



# Gayaa Dhuwi (Proud Spirit) Australia

Aboriginal and Torres Strait Islander Leadership in Social  
& Emotional Wellbeing, Mental Health & Suicide Prevention

28 January 2022

The Hon Josh Frydenberg  
Treasurer  
C/- The Treasury  
Langton Crescent  
PARKES ACT 2600  
AUSTRALIA

cc. The Hon Greg Hunt MP, Minister for Health and Aged Care  
The Hon Ken Wyatt AM MP, Minister for Indigenous Australians  
The Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and  
Suicide Prevention

Dear Treasurer,

**Prebudget Submission 2022/23 – Greater Equity in Funding Needed to Prevent Suicide and Improve the Mental Health, and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples**

In 2019 Minister for Health the Hon. Greg Hunt announced funding for Gayaa Dhuwi (Proud Spirit) Australia. Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) is the national peak leadership body and inclusive voice for Aboriginal and Torres Strait Islander suicide prevention, mental health and social and emotional wellbeing, and a member of the Coalition of Peaks Closing the Gap.

GDPSA is supportive of the Government funding \$129.8 million for Aboriginal and Torres Strait Islander mental health and suicide prevention in the 2021/22 Federal Budget that included the \$79 million seed funding for the NATSISPS, the valuable support of regional suicide prevention coordinators, and after care services that will have a beneficial impact on the ground. The Budget supported mental health reforms allocated funds across 5 Pillars with the Indigenous-specific investment was approximately 5% of the total spend, mainly in Pillar 4: Supporting Vulnerable Australians.

However GDPSA's [2021 Prebudget Submission](#) recommended 20% would be required if needs based equity is to be realised, which would equate to **\$460 million** in spending for Aboriginal and Torres Strait Islander peoples over 4 years assuming this the same amount of \$2.3bn is allocated to Mental Health Budget in 22/23 (see Appendix 1).

**Pre-Budget Submission 2022/23**

The basis of this 2022/23 pre-budget submission is to advise additional funding is required to achieve needs-based equity by:

1. Responding to the diversity of Aboriginal and Torres Strait Islander peoples life experience in each of the 5 Pillars for Mental Health
2. Sustaining the focus on high levels of need in-line with the draft National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS)
3. Strengthening system architecture for Aboriginal and Torres Strait Islander people through:
  - i. Attention to recommendations 8.3 and 22.1 made by the Productivity Commission, Mental Health, Inquiry Report (2020)



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- ii. Implementing the Gayaa Dhuwi (Proud Spirit) Declaration as agreed to in the Fifth National Mental Health and Suicide Prevention Plan (2017 - 2023)
- iii. A dedicated focus on the foundation areas of the National Strategic Framework on Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing (2017-23).

Achieving needs-based equity will have the biggest impact on Aboriginal and Torres Strait Islander community needs and represents a sound return on investment. [Suicide and self-harm monitoring data](#) from the Australian Institute of Health and Welfare (AIHW) 2020 reported:

- Suicide accounted for 5.5% of all deaths for Aboriginal and Torres Strait Islander peoples while the comparable proportion for non-Indigenous Australians was 1.9%.

Data from the National Mortality Database and the Australian Bureau of Statistics Causes of Death from 2016 to 2020 report the rate of suicide is:

- 3.2 times higher for Aboriginal and Torres Strait Islander people than non-Indigenous people in the 0-24 age group; and,
- 2.8 times higher for Aboriginal and Torres Strait Islander people than non-Indigenous people in the 25-44 age group.

## **Priority One: Responding to the diversity of Aboriginal and Torres Strait Islander people's life experience in each of the 5 Pillars for Mental Health**

Aboriginal and Torres Strait Islander communities are made up of many cohorts across urban, rural and remote location with unique mental health needs across the lifespan and the specific needs of diverse groups within.

The budgetary implication in mental health of recognising a higher level of Aboriginal and Torres Strait Islander diversity in Pillars 1-3 and 5 for All Australians, includes **increasing funding by \$244.5 million to achieve 20% needs-based equity** across all service areas for:

- Culturally safe training for the entire mental health workforce in service provision for all cohorts including appropriate tools;
- Aboriginal and Torres Strait Islander Community co-designed service delivery to better meet the needs across mainstream services; and,
- Co-located service provision in Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs).

Funding should also be directed towards ACCHOs and AMSs as the preferred providers of mental health services for Aboriginal and Torres Strait Islander communities in accordance with the recommendation of the Productivity Commission, Mental Health Inquiry Report, 2020. This position is supported by evidence from the 2021 evaluation of the National Suicide Prevention Trial Sites that focused and exclusively served Aboriginal and Torres Strait Islander peoples. The report highlighted and recommended that effective suicide prevention strategies must originate from Aboriginal and Torres Strait Islander specific evidence and knowledge, and genuine Aboriginal and Torres Strait Islander governance is fundamental to succeed.

To enable the biggest impact similar strategies should be applied across all mental health initiatives



provided in the 22/23 Budget. Additionally, contracts for all initiatives require clauses that require how this initiative will meet the needs of Aboriginal and Torres Strait Islander people.

## **Priority Two: Sustaining the focus on high levels of need in-line with the draft National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS)**

GDPSA supports the \$79 million in the 2021/22 Federal Budget towards the NATSISPS to address the disproportionate impact of suicide and mental ill health on Aboriginal and Torres Strait Islander people. These initiatives require further expansion in the 2022/23 Budget to commission culturally safe programs that meet community needs across all areas of Australia by increasing the initial spend based on needs-based equity in a consistent and concerted effort towards zero suicides for Aboriginal and Torres Strait Islander Peoples.

GDPSA recommends funding a further **\$196 million** for the actions from the renewed NATSISPS (see Appendix 2) across the geographical boundaries of all 31 Primary Health Networks (PHNs) with Aboriginal and Torres Strait Islander organisations being the preferred service providers:

- Establish a National Aboriginal and Torres Strait Islander Suicide Prevention Advisory Committee and key stakeholder forums for Youth Empowerment and Leadership, LGBTQI+, Stolen Generations, Women and Men
- Co-Design a Strategic Framework to embed Cultural Safety in Mental Health Services
- Co-design and implement culturally safe programs for teachers to identify and appropriately refer children and families in distress, and co-design education materials for children and youth in mental health, alcohol and drug use, and suicide prevention.
- Support the implementation of culturally based responses to youth suicide (on country programs, connecting with elders, and youth peer to peer mentoring)
- Support the co-design and implementation of culturally based relationship counselling models and services for Aboriginal and Torres Strait Islander youth
- Co-design and implement culturally safe parenting programs, intensive whole-of-family responses, and healing programs to target the impact of intergenerational trauma and the number of Aboriginal and Torres Strait Islander children in out-of-home care

## **Priority Three: Strengthening system architecture for Aboriginal and Torres Strait Islander Peoples**

Additionally, GDPSA recommends the Australian Government commit **\$19.5 million** to continue the momentum of mental health reform for Aboriginal and Torres Strait Islander Peoples and respond to the Productivity Commission, the Fifth National Mental Health and Suicide Prevention Plan, and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017-23).

### **3.1 Acting on recommendations 8.3 and 22.1 made by the Productivity Commission in its Mental Health Report (2020)**

GDPSA recommends that the Government commit to progressing the reforms proposed by the Productivity Commission for Aboriginal and Torres Strait Islander peoples by implementing:

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- Action 8.3 to evaluate best practice partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander peoples would, as the Productivity Commission recommended, “significantly improve social and emotional wellbeing and care arrangements”
- Action 22.1 to develop and implement a national monitoring and evaluation strategy and framework based on the Gayaa Dhuwi (Proud Spirit) Declaration would support Aboriginal and Torres Strait Islander peoples to lead and define what success looks like to ensure that Government funds are put to good use and benefit Aboriginal and Torres Strait Islander peoples

GDPSA further recommends that the benefits would be exponentially increased if both processes were led by an Aboriginal and Torres Strait Islander body, such as Gayaa Dhuwi (Proud Spirit) Australia and our key partner organisations.

## **3.2 Implementing the Gayaa Dhuwi (Proud Spirit) Declaration as agreed to in the Fifth Plan (2017)**

All Australian Government agreed in the Fifth National Mental Health and Suicide Prevention Plan (2017) to recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting the implementation of the Declaration. This was the first time the unique need of Aboriginal and Torres Strait Islander peoples had been prioritised within a national mental health plan.

GDPSA requests the Government commit to fund mental health workforce enablers in the 22/23 Budget to pave the way for the successful operationalization of the actions from the Declaration Implementation Plan (see Appendix 3) that the Commonwealth Department of Health has commissioned GDPSA to develop to seamlessly integrate with the Sixth Plan:

- Review national accrediting guidelines and education and training standards to identify and harness opportunities to embed Aboriginal and Torres Strait Islander SEWB and Healing practices in all standards and curriculum
- Review measures that are designed to support Aboriginal and Torres Strait Islander peoples to join, succeed and lead in the mental health workforce to identify best practice to be replicated system-wide

This would also be a timely response to what has been called for by The Commonwealth House Select Committee on Mental Health and Suicide Prevention in its recommendation to Government to **ensure funding is sufficient is for the full and rapid implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.**

## **3.3 A dedicated focus on the foundation areas of the National Strategic Framework on Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2017-23 (SEWB Framework)**

GDPSA requests funding for the following priorities to strengthen the foundations that have been identified as interrelated and essential to improvements to Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention in the SEWB Framework:





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1. An effective and empowered mental health and social and emotional wellbeing workforce by increasing access to remote learning/place-based mental health education and training (that COVID-19 has enabled) for Aboriginal and Torres Strait Islander communities to retain individuals and skills within the community
2. A strong evidence base and a SEWB and mental health research agenda under Aboriginal and Torres Strait Islander leadership by developing culturally appropriate indicators to measure Social and Emotional Wellbeing
3. Effective integration and partnerships between Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Services (ACCHS) and other health services by developing a SEWB model and pathways to provide greater access to SEWB services for Aboriginal and Torres Strait Islander people to strengthen the mental health system and provide culturally safe and high-quality care

We encourage the Australian Government to continue and strengthen its commitment to an active process of direct engagement with Aboriginal and Torres Strait Islander peak bodies and leaders in shared decision-making as part of its commitment to the National Agreement on Closing the Gap (2020).

GDPSA recommends the Australian Government commit 20% of the total mental health budget to supporting Aboriginal and Torres Strait Islander peoples. This would include \$460 million towards fulfilling all three priorities for Aboriginal and Torres Strait Islander peoples, assuming a similar commitment of \$2.3bn for mental health in the 2022/23 Federal Budget. Achieving needs-based equity will have the biggest impact on Aboriginal and Torres Strait Islander peoples' mental health and suicide prevention needs and represents a sound return on investment.

If you have any questions or would like to discuss Gayaa Dhuwi (Proud Spirit) Australia's submission, please contact me at [tom.brideson@gayaadhuwi.org.au](mailto:tom.brideson@gayaadhuwi.org.au) or on (02) 6189 0621.

Yours truly,

Tom Brideson  
Chief Executive Officer  
Gayaa Dhuwi (Proud Spirit) Australia



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## Appendix 1 – Summary of 20% Needs-Based Funding Request in 2022/23 Federal Budget

<b>Priority One: Responding to the diversity of Aboriginal and Torres Strait Islander people’s life experience in each of the 5 Pillars for Mental Health*</b>					
*Estimates based on the 2021/22 Federal Mental Health Budget spend of \$2.3bn					
Action	Y1	Y2	Y3	Y4	Total
Annual cultural safety training for the entire mental health workforce in service provision for all cohorts, including culturally appropriate tools	\$23.25m	\$23.25m	\$23.25m	\$23.25m	\$93m
Aboriginal and Torres Strait Islander Community co-designed service delivery to better meet the needs across mainstream services	\$11.63m	\$11.63m	\$11.63m	\$11.63	\$46.5m
Co-located service provision in ACCHOs and AMSS	\$26.25m	\$26.25m	\$26.25m	\$26.25m	\$105m
<b>Priority One Total</b>					<b>\$244.5m</b>
<b>Priority Two: Sustaining the focus on high levels of need in-line with the draft National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS)</b>					
Action	Y1	Y2	Y3	Y4	Total
Establish a National Aboriginal and Torres Strait Islander Suicide Prevention Advisory Committee and key stakeholder forums for Youth Empowerment and Leadership, LGBTIQ+, Stolen Generations, Women and Men	\$1.75m	\$1.75m	\$1.75m	\$1.75m	\$7m
Co-Design a Strategic Framework to embed Cultural Safety in Mental Health Services	\$1m	\$500K	-	-	\$1.5m
Co-design and implement culturally safe programs for teachers to identify and appropriately refer children and families in distress, and co-design education materials for children and youth in mental health, alcohol and drug use, and suicide prevention.	\$10.1m	\$10.1m	\$10.1m	\$10.1m	\$40.4m
Support the implementation of culturally based responses to youth suicide	\$15.5m	\$15.5m	\$15.5m	\$15.5m	\$62m



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(on country programs, connecting with elders, and youth peer to peer mentoring)					
Support the co-design and implementation of culturally based relationship counselling models and services for Aboriginal and Torres Strait Islander youth	\$13.55m	\$13.55m	\$13.55m	\$13.55m	\$54.3m
Co-design and implement culturally safe parenting programs, intensive whole-of-family responses, and healing programs to target the impact of intergenerational trauma and the number of Aboriginal and Torres Strait Islander children in out-of-home care	\$7.73m	\$7.73m	\$7.73m	\$7.73	\$30.9m
<b>Priority Two Total</b>					<b>\$196m</b>
<b>Priority Three: Strengthening system architecture for Aboriginal and Torres Strait Islander peoples</b>					
<b>3.1 Acting on recommendations 8.3 and 22.1 made by the Productivity Commission in its Mental Health Report (2020)</b>					
Action	Y1	Y2	Y3	Y4	Total
Evaluate best practice partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander peoples	\$1m	\$1m	-	-	\$2m
Develop and implement a national monitoring and evaluation strategy and framework based on the Gayaa Dhuwi (Proud Spirit) Declaration	\$1.13m	\$1.13m	\$1.13m	\$1.13m	\$4.5m
<b>3.2 Implementing the Gayaa Dhuwi (Proud Spirit) Declaration as agreed to in the Fifth Plan (2017)</b>					
Action	Y1	Y2	Y3	Y4	Total
Review national accrediting guidelines and education and training standards to identify and harness opportunities to embed	\$1m	\$500K	-	-	\$1.5m



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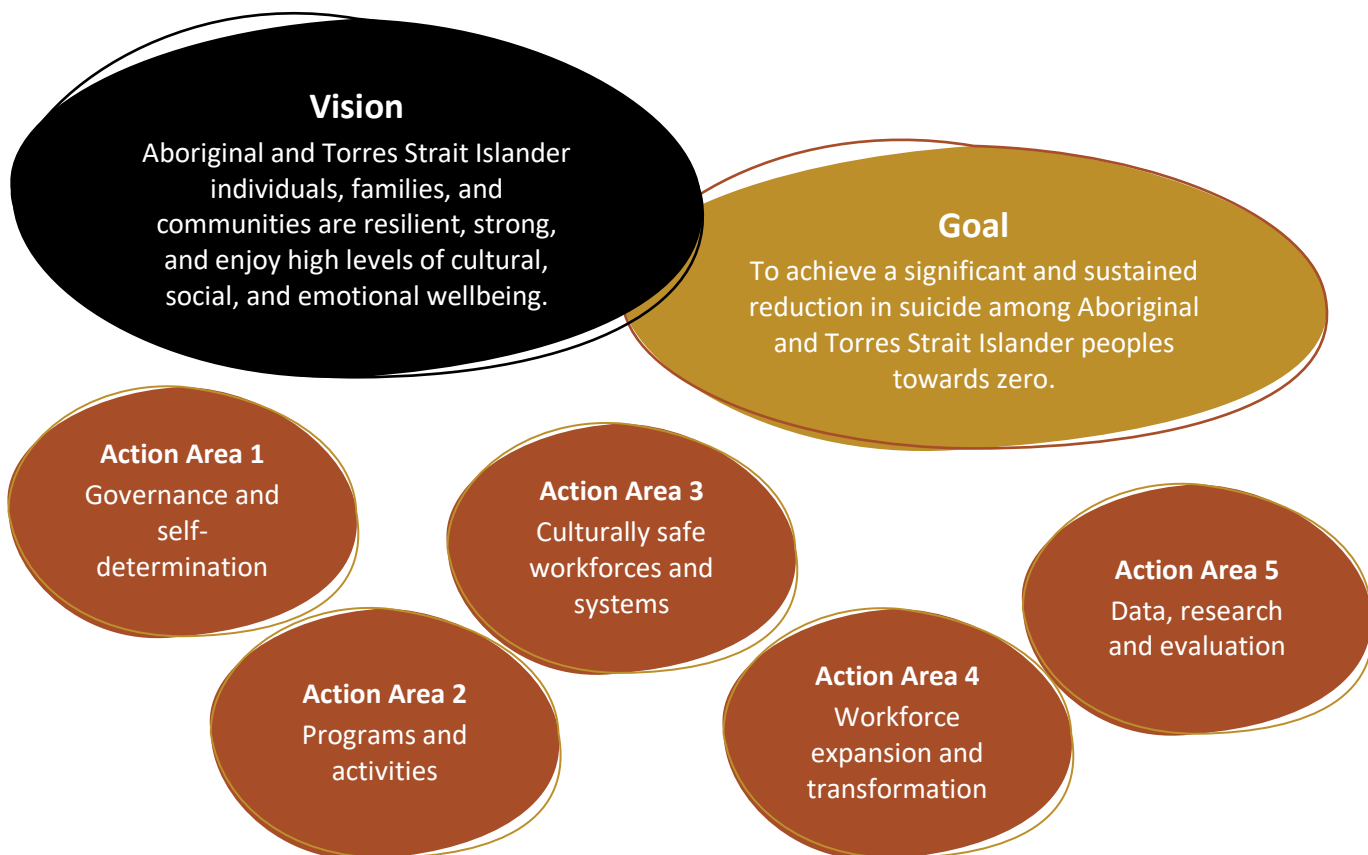
Aboriginal and Torres Strait Islander SEWB and Healing practices in all standards and curriculum					
Review measures that are designed to support Aboriginal and Torres Strait Islander peoples to join, succeed and lead in the mental health workforce to identify best practice to be replicated system-wide	\$1m	\$500K	-	-	\$1.5m
<b>3.3 A dedicated focus on the foundation areas of the National Strategic Framework on Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2017-23 (SEWB Framework)</b>					
Action	Y1	Y2	Y3	Y4	Total
Increasing access to remote learning/ place-based mental health education and training (that COVID-19 has enabled) for Aboriginal and Torres Strait Islander communities to retain individuals and skills within the community	\$1.35m	\$1.35m	\$1.35m	\$1.35m	\$5.4m
Co-designing and developing culturally appropriate indicators to measure SEWB	\$1m	\$500K	-	-	\$1.5m
Co-design regional SEWB models and pathways to provide greater access to SEWB services for Aboriginal and Torres Strait Islander people	\$3.1m	-	-	-	\$3.1m
<b>Priority Three Total</b>					<b>\$19.5m</b>
<b>PRIORITIES 1, 2 and 3 GRAND TOTAL</b>					<b>\$460m</b>





### Appendix 2 – Executive Summary of The Renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS in draft)

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021 – 2031 will guide a national recalibration of Aboriginal and Torres Strait Islander suicide prevention activity. Grounded in five foundational principles, the five integrated action areas strive towards an overarching vision and goal. Each action area is defined by an objective and several high-level strategies.



### Foundational principles





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## NATSISPS Action Areas

**1: Governance and self-determination** - To strengthen Aboriginal and Torres Strait Islander governance and self-determination for suicide prevention across all system and service levels.

- Establish a National Implementation Advisory Committee in consultation with key stakeholders.
- Establish, support and coordinate Aboriginal and Torres Strait Islander led regional suicide prevention networks linked to Aboriginal community-controlled health services.
- Commission suicide prevention and social and emotional wellbeing activities co-designed by Aboriginal and Torres Strait Islander organisations and communities.
- Establish and support a National Aboriginal and Torres Strait Islander Young People's Empowerment and Leadership Forum.
- Establish and support national and regional working groups on suicide prevention planning for priority groups: men, women, LGBTIQ+SB and Stolen Generations.
- Develop, monitor, and evaluate jurisdictional and/or regional suicide prevention plans and strategies in collaboration with communities and Aboriginal community controlled health Affiliates

**2: Programs and activities** - To strengthen Aboriginal and Torres Strait Islander leadership in the development and implementation of community-designed and collaborative suicide prevention programs and activities.

- Co-design and operationalise whole-of-government responses aligned with key areas in the 2020 National Agreement on Closing the Gap priorities and targets.
- Continue to invest in and expand the availability of place-based capability strengthening programs in mental health and suicide prevention for children, young people, families, community members and frontline workers.
- Prioritise culturally safe, SEWB-aligned, and trauma and healing-informed programs and activities that emphasise lived experience connection and sharing, empowerment and healing, and connection with community and culture.
- Develop and implement specific and localised programs and activities for priority groups: men, women, LGBTIQ+SB and Stolen Generations.

**3: Culturally safe workforces and systems** - To increase the cultural safety and trauma- and healing-informed capabilities of workforces and service systems.

- Align cultural safety continuing education requirements with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 and the National Mental Health Workforce Strategy 2021.
- Develop a national strategic approach to embedding cultural safety in mental health services and referral pathways.
- Develop multidisciplinary SEWB and mental health teams, aftercare services, and postvention response capability in ACCHS.
- Invest in culturally safe, SEWB-aligned, trauma- and healing-informed mainstream helplines and internet-based support services.
- Invest in culturally appropriate aftercare services following discharge from mental health services.
- Commission and/or provide services that are informed by regional community-integrated suicide prevention network plans and peer workforce.

**4: Workforce expansion and transformation** - To broaden and transform the mental health and suicide prevention workforce.

- Support implementation of Aboriginal and Torres Strait Islander workforce expansion strategies in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 and the National Mental Health Workforce Strategy 2021.
- Co-design and implement a national traineeship program that encourages and supports Aboriginal and Torres Strait Islander peoples to join the mental health and suicide prevention workforce.
- Co-design and implement initiatives across the system that grow and support traditional, new and emerging roles, such as Lived Experience workers, Cultural Healers, Elders, community advisors and cultural consultants.

**5: Data, research and evaluation** - To create an Aboriginal and Torres Strait Islander governance structure that oversees suicide and self-harm data monitoring, research and evaluation.



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## Appendix 3 – Executive Summary of the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan 2022-2032 (in Draft)

The 10-year Implementation Plan (**Plan**) of the Gayaa Dhuwi (Proud Spirit) Declaration (**Declaration**) promotes Social and Emotional Wellbeing (**SEWB**) and Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of social and emotional wellbeing, mental health, and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

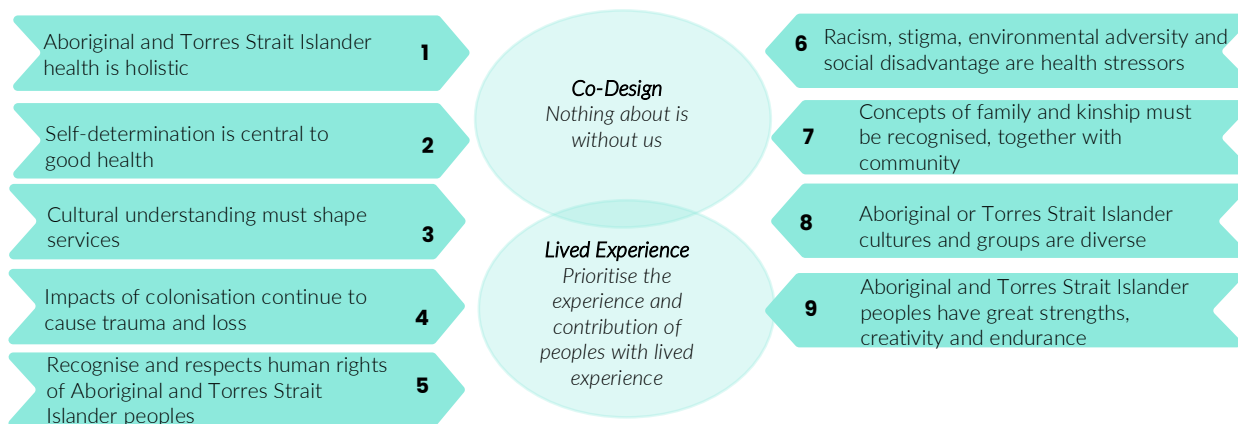
In this ‘best of both worlds’ mental health system, the Declaration and the Plan encourage Australian mental health services and clinicians to recognise and include Aboriginal and Torres Strait Islander traditional and cultural methods as an effective treatment strategy to address social and emotional wellbeing problems in Aboriginal and Torres Strait Islander communities. To support the development of the Plan, 29 workshops were conducted throughout November and December 2021 that included approximately 117 stakeholder representatives from a wide variety of mental health services and locations. The following forms the basis of the workshop findings.

### Pillars

The Declaration and the Plan are founded on the following 5 pillars.

1. Cultural Strength	2. Best Practice	3. Best Evidence	4. Indigenous Leadership	5. Indigenous Influence
SEWB, mental health and healing should be recognised across all parts of the Australian mental health system.	SEWB, mental health and healing combined with clinical perspectives should make the greatest contribution to mental health and suicide prevention outcomes.	SEWB and mental health outcome measures should operate in combination with clinical outcome measures to guide the assessment of mental health and suicide prevention services and programs.	Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system.	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.

### Guiding Principles







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## The Declaration Plan Action Areas

**Pillar 1: Cultural Strength** - SEWB, mental health and healing should be recognised across all parts of the Australian mental health system.

**Outcome 1.1:** Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing are recognised across all parts of the Australian mental health system.

**Outcome 1.2:** The holistic concepts of SEWB, in combination with clinical approaches, guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development, and service and program delivery.

**Outcome 1.3:** Aboriginal and Torres Strait Islander peoples can access affordable and safe programs, services and professionals, free from racism and discrimination.

**Outcome 1.4:** Aboriginal and Torres Strait Islander peoples have access to cultural healers and healing methods across their lifespan.

**This will be achieved by**

- Promoting Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing
- Ensuring Aboriginal and Torres Strait Islander peoples guide and agree to all policy development and service and program delivery
- Requiring non-Indigenous (mainstream) service providers to complete and maintain an annual commitment to cultural safety training
- Introducing a revised Medicare funding model to enable Aboriginal and Torres Strait Islander peoples to access affordable and safe services
- Recognising the role of Cultural Healers for Aboriginal and Torres Strait Islander peoples through legislation and funding models

**Pillar 2: Best Practice** - SEWB, mental health and healing combined with clinical perspectives should make the greatest contribution to mental health and suicide prevention outcomes.

**Outcome 2.1:** All parts of the Australian mental health system are guided by Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing in combination with clinical approaches.

**Outcome 2.2:** All mental health professionals, professional associations, educational institutions and standard-setting bodies that work in mental health (and those in areas related to mental health, particularly suicide prevention) make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.

**This will be achieved by**

- Co-designing and implementing an Aboriginal and Torres Strait Islander Mental Health, SEWB and Healing Optimal Care and Partnership Pathway to support the smooth transition of Aboriginal and Torres Strait Islander peoples between services providers
- Enhancing culturally safe performance across the mental health sector to ensure services are inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples
- Implementing and refining existing Aboriginal and Torres Strait Islander mental health education and qualifications

**Pillar 3: Best Evidence** - SEWB and mental health outcome measures should operate in combination with clinical outcome measures to guide the assessment of mental health and suicide prevention services and programs.

**Outcome 3.1:** The assessment of Aboriginal and Torres Strait Islander peoples is determined by Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing outcomes measures combined with clinical measures in mental health and suicide prevention programs and services.

**Outcome 3.2:** The success of programs and services are led by Aboriginal and Torres Strait Islander peoples and include a combination of Aboriginal and Torres Strait Islander cultural and traditional concepts of SEWB and mental health with mainstream clinical measures.

**This will be achieved by**

- Developing SEWB measurement tools, data sets and reporting mechanisms to support the effective assessment of Aboriginal and Torres Strait Islander mental health and SEWB services.
- Supporting Aboriginal and Torres Strait Islander-led evaluations of SEWB and mental health activities.

**Pillar 4: Indigenous Leadership** - Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system.

**Outcome 4.1:** There is Aboriginal and Torres Strait Islander presence across all parts of the Australian mental health system to ensure it is adapted and accountable to Aboriginal and Torres Strait Islander peoples.

**Outcome 4.2:** Aboriginal and Torres Strait Islander workers are trained, employed, empowered, valued, and culturally safe to lead and work across all parts of the Australian mental health system, including among the professions that work in that system as well as in all areas of government activity that involve the mental health and SEWB of Aboriginal and Torres Strait Islander peoples.

**This will be achieved by:**

- Identifying opportunities to employ Aboriginal and Torres Strait Islander peoples (including those with Lived Experience) in regional mental health services and systems
- Strengthening existing jurisdictional Aboriginal and Torres Strait Islander peak bodies to include workforce advisory groups
- Implementing a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce
- Establishing interdepartmental committees across agencies and portfolios to improve SEWB and cultural safety

**Pillar 5: Indigenous Influence** - 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.

**Outcome 5.1:** Aboriginal and Torres Strait Islander leadership is recognised, valued, and supported across the mental health system.

**Outcome 5.2:** All parts of the mental health system support Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership.

**This will be achieved by:**

- Implementing a national leadership framework and implementation plan for future and current Aboriginal and Torres Strait Islander leaders
- Reviewing and updating existing leadership programs to incorporate Aboriginal and Torres Strait Islander concepts of leadership
- Establishing a professional association of Aboriginal and Torres Strait Islander mental health workers to support networking, knowledge exchange and self-care
- Implementing a national community accountability strategy to support Aboriginal and Torres Strait Islander leaders share knowledge with and be held accountable by Aboriginal and Torres Strait Islander communities