

The Match Report

Healing and empowerment: Indigenous leadership in mental health and suicide prevention

26–28 February 2017

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Background

The 2017 International Initiative for Mental Health Leadership (IIMHL) Exchange, *Contributing Lives Thriving Communities* was held from 27 February to 3 March 2017 hosted by Australia and New Zealand with the Combined Meeting in Sydney, Australia. See <http://www.iimhl.com/>.

IIMHL is a unique international collaboration involving eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, USA and Sweden, that focuses on improving mental health and addiction services.

IIMHL organises systems for international innovation sharing, networking and problem solving across countries and agencies. The overall aim is to provide better outcomes for people who use mental health and addiction services and their families.

The Cairns Match is the primary Indigenous Leadership Exchange in Australia (the Indigenous Exchange) and was attended by Australian, Canadian and New Zealand Indigenous leaders and experts in mental health and suicide prevention. The Indigenous Exchange theme was 'Healing and Empowerment: Indigenous Leadership in Suicide Prevention'. It was co-hosted by the National Aboriginal and Torres Strait Leadership in Mental Health and the Commission in partnership with Department of Health.

Acknowledgements

The Indigenous Exchange hosts and participants acknowledge Traditional Owners from across Australia. We pay our respects to the Elders past, present and emerging, for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander peoples.

We thank Aunty Jeanette Singleton for her Welcome to the Lands of the Yirrganydji and to the Elders and peoples of Yirrganydji, Djabugay and Gunggandji for also welcoming us and sharing their cultural knowledges through the Indigenous Exchange.

To the Speakers, host organisations, Aboriginal and Torres Strait Islander peoples of Australia, First Nations and other Indigenous peoples of the world that came together to share their knowledge, experiences, practices and customs, thank you.

Terminology

The terminology 'Indigenous people' has been adopted in this document, as agreed though the Wharerātā Declaration and refers to Australian Aboriginal peoples and Torres Strait Islanders, First Nations people, First peoples and Indigenous peoples of the world. The use of this terminology does not seek to diminish the diversity or cultural value of Indigenous peoples but to acknowledge the like effects and legacies brought about from commonalities in histories.

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Key themes Speakers, Community Hosts and Guests

Setting the Scene

Professor Pat Dudgeon, Chair, National Aboriginal and Torres Strait Islander Leadership in Mental Health, Australia

The theme of the Indigenous Exchange is 'Healing and Empowerment: Indigenous Leadership in Suicide Prevention' and it focused on Indigenous leadership in suicide prevention, cultural healing and the empowerment of communities.

Indigenous peoples are resilient and continue to seek to improve their life outcomes, mental health and social and emotional wellbeing. Indigenous peoples continue to live with the impact of colonisation and the lack of progress in addressing its ongoing impacts every day.

Indigenous peoples continue to experience significant gaps in health, mental health and life outcomes including being more likely to experience psychological distress, be hospitalised for mental health conditions, die by suicide and experience problematic alcohol and other drug use when compared to their non-Indigenous peers.

The evidence is in and we know what works: Indigenous community leadership, co-design and delivery of community-specific solutions that respect and value a community's culture, and that acknowledge our holistic concepts of health and wellbeing. The ongoing challenge is how we, as Indigenous people, change the current paradigms to reflect this.

The Gayaa Dhuwi (Proud Spirit) Declaration

Following the making of the Wharerātā Declaration in 2010, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) have developed, in consultation with Indigenous stakeholders, a complementary document for the use of Australian Aboriginal and Torres Strait Islander peoples: the 2015 *Gayaa Dhuwi (Proud Spirit) Declaration*.

To activate the *Gayaa Dhuwi (Proud Spirit) Declaration* (the Gayaa Dhuwi declaration), NATSILMH issued a Call to Action seeking Australian governments, organisations and individuals to pledge support for, and implement, the Gayaa Dhuwi declaration (see the pledge page at www.natsilmh.org.au). The Gayaa Dhuwi declaration is now being incorporated into Australia's fifth national mental health plan, as well as already being reflected in Queensland's *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan* and in Queensland Health's *Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021*.

Leadership and Healing and Cape York

Dr Mark Wenitong, Public Health Medical Officer, Apunipima Cape York Health Council, Australia

Apunipima Cape York Health Council is the largest community controlled health organisation in Queensland. It delivers a comprehensive primary health care service including social and emotional wellbeing (SEWB) to 11 Cape York communities in Far North Queensland - an area of 137,000 square kilometres from Cairns to the Torres Strait.

There are significant issues in the area:

- A screening program in a local school found 60 percent of children between 13-18 years of age reported significant adverse childhood experiences (ACEs). However none had an intervention to address any potential effects. Further, the Longitudinal Study of Aboriginal and Torres Strait Islander Children, indicates that Indigenous children have sustained stressors.
- Using the Kessler 10 assessment, high to very high psychological distress was detected in up to 80 percent of the Indigenous population within Cape York.
- Data from the Queensland Suicide Register shows a different pattern of causes for Indigenous suicide when compared to suicide among non-Indigenous people. Particularly evident is the impact on mental health and wellbeing of multiple issues including, specifically for Indigenous people: police/legal trouble, recent bereavement, recent suicide of family or friends, and relationship or community conflicts. Also, it was found that depression was 4 times less likely to be diagnosed for Indigenous people before a suicide. Indigenous people who died by suicide were less likely to have

contact with their GP, less likely to have received follow up by a mental health or other professional after an attempt.

- Research undertaken at James Cook University found that there is a difference in the stress hormone response evident in the Indigenous young adults he tested¹.

While considering the negative data we need to be mindful of the positives. Aboriginal and Torres Strait Islander people report higher levels of satisfaction with: community they live in, their family relationships and health and were proud of their Aboriginality².

Two recent tragic incidents galvanised thinking about the need for an alternative approach to how governments and broader sector currently respond to Indigenous peoples' SEWB. Prior to these incidents, responses comprised 'fly in - fly out' responses by service providers with little real understanding about the causes or longer term or others impacts of the incident. Local people and Elders were not engaged or seen as the 'experts' about life in their community.

What is needed are approaches that:

- recognise the importance of Elders and local people as the 'experts;'
- support locally coordinated critical responses under Aboriginal and Torres Strait Islander leadership and that incorporate Elders and SEWB-based approaches; and
- enhance primary health care to better identify and treat people at risk of suicide or with mental health problems, including by developing 'red flag' suicide stressors based on local experience.

Wharerātā Declaration and leadership

Dr Renee Linklater, Director, Aboriginal Engagement and Outreach for the Provincial System Support Program Centre for Addiction and Mental Health, Canada

Wharerātā Declaration (known as the Declaration) was supported by IIMHL and published in the *International Journal of Leadership in Public Service* 6(1) 2010. The Declaration is about the importance of Indigenous leadership in addressing the common mental health challenges faced by Indigenous peoples around the world and it embodies a vision in which mental health and addiction systems meet the holistic needs of Indigenous peoples, covering:



- unique Indigenous understandings of mental health and wellbeing;
- partnership and collaboration between Indigenous and mainstream providers;
- the cultural competence of mainstream mental health providers, and
- unique aspects of Indigenous leadership.

The Declaration's five themes include:

1. Indigeneity must be recognised as a point of difference that mental health systems must recognise and take action to include in policy, services and programs.
2. Best practice in Indigenous mental health will combine Indigenous holistic concepts of mental health, wellbeing and healing with the best non-Indigenous mental health practice.
3. Indigenous perspectives should contribute to the evidence base for best practice in Indigenous mental health, SEWB and suicide prevention services and programs.
4. Indigenous leadership is required if best practice in Indigenous mental health is to be realised. This requires the mental health system to take action to accommodate Indigenous models of leadership.
5. Indigenous leaders must be supported to be proactively visible in order to challenge the historical and contemporary invisibility of Indigenous leadership and exert influence for change.

¹ (Berger, M. *et al.* Cortisol Awakening Response and Acute Stress Reactivity in First Nations People. *Sci. Rep.* **7**, 41760; doi: 10.1038/srep41760 (2017).

² Australian Bureau of Statistics (2016), National Aboriginal and Torres Strait Islander Social Survey, Australia 2014-15, Australian Bureau of Statistics, Canberra.

Healing, a Maori world view

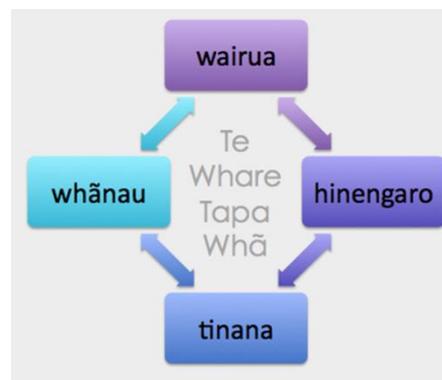
Ms Donna Blair, General Manager, Manaaki Ora Trust t/a, Te Utuhina Manaakitanga New Zealand

Mauri is about the vitality, integrity, and energy within a person – sometimes referred to as a 'life force'. Māori healers were referred to as Tohunga, an expert practitioner of any skill or art such as expert priests, healers, navigators, carvers, builders, teachers and advisors.

In the first decade of the twentieth century the New Zealand government legislated to replace traditional Māori healers with "modern" medicine³. At the time the attitude to Māori healers and healing was that it was 'dangerous and regressive'⁴.

Concepts of Māori healers and healing has been promoted and advocated for through the works of Māori leaders and academics. The broader concepts of SEWB and healing are now being acknowledged and recognised as central in responses to Māori health and mental health.

The Maori Health Model 1982 is a holistic approach encompassing **Wairua** (spiritual health); **Tinana** (Physical Health); **Hinengaro** (Mental Health) and **Whānau** (Family Health).

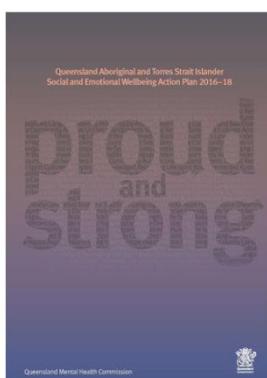


The Task ahead is for Maori to transform from Mauri Noho to Mauri Oho (from languishing to flourishing).

Overview of the Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan

Denise Andrews, Principal Policy Advisor, Queensland Mental Health Commission

Culture and customs continues to be a source of strength and pride and the foundation for good SEWB. However there is a significant gap in mental health and life outcomes for Aboriginal and Torres Strait Islander peoples than the rest of the Queensland population. In 2016, the Queensland government released the *Queensland Aboriginal and Torres Strait Social and Emotional Wellbeing Action Plan 2016-18* (Action Plan).



The Action Plan is a whole-of-government Action Plan and includes 62 actions in three priority areas Inclusive communities, Thriving and connected families and Resilient people to improve the SEWB of Aboriginal and Torres Strait Islander individuals, families and communities. It builds on 17 actions in three population- level plans as part of *the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19*.

By improving SEWB, the Action Plan hopes to contribute to reducing the incidence of: the severity and duration of mental illness; suicide and its impacts; and the adverse impact of alcohol and other drugs.

It defines SEWB as: 'being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life'.

The Action Plan highlight examples of what works to improve SEWB including that strategies need: to recognise the connectedness between the individual, family and community; to adopt a holistic

³ Tohunga Suppression Act 1907

⁴ https://en.wikipedia.org/wiki/Tohunga_Suppression_Act_1907

approach, focus on addressing factors that influence SEWB, to take a strengths-based approach and support local Aboriginal and Torres Strait Islander leadership. The Action specifically references the Gayaa Dhuwi Declaration as a principle framework to support Aboriginal and Torres Strait Islander leadership.

A Reference Group will monitor the implementation of the Action Plan through regular reports from agencies. It will monitor implementation of actions, identify emerging issues and good practice, and identify and monitor indicators of SEWB. Roundtable events will seek the input from local communities and service providers on the emerging issues impacting SEWB of their communities.

The Action Plan implementation will be monitored and reported in the Strategic Plan's Annual Implementation report due December 2017. It will be review after 12 months.

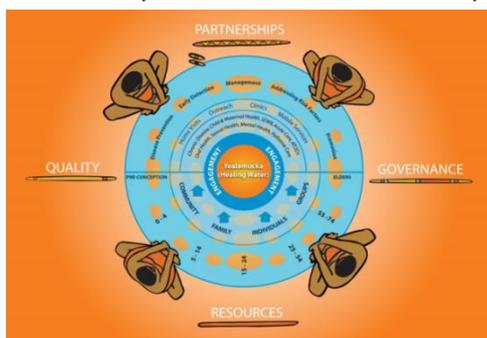
Gurriny Yealamucka Health Services Yarrabah (Gurriny)

Ms Sue Andrews, Chief Executive Officer, Gurriny Yealamucka Health Services

Gurriny Yealamucka Health Services (Gurriny) celebrated 25 years of operation this year and its transition to community control in 2014. Gurriny staff and community are proud of the fact that they can provide local employment and every day see examples of how the service's connection to the community enhances the level of care that can be provided.

Gurriny health have 4100 clients of which 83 percent live in Yarrabah and the other 17 percent are Yarrabah people who live in Cairns and surrounding areas. Some Gurriny will drive for up to an hour to see a Gurriny doctor as know they will receive good and culturally responsive health care from them.

The Gurriny Model of Care was developed in 2009 by our local staff and is a holistic framework that looks at the mind, body and spirit of clients. Engagement is central to the model creating relationships both from the organisation to the community and from individual staff members to clients.



Future challenges include the ongoing articulation and development of the model, ongoing staff training in the model including for SEWB staff, bedding down the model of care in all areas of practice and alignment of the model with clinical models of care.

Gurriny has a Life Promotion Team that provides counselling and referrals for anxiety, depression, and mental health problems, and to those who are at risk of self-harm or suicide. They also provide postvention support, information to raise awareness on suicide and its prevention, and on SEWB support offered by Gurriny.

The Young Person Health Check (YPC) is an initiative that targets 15 to 25 year old young people. It began as a screening tool for STI's. Over time, Gurriny expanded the initiative to include screening for chronic disease and then in 2016 to include depression, using markers based on James Cook University Research. This expanded screening resulted from community calls that younger people be screened for these things, combined with targeted prevention programs aimed at young people.

In 2016, 70 percent of the 350-strong youth target group participated.

The YPC has enabled Gurriny to detect cases of anaemia, nutritional deficiency, and high cholesterol. In the group 20 years and over, a 25 percent incidence of obesity and early elevations of blood pressure was detected. In this age group a strong desire to be engaged with their health care was observed including a willingness to take on board health messages regarding healthy eating, regular exercise and smoking cessation.

One of the most powerful aspects of the YPC has been the engagement of young people in their health care, breaking down some of the barriers that prevent young people from undertaking health assessments and starting healthier lifestyles.



Ngoonbi Community Services Indigenous Corporation and National Empowerment Program (pilot) Kuranda.



Ms Glenis Grogan NEP Coordinator and Mr Lionel Quartermaine, CEO Ngoonbi.

The Ngoonbi Community Services Indigenous Corporation (Ngoonbi) was established in 1975 to improve the quality of life of Aboriginal and Torres Strait Islander people, including better access to health services and affordable quality housing to. Ngoonbi's objective is to eliminate social disadvantage amongst Aboriginal and Torres Strait Islander people and to increase their participation within community life.

Ngoonbi aims to maintain the highest standard of services for our clients and strives to place itself at the forefront of delivering programs in community support and aged care services. It is an Aboriginal and Torres Strait Islander owned and controlled corporation. It is the biggest employer in Kuranda. Ngoonbi has a workforce of 77 staff based in the Peninsula and Tablelands areas that covers Kuranda, Mt Garnet, Ravenshoe, Atherton and Mareeba. Ninety percent of Ngoonbi's staff are local Indigenous community members.

Since its establishment, Ngoonbi's services have increased substantially to include: the Home and Community Care Program; Community Housing Program; National Empowerment Program (NEP); Indigenous Community Links; Sports and Recreation; Centrelink Agency; Parent and Community Engagement Program; Bibi Yungan Learning and Training Centre; and the Employment Program.

Ngoonbi, in partnership with the Queensland Mental Health Commission (QMHC) and the University of Western Australia (UWA), delivers the NEP to Kuranda and Cherbourg. Ngoonbi played a key role in the development of the NEP as a universal strategy to promote SEWB and reduce community stress and suicide in Aboriginal communities.



The NEP is a cultural, social and emotional wellbeing (CSEWB) program that has been developed and designed for Aboriginal and Torres Strait Islander people. The aim of the NEP is to promote the positive social and emotional wellbeing and mental health of families and the community, to build resilience and to prevent psychological distress and suicide. Through the local NEP partnership a Community Reference Group has been established in Cherbourg and Kuranda to develop a community well-being plan for their communities. Activities in these plan and events to bring people together are being implemented. So far:

- 32 participants in Cherbourg and 36 in Kuranda have completed the Mental Health First Aid;
- 9 participants have completed Certificate II in Mental Health (non-clinical)
- 10 Participants from Cherbourg and Kuranda completed Certificate II in Indigenous Leadership.
- 103 Kuranda and 67 Cherbourg community members have completed the CSEWB program.

Ngoonbi believes that empowerment starts with the individual, who will then empower their community. They highlight that a non-negotiable is that 'whatever is done, must be done in a culturally appropriate way'.

Summary: Common themes

- Mental health, social and emotional wellbeing is a human right.
- Leadership development continues to be a fundamental to improving mental health and wellbeing of Indigenous peoples.
- Indigenous people must exercise self-determination for their SEWB to improve.
- Canadian, New Zealand and Australian Indigenous peoples are on a journey of de-colonisation. Intergenerational trauma and grief is beginning to be acknowledged, however, the level of existing and future trauma and grief is under estimated. Proactive SEWB promotion is seen as an important part of decolonisation processes.
- The wider system is inconsistent in how it thinks about and response to Indigenous peoples.
 - Indigenous peoples are categorised as the problem or in a deficient model. Indigenous people must lead solutions and strengths base approaches must be adopted when addressing issues.

- Governments generally seek to improve SEWB and to act in culturally appropriate way. However, they continue to impose policy and program regimes through silos and driven through short funding cycles in contradiction of the holistic nature of SEWB.
- It was questionable as to whether bureaucracies genuinely respected cultural knowledge or expertise over their own. Indigenous cultures must be being recognised and valued as a source of knowledge, experience and the foundation for wellness.

It was a common observation that competitive tendering has had a negative impact on achieving real improved outcomes for Indigenous peoples. That is the result of narrow 'bottom line' thinking being applied to tendering decisions, with little consideration given to evidence of what works for Indigenous communities and peoples.

Recommendations

1. Governments should commit to including Indigenous peoples as partners at all stages of the design, delivery and evaluation of health, mental health and related area services in their communities.
2. Governments should work in partnership with Indigenous peoples to stop the re-traumatising of Indigenous peoples while being treated within general population health and mental health services.
 - building of cultural competency and cultural humility.
 - ensuring clear understanding of roles and responsibilities
 - developing 'community of practice' for SEWB
3. Governments should increase long-term funding for promoting and strengthening social and emotional wellbeing by programs designed by Indigenous communities and delivered through local Indigenous controlled organisations. Specific areas for investment include:
 - increasing support for young Indigenous women 13 to 25 years-of-age;
 - promoting and supporting Indigenous family structures and decision making;
 - addressing young people's issues and aspirations;
 - more school programs for students;
 - using technology to promote SEWB and addressing uses of technology which negatively impact on SEWB;
 - developing a 'community of practice' for SEWB; and
 - developing SEWB indicators.

Guiding principles to implementing the recommendations

Nothing about us without us

Value our Elders

Rights based approaches and social justice in health and mental health

Respect Indigenous people's culture, knowledge and experience

Cultural safety and using cultural protocols when working with communities

Working holistically according to the SEWB model

Empowering, strengths based approaches

Attachments

1. Program Healing and Empowerment Indigenous Exchange
2. Speaker presentations (6)
3. Healing and Empowerment Indigenous Exchange spotlight presentation.

Resource Materials provided

- *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-2018.*
- National empowerment project brochure
- Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.
- The Gaaya Dhuwi (Proud Spirit) Declaration

Appendix 1: List of Participants to the Indigenous Exchange

NAME	Position	Organisation	Country
Andy Charles	Program Facilitator	Mallee Districts-NEP	Australia
Angela Sloan	Program Manager	Pangula Mannamurna -NEP	Australia
Bronwyn Murray	Cherbourg community consultant	NEP community Consultant	Australia
Carole Koha	Pou Kaihautu	Te Waka Whaiora Trust and Te Menenga Pai Trust	New Zealand
Carolyn Mascal	Coordinator	University Western Australia	Australia
Charlene Gordon	Senior Indigenous Mental Health Worker	Forensic Prison Mental Health Services	Australia
Cheryl Quartermaine	Manager	Ngoonbi HACC services	Australia
Christopher Holland	Executive Officer	National Aboriginal and Torres Strait Islander Mental Health Leadership	Australia
Darlene Thomas	Mallee Districts	Mallee Districts-NEP	Australia
Deb Woods	Chief Executive Officer	GRAMS	Australia
Denise Andrews	Principal Policy Advisor	Queensland Mental Health Commission	Australia
Dezerae Miller	Community Consultant	Consultant-NEP	Australia
Donna Blair	General Manager	Te Utuhina Manaakitanga Trust, AOD Counselling Service, Rotorua, NZ	New Zealand
Donna Ingram	Community Consultant	Consultant-NEP	Australia
Dulcie Pensio	Youth/Community Support Worker	PCYC Cairns	Australia
Eddie Fewings	Cordinator	Queensland Aboriginal and Islander Health Council	Australia
Elizabeth Hayden	Consultant	Elizabeth Hayden Consultancy	Australia
Erin Coffey	Kaitakawaenga	Te Waka Whaiora Trust	New Zealand
Glenis Grogan	Ngoonbi	NEP Ngoonbi Community Services Indigenous Corporation	Australia
Jill Abdullah	Manager	Langford Aboriginal Association	Australia
Kimina Andersen	Program Director	Metro South Hospital & Health Service, Queensland Health	Australia
Lori Lafontaine	Senior Advisor, Indigenous Affairs	Mental Health Commission of Canada	Canada
Mark Wenitong	Public Health Medical Officer	Apunipima Cape York Health Council	Australia
Michael Jones	Executive Manager of Programs	Western Australian Association for Mental Health	Australia
Pat Dudgeon	Professor UWA, School of Indigenous Studies	UWA, School of Indigenous Studies	Australia
Renee Linklater	Director, Aboriginal Engagement and Outreach for the Provincial System Support Program	Centre for Addiction and Mental Health	Canada
Sue Andrews	Chief Executive Officer	Gurriny Yealamucka Health Services	Australia
Susan Vaughan	Partnership Coordinator - National StandBy Response Service	United Synergies	Australia
Tjalaminu Mia	Chief Executive Officer	SKHKAC	Australia
Jillian Paull	Branch Manager	National Disability Insurance Agency	Australia
Karen PhilP	Alcohol and Other Drugs Project Officer	Department of Health	Australia
Nigel Williams	Community Consultant Cherbourg	Program NEP community Consultant	Australia
Sandi Taylor	Coordinator	Queensland Aboriginal and Islander Health Council	Australia

Appendix 2: Write up from Sheets

To improve Indigenous mental health and wellbeing:

- value Elders
- support and value cultural knowledge and practice
- take actions that strengthen connection, spirit and culture – a holistic life course approach.
- empower individuals, family, young people, children and communities, and
- fund community led programs and services.

Important to Understand

- The significant level and continuing nature of trauma and grief experienced by Indigenous peoples.
- What difference is being sought and why.
- We will never get change unless we (Indigenous people) lead.

Continuing Issues

- Lack of clean water, good nutrition and education.
- Colonialization - 'still in chains – still in shackles'
 - Still children being taken
 - Land struggles to maintain connection
 - Invasion still in progress
 - stereotyping and racism (for example Media not accountable for inaccurate reporting in Indigenous affairs).
- Intergenerational trauma and grief.
- Clients have no trust no faith in mainstream services.
- Lack of after care of prisoners is life threatening.
- Lack of cultural competency within the system - More culturally appropriate and responsive services are needed.
- Lack of community 'navigators', natural helpers and peer support.
- The medicalisation of components of Indigenous mental health and its relationships to funding sources.
- Convenient diagnosis and labelling.
- Issues with funding cycles and delivery of Indigenous services.
- Lack of genuine consultation with Indigenous peoples.

Examples of good practice that works

- Engagement
 - Victoria Government engaging Indigenous stakeholders as the experts.
- Engagement and service delivery
 - Gurriny Yealamucka Health Services Yarrabah
 - Ngonbi Community Services Indigenous Corporation.
- Indigenous Workforce strategy
 - Maori women's welfare league
 - Grow other Maori women to get the placed on Boards and trustees for lobbying
 - New Zealand makes non-Indigenous organisation accountable.
- Wrap around support by Indigenous cultural exchanges in Indigenous communities
 - Cultural camps for youth led by cultural leaders and learning language (NSW)
 - Maori science camps
 - GARMA festival (NT)
 - Laura festival (QLD).

- Empowerment
 - National Empowerment Project - empowering voices of Indigenous peoples in community
 - Gurriny Yealamucka Health Services Yarrabah.

Approaches

- The system is inconsistent in its approach; how it thinks about and response to Indigenous peoples.
 - Think innovatively
 - Co design, local coordination and implementation and culturally appropriate communication and planning
 - Action the plans
 - Indigenous involvement at all levels of decision making
 - Work in partnership.
- Recognise Elders and local people as the experts for responses
 - Answers are in the community
- Support Leadership
 - Require and develop leadership capability
 - Identity community champions
 - Support leadership in Indigenous mental health and social and emotional wellbeing
 - Stronger voices though mental health and social and emotional wellbeing
 - Work collective with local group (justice health education etc).
- Empower community
 - Build capability and resilience
 - Nourish Indigenous identities
 - Feed spirit and share knowledge.
 - Grow the voice of the community via Indigenous mental health leadership participation
- Build cultural competency
 - Acknowledge that cultural competency is not the end it's the beginning.
 - develop cultural secure environments and practice
 - Cultural immersion in community
 - Cultural programs lead by cultural leaders
 - Cultural competency training endorsed by Indigenous organisation
 - Embed cultural humility.
- Improve Educational outcomes
 - Engage Youth and Children in school to promote wellbeing
 - Build foundation of knowledge of social and emotional wellbeing within a community
- Measure wellbeing
 - Develop 'community of practice' for SEWB
 - Develop philosophy and scope of practice for SEWB.
- Support local responses
 - Place based, Person centred and Locally driven (coordinate a local level)
 - Keep Indigenous people at the forefront
 - Implement local indigenised approaches.
- Increase employment and address workforce issues
 - Employ people with lived experience
 - Create real employment opportunities
 - Build Indigenous workforce capability
 - Support frontline workers

- build supports for sole workers (debriefing process required).
- Discontinue trauma in current practice such as
 - treatment and practice which disregards Indigenous concepts of SEWB.
 - lack of basic human rights access to clean water and nutritional food etc.
 - Government actions and statements which are not trauma informed.
 - implementation of flawed models – such as child protection continuing the removal of children from Indigenous families; empowering the non-Indigenous organisation at the expense of Indigenous service delivery; Funding that does not take a holistic life-course or consider the evidence (include emerging) of what works for Indigenous peoples; inadequate resources or resourcing that does not build on the aspirations of community or builds false expectations.
- Increasing awareness and skills
 - deliver workshop/training in community need to include face to face delivery.
 - train the Trainer within community
 - support more Mental Health First Aid training
 - create environments to learn together from each other
 - bring together children and elderly to promote mental health and wellbeing.
- Take control over the narrative
 - write and tell our story
 - craft the spirit of our children
 - filter young people minds from violence, pornography and bullying
 - identify those to take on roles and provide them with ongoing support.