;
- To ensuring primary care and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of meeting the needs of all Australians;
- To ensuring non-Indigenous Australians have access to health services that are equal in standard to those enjoyed by other Australians, and enjoy living conditions that support their social, economic and cultural well-being;
- To achieving equity in health status and the elimination of the Aboriginal and Torres Strait Islander health gap by 2030;
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- To achieving equity in health status and the elimination of the Aboriginal and Torres Strait Islander health gap by 2030.

WE ARE:

SIGNATURES

Representative of the Australian Government
Congress of Aboriginal and Torres Strait Islander Nurses
Indigenous Doctors Association of Australia
National Aboriginal Community Controlled Health Organizations
Australian Indigenous Health Organisation
Aboriginal and Torres Strait Islander Social Justice Commissioner, Human Rights and Equal Opportunity Commission
Close the Gap Campaign

Main Campaign elements

- Partnership between Indigenous peoples/ Australian govts.
- National plan for health equality by 2030
- Ambitious targets and benchmarks
Indigenous mental health leadership
National Apology to Australia’s Indigenous Peoples
Prime Minister Kevin Rudd, 13 February 2008
Wicked problems

Our men - ten times over-represented in prison

Our kids – eight times more likely to be in child protection services

Our women – hospitalised for family violence-related assaults at 32 times the rate for non-Indigenous women
National Aboriginal and Torres Strait Islander Leadership in Mental Health

Introduction

The Whānau Ora Group of Indigenous mental health leaders from Canada, the United States, Australia, Samoa, and New Zealand established the Whānau Ora Declaration in 2016. The purpose of this Declaration is to ensure that Indigenous leadership in addressing the common mental health challenges faced by Indigenous peoples around the world is recognized and promoted as a key component of their work.

The Queensland mental health Commission, in turn, also supports the Whānau Ora Declaration.

This empowerment underpinned the formation of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH). In 2016-17, the NATSILMH Declaration was launched. The NATSILMH Declaration was launched in 2016-17 and is supported by four Australian mental health commissioners to promote national leadership in Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention.

In December 2016, NATSILMH undertook to develop a companion declaration to the Whānau Ora Declaration. This Declaration is for use by all Indigenous peoples and is supported by the four Australian mental health commissioners.

The Name of the Declaration

‘Gaya’ means happy, pleased, and proud, and ‘Dhūwi’ means spirit in the Wiradjuri and Gamilaraay languages of north-west New South Wales.

NATSILMH acknowledges the Wiradjuri Nation Group and Gamilaraay People for their agreement to use these words to name the Declaration. NATSILMH also acknowledges Wiradjuri Mr George CS Brown MLA, the Bundjalung Nation Group, and the Goomeri Indigenous group for helping to prepare the Wiradjuri and Gamilaraay languages for the present day.

NATSILMH was formed by the Australian Mental Health Leaders Group. A term used to mean the same in the Declaration.

NATSILMH acknowledges the important contributions of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing to the well-being of the nation and its people. The priorities from the Declaration are to be adopted by the Australian Government, the Commonwealth Government, the Victorian Government, and other key stakeholders.

Gaya Dhūwi is the official name of the Declaration. In adapting these words, the acknowledgment that different meanings might be attached to these words is important. Aboriginal and Torres Strait Islander language, the members of that language group should use other local words that reflect the spirit of the Declaration.
Lessons in leading change – key themes

• Indigenous leadership and partnership – non-negotiable
• Articulate need, goals, principles that people can gather around
• Leverage international and human rights law
• Be inclusive - harness the support of allies
• Present a united front
• Organise to be independent and self-funded
• Agree (and repeat) key messages
• Harness the support of the media and the public
• Secure multi-partisan political support
• Independently report on progress – keep governments accountable
• Be responsive to change, but stick to core values
Challenges

Q1. How should Indigenous and other health, mental health and disability rights movements ensure women, LGBTI, consumers and young people take their rightful place as leaders?

Q2. Is competitive tendering in mental health, suicide prevention and disability services fundamentally incompatible with Indigenous (or consumer) leadership?

Q3. How can Indigenous communities’ control of their services be protected in a decentralised system when the rhetoric of local empowerment does not match reality?