



Lowitja
CONSULTING

Journeys to Healing and Strong Wellbeing

A project conducted by the Lowitja Institute
for the National Mental Health Commission

Final Report – June 2018

Acknowledgements

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- Prof. Pat Dudgeon, Chair, National Aboriginal and Torres Strait Islander Leadership in Mental Health
- Dr Graham Gee, Victorian Aboriginal Health Service
- Ms Lisa Hillan, The Healing Foundation
- Prof. Helen Milroy, National Mental Health Commissioner
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Executive Summary

The Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research, was commissioned by the National Mental Health Commission to conduct research in Aboriginal and Torres Strait Islander mental health. The overall purpose of the project was to identify areas of focus and action that support good mental health among Aboriginal and Torres Strait Islander people on their own terms.

Our findings and recommendations are based advice and guidance from an expert reference group, focus groups and interviews held in Brisbane, Melbourne and Broome, and a workshop with Aboriginal and Torres Strait Islander stakeholders held in Canberra.

We found that a high volume of research about risk and protective factors for mental health and wellbeing has limited potential for translation into effective system and service responses at a community level.

Trauma is a pervasive and complex aspect of the lives of Aboriginal and Torres Strait Islander people, and, inevitably, a part of any conversation about mental health. It operates at an individual, collective and community level, and has historical and contemporary manifestations. We heard that professionals within the sector do not understand the extensiveness and the compounding nature of trauma as experienced Aboriginal and Torres Strait Islander people. We were told that many Aboriginal and Torres Strait Islander people feel that they are potentially re-traumatised because mental health professionals do not have this understanding. The report has identified the need for further analysis of trauma-informed care, what it means for the mental health of Aboriginal and Torres Strait Islander people, and how overarching policy can be developed, and trauma-informed care training and practice can be developed and implemented.

The work highlights the need for healing at the individual and community level. Having well-resourced and culturally safe mental health services, and healing measures – the 'best of both worlds' approach – are vital pathways to healing. Healing as a nation is a political process that will require commitment, listening and leadership on the part of our elected representatives.

Feedback from our consultations found that Australia's mental health system is inadequate to deliver good mental health for Aboriginal and Torres Strait Islander people. Issues such as lack of cultural safety, workforce issues and systemic racism all compromise the system's ability to meet those mental health needs. An insufficient and under-resourced system, together with the need for better designed, from the cultural point of view, mental health services mean that the system cannot meet the demand. The failure of policy – the lack of policy evaluation, unfunded policies – and a mental system in dire need of reform are all significant barriers to the mental health of Aboriginal and Torres Strait Islander people.

The Lowitja Institute has a vision for a mental health system that emphasises wellness rather than illness; a system based on promotion of good mental health and prevention of illness, by addressing 'upstream' determinants and risk factors, and maximising protective factors. This approach aligns with many relevant policy documents including the *National Aboriginal and Torres Strait Islander Health Plan* and the *National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health Framework*.

This report makes 18 recommendations. In terms of priority, the most significant recommendations are those that address gaps within the mental health system that result in a failure to meet the needs of Aboriginal and Torres Strait Islander people. We have identified the need for a systemic approach to trauma-informed care. This is a vital policy reform, if we are to address the pervasiveness of trauma. Equally, there is a great need to develop cultural safety standards across the mental health system. Investment in care navigator roles is critical, in order to support individuals at times of great need – particularly young people – not only through the mental health system but through the services that link more broadly to health and wellbeing. Also, Aboriginal and Torres Strait Islander people have long called for recognition and integration of traditional healers in the mental health and wellbeing of Aboriginal and Torres Strait Islander people.

Some of the gaps in the system need to be investigated by further research, such as work to address better understanding of the role of social, cultural, historical and political determinants, and the role and complexity of risk and protective factors. We have also called for a network of Aboriginal and Torres Strait Islander people, working with National and State and Territory Mental Health Commissions to work, under the guidance of Aboriginal and Torres Strait Islander leadership, on ways to improve service models.

We have identified some actions to ensure the contribution of Aboriginal and Torres Strait Islander people working in the sector is genuinely valued, such as mentor networks, duty-of-care protocols for employers in the sector; retention, recruitment and career progression strategies; and an annual conference.

Finally, some of the recommendations call for the National Mental Health Commission to advocate for further reform of the mental health system.

Our aim with the report is to provide the National Mental Health Commission with a set of recommendations that we believe will provide some practical policy and program solutions to addressing the mental health needs of Aboriginal and Torres Strait Islander people.

The Lowitja Institute

Summary of Recommendations

1. That an appropriate body, for example, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), consider the need for a specific definition of mental health for Aboriginal and Torres Strait Islander peoples and, if a new definition is found to be necessary, lead appropriate consultation on that work.
2. Build a more detailed understanding of the complexity of the interplay of risk and protective factors. This would include:
 - a. the way in which risk and protective factors are shaped throughout the life course of the individual as well as their impacts on families and communities,
 - b. the differences and similarities in risk and protective factors at a local level and those at the regional and national levels,
 - c. which enabling environments promote mental health, trauma recovery and healing, and
 - d. the implications of this for understanding the overall interplay of risk and protective factors.
3. Build this understanding in an efficient and coordinated way through a targeted research agenda that is designed, delivered and translated into policy by Aboriginal and Torres Strait Islander leadership.
 - a. Locate the emerging evidence into the nature and nuances of risk and protective factors through the domains cited in the National Strategic Framework for Aboriginal and Torres Strait Peoples' Mental Health and Social and Emotional Wellbeing.
 - b. Utilise and maximise the work plans of local level partnerships with Communities, ACCHOs, PHNs and LHNs as the main vehicles to design, deliver and translate the research agenda.
4. Undertake further research on understanding and addressing the determinants of Aboriginal and Torres Strait Islander mental health and wellbeing, particularly cultural, historical, and political determinants. Aims of this research should be:
 - a. Build the evidence base that demonstrates and measures ways in which cultural determinants enhance mental health, and how this can be translated into policy and programs
 - b. to inform the development of national policies and frameworks which are yet to recognise and then articulate these determinants in a meaningful way
 - c. Develop a standard approach and plan to shift policy discourse to more strengths-based narratives.
5. Develop an overarching policy and practice in relation to trauma-informed care as it relates to the mental health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. This should include, but not necessarily be limited to:
 - a. review the current state of operating trauma-informed care for Aboriginal and Torres Strait Islander peoples

- b. review relevant terminology and definitions including individual, collective and cumulative trauma, historical and contemporary trauma, and intergenerational trauma
 - c. develop principles for trauma-informed care for Aboriginal and Torres Strait Islander peoples
 - d. design appropriate content for trauma-informed care for Aboriginal and Torres Strait Islander peoples
 - e. ensure that there is a duty of care protocol for all mental health workers dealing with mental health trauma patients
 - f. consider the relationship between trauma-informed care training and cultural competence training
 - g. ensure systemic, organisational and individual processes for trauma-informed care to operate as a standard practice for Aboriginal and Torres Strait Islander mental health patients
 - h. identify the target audience across the mental health workforce for training
 - i. identify resources to implement the above.
6. That mental health bodies and services consider their responses to the *Uluru Statement from the Heart*, and its implications for the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples.
 7. That the Mental Health Commission, in its role as a catalyst for change, advance efforts for mental health policy reform, including:
 - a. the need for all mental health policy frameworks to have clear and accountable implementation plans
 - b. the need for all Aboriginal and Torres Strait Islander mental health and wellbeing programs and outcomes to be evaluated as outlined in Evaluation Frameworks to Improve Aboriginal and Torres Strait Islander Health
 - c. the need for mental health policies to be aligned with appropriate funding.
 8. Drawing on the recent approach and work by nurses and midwives, develop a standard and extend the scope to systems for the delivery of culturally safe practices for Aboriginal and Torres Strait Islander mental health.
 9. Advocate for Productivity Commission review of the extent to which the mental health system meets the needs of Aboriginal and Torres Strait Islander peoples.
 10. In relation to the recognition of the role of traditional healers and Elders, implement the recommendation articulated in the *National Aboriginal and Torres Strait Islander Leadership in Mental health – Co-designing Health in Culture*.
 11. Develop a network to increase mentorship in the mental health sector by encouraging people to engage outside the confines of the workplace.
 12. All mental health services commit to strategies that include the recruitment, retention and career progression of staff who directly contribute to Aboriginal and Torres Strait Islander mental health and wellbeing outcomes, and that these strategies are underpinned by a cultural framework.

13. Host an annual national Aboriginal and Torres Strait Islander mental health conference for Aboriginal and Torres Strait Islander health professionals.
14. Increase investments in Aboriginal and Torres Strait Islander services to provide a higher scale of service provision.
15. Establish and resource a network across the National, State, and Territory Mental Health Commissions, guided by National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH). The network should consider leading the development of an action plan to:
 - a. provide a strong case and support for all mental health services to continuously improve their service model to meet the mental health and wellbeing needs of Aboriginal and Torres Strait people
 - b. monitor the accountability of PHNs and LHNs to deliver services to Aboriginal and Torres Strait Islander people and to work with ACCHOs and Aboriginal and Torres Strait Islander services
 - c. undertake further research and evaluations on mainstream organisations' contributions to health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.
16. Draw on the 'best of both worlds' approach to advocate for a collaborative mapping process at regional levels to share and consider complementary strengths Aboriginal and Torres Strait Islander services and mainstream services.
17. Prioritise the Fifth Mental Health and Suicide Prevention Plan recommendation to invest in care navigator roles to provide integrated care to Aboriginal and Torres Strait Islander clients. Build on this recommendation by extending its scope from more than 'connecting' clients with non-health services to cover 'full continuity' extend beyond health settings.
18. Prioritise the Fifth Mental Health and Suicide Prevention Plan recommendation to enhance health service data collections to improve services for Aboriginal and Torres Strait Islander peoples. Build on this recommendation through a focus on more accurate collection and reporting of service activities, better utilisation of data management systems to their full potential, and by improving data utilisation against key performance indicators.

1. Introduction

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, the Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

The Institute hosts the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC (Lowitja Institute CRC) which is funded by the Australian Government Cooperative Research Centres (CRC) Programme. The history of the Lowitja Institute CRC dates back to 1997 when the first CRC for Aboriginal and Tropical Health was established.

The Institute and the CRC organisations have led, since 1997, a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes. At present, the Lowitja Institute CRC works in partnership with 22 Participants around Australia, including Aboriginal and Torres Strait Islander health organisations; government departments; and academic research institutions.

Project background

The Lowitja Institute was commissioned in June 2017 by the National Mental Health Commission to conduct research in Aboriginal and Torres Strait Islander mental health. The research aims were to identify the key risk and protective factors as they relate to Aboriginal and Torres Strait Islander peoples' experience of trauma and other identified factors, and, using that knowledge to improve the mental health of Aboriginal and Torres Strait Islander peoples.

The overall purpose of the research was to look at areas of focus and actions support good mental health among Aboriginal and Torres Strait Islander people on their own terms.

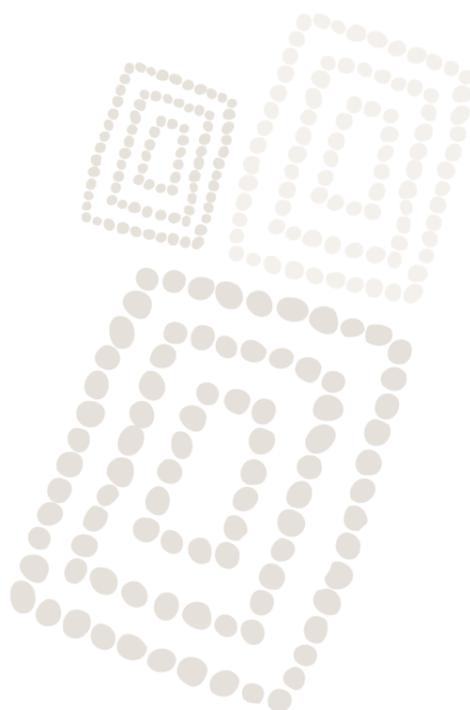
A Reference Group was established to oversee the project. This group consisted of the following members:

- Prof. Pat Dudgeon, National Aboriginal and Torres Strait Islander Leadership in Mental Health
- Dr Graham Gee, Victorian Aboriginal Health Service
- Ms Lisa Hillan, the Healing Foundation
- Prof. Helen Milroy, National Mental Health Commissioner
- Prof. Ngiare Brown, National Mental Health Commissioner
- Ms Tania Dalton, Australian Indigenous Psychologists Association
- Mr Romlie Mokak, The Lowitja Institute (Chair).

The project used qualitative data collection methods that drew on multiple sources to ensure that the approach built on previous research and reflected the knowledge and experience of key stakeholders while privileging Aboriginal and Torres Strait Islander voices. The research design included focus groups and semi-structured interviews held in Brisbane, Melbourne and Broome, as well as a stakeholder workshop in Canberra to test emerging themes and preliminary findings.

The purpose of the focus groups was to hear from Aboriginal and Torres Strait Islander people who have experienced the impacts of trauma to confirm understandings on how they experience good mental health and ways that trauma impacts on their lives. In addition to these focus groups, semi-structured interviews were held with members of the Aboriginal and Torres Strait Islander mental health workforce and experts from the mental health sector.

This research received ethics approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies Human Research Ethics Committee, St Vincent’s Hospital (Victoria) Human Research Ethics Committee, and the Western Australian Aboriginal Health Ethics Committee.



2. Key Terms and Definitions

Even with good social and emotional wellbeing, individuals can still experience an episode of mental health difficulty or illness and in the presence of a long-term mental health condition, can still achieve an adequate level of social and emotional wellbeing.¹

Defining Aboriginal and Torres Strait Islander health

Our research confirmed that an all-encompassing definition of Aboriginal and Torres Strait Islander mental health is absent from the health landscape. There are, however, several definitions that seem to include mental health as a component towards defining overall social and emotional wellbeing. We reviewed concepts such as mental illnesses, and social and emotional wellbeing amongst Aboriginal and Torres Strait Islander communities¹ and found three key definitions of Aboriginal and Torres Strait Islander Health. These are outlined below.

- 1. National Aboriginal Health Strategy:** *Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community.*²
- 2. Ways Forward report:** *Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total wellbeing of their communities.*³
- 3. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing:** *Social and emotional wellbeing problems are distinct from mental health problems and mental illness, although they can interact with and influence each other. Even with good social and emotional wellbeing, people can still experience mental illness. Further, people with a mental health problem or mental illness can live and function at a high level with adequate support and they continue to have social and emotional wellbeing needs.*⁴

The National Aboriginal Health Strategy (NAHS) definition of health is widely regarded, however, the inclusion of mental health is unspecified. Although NAHS provides a widely accepted definition of health, it could be strengthened by capturing the complexities of mental health. The landmark 1995 *Ways Forward* report was the first national analysis of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing and expanded on the NAHS definition of health through a holistic focus. More recently, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*⁵ specifically addressed the complexities of mental health and social and emotional wellbeing.

1 Department of Health and Ageing, 2004, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009*, Commonwealth of Australia, Canberra, page 8

2 National Aboriginal Health Strategy Working Party, 1989, *A National Aboriginal Health Strategy*, Canberra.

3 Swan P, Raphael B, National Aboriginal Community Controlled Health Organisation, 1995, *Ways forward: National consultancy report on Aboriginal and Torres Strait Islander mental health*, Australian Government Publishing Service, Canberra

4 Commonwealth of Australia, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, Department of the Prime Minister and Cabinet, Canberra, page 9

5 Ibid

Historically, the mental health of Aboriginal and Torres Strait Islander people has often been considered within the broad context of social and emotional wellbeing. Further, mental health is viewed by Aboriginal and Torres Strait Islander people within the broader historical and political context. When social, cultural, historical and political determinants are out of alignment mental illness is more likely occur. The NAHS and *Ways Forward* definitions were instrumental in establishing an articulation of understandings of Aboriginal and Torres Strait Islander health, as distinct from other definitions. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing highlights that strong social and emotional wellbeing can still be experienced simultaneously with mental illness – highlighting the difference between wellbeing and mental health.⁶

This review of definitions reveals the absence of a specific definition of Aboriginal and Torres Strait Islander mental health. It is, however, beyond the scope of this work to consider whether a specific definition is necessary, and if so, what that definition would be.

Recommendation:

1. That an appropriate body, for example, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), consider the need for a specific definition of mental health for Aboriginal and Torres Strait Islander peoples and, if a new definition is found to be necessary, lead appropriate consultation on that work.

⁶ Ibid

3. Risk and Protective Factors for Mental Health and Wellbeing

Understanding the risk and protective factors around Aboriginal and Torres Strait Islander peoples' mental health and wellbeing is central to cross sectoral approaches to improving outcomes. It is critically important to understand these factors as they operate at the individual, community, service and systems levels, and have relevance across a broad spectrum of sectors and agencies. Risk and protective factors inform what health professionals and frontline workers need to know, what type of trauma-informed responses and service models will work best, and the scope of prevention approaches that are needed. The importance of risk and protective factors is also reflected in the extensive volume of research, policies and frameworks on the matter.

To recognise and respond to the dynamic and complex nature of risk and protective factors for trauma and healing, a solid foundation within a conceptual framework should be adopted in the first instance. Following this, a targeted research agenda is needed to design, deliver and translate more detailed evidence across government portfolios, sectors, communities and organisations. This section provides a summary of existing knowledge on risk and protective factors and the extent to which this was reflected in our consultations. Additionally, it highlights gaps in the evidence and suggests ways that this could be addressed.

What we know about risk and protective factors

There is a significant volume of research and reports on the risk and protective factors for Aboriginal and Torres Strait Islander peoples' mental health and wellbeing. Protective factors strengthen positive mental health and wellbeing in times of adversity while risk factors are detrimental to maintaining wellbeing and positive mental health.

The extent of some key risk and protective factors are outlined below and are based on data from the 2014–15 National Aboriginal and Torres Strait Islander Social Survey.⁷

- 50 per cent of Aboriginal and Torres Strait Islander peoples with a mental health condition had been removed, or have had relatives removed, from their natural family
- 60 per cent of Aboriginal and Torres Strait Islander peoples with a mental health condition were likely to have experienced high or very high psychological distress levels
- 23 per cent of Aboriginal and Torres Strait Islander peoples with a mental health condition experienced problems accessing health services
- 44 per cent of Aboriginal and Torres Strait Islander peoples with a mental health condition had experienced racial discrimination in the last 12 months.

The data above is part of a wider body of evidence that also highlights access to cultural activities, having a strong individual and cultural identity, and good family relationships as protective factors for positive mental health outcomes.⁸ Key risk factors for Aboriginal and Torres Strait Islander peoples' mental health and wellbeing are racism, disconnection with family and community, family violence and lateral violence.⁹

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing serves as an effective foundation to contextualise these factors.¹⁰ The domains from this framework and a summary of the associated risk and protective factors is provided on the following page.

⁷ Australian Bureau of Statistics, 2015, The National Aboriginal and Torres Strait Islander Social Survey. Accessed 26 June 2018 at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/08E3E3C7DA59D676CA2580ED0012B307/\\$File/47140do10.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/08E3E3C7DA59D676CA2580ED0012B307/$File/47140do10.pdf)

⁸ Ibid

⁹ Ibid

¹⁰ Commonwealth of Australia, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, Department of Prime Minister and Cabinet, Canberra, p. 8

Table 1: The Domains of Social and Emotional Wellbeing with Risk and Protective Factors from the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing

Domain	Description	Examples of risk factors	Examples of protective factors
Connection to Body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life.	<ul style="list-style-type: none"> Chronic and communicable diseases Poor diet Smoking 	<ul style="list-style-type: none"> Access to good healthy food Exercise Access to culturally safe, and effective health services
Connection to Mind and Emotions	Mental health – ability to manage thoughts and feelings.	<ul style="list-style-type: none"> Developmental/ cognitive impairments and disability Racism Mental illness Unemployment Trauma 	<ul style="list-style-type: none"> Education Agency: assertiveness, confidence and control over life Strong identity
Connection to Family and Kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.	<ul style="list-style-type: none"> Absence of family members Family violence Child neglect and abuse Children in out-of-home care 	<ul style="list-style-type: none"> Loving, stable accepting and supportive family Adequate income Culturally appropriate family-focused programs and services
Connection to Community	Provides opportunities for individuals and families to connect with each other, support each other and work together.	<ul style="list-style-type: none"> Family feuding Lateral violence Lack of local services Isolation and disengagement from community 	<ul style="list-style-type: none"> Support networks Community controlled services Self-governance
Connection to Culture	Provides a sense of continuity with the past and helps underpin a strong identity.	<ul style="list-style-type: none"> Elders passing on without full opportunities to transmit culture Services that are not culturally safe Languages under threat 	<ul style="list-style-type: none"> Contemporary expressions of culture Attending national and local cultural events Cultural institutions Cultural education
Connection to Country	Connection to Country helps underpin identity and a sense of belonging.	<ul style="list-style-type: none"> Restrictions on access to Country 	<ul style="list-style-type: none"> Time spent on Country
Connection to Spirituality and Ancestors	Spirituality provides a sense of purpose and meaning.	<ul style="list-style-type: none"> No connection to the spiritual dimension of life 	<ul style="list-style-type: none"> Opportunities to attend cultural events and ceremonies Contemporary expressions of spirituality

Next steps for building the knowledge base

There is a solid base of research and reports on risk and protective factors for the mental health of Aboriginal and Torres Strait Islander peoples. The strengths within the current literature on risk and protective factors are:

- there is literature that informs a nuanced narrative of who Aboriginal and Torres Strait Islander people are as peoples, Aboriginal and Torres Strait Islander cultures, communities, resilience, goals and successes
- there is literature that is inclusive of the wider social, structural context and complexities in which Aboriginal and Torres Strait Islander disadvantage occurs
- there is literature that goes beyond measurement of problems and recognises the need to address Aboriginal and Torres Strait Islander priorities and agendas.¹¹

An area where the current research on risk and protective factors is insufficient is the capacity for data disaggregation. The research found that more work is needed to deepen and disaggregate our knowledge and evidence on risk and protective factors because there are times when they can be both, there are life-course differences, and there are differences in the way they interact at the individual and community-level. More direction and guidance is needed for services and systems to tailor their responses to the variances described below.

When protective factors and risk factors overlap

There are these double-edged swords, like when my parents say ‘we come from a family of fighters’. In some ways that gives me strength, but it also makes me feel like I’ve let them down when I feel like I can’t fight anymore. It cuts both ways. Focus group participant

There is a need for a deeper understanding of when protective factors can also be risk factors, and vice versa. Throughout the consultations, we found numerous examples of protective factors – including education, awareness of cultural history, and close relationships with family – can also be detrimental under specific circumstances. As people’s circumstances can vary, for example when people are at different life stages, they may respond to protective and risk factors differently, thus having different needs.

Differences at the collective level

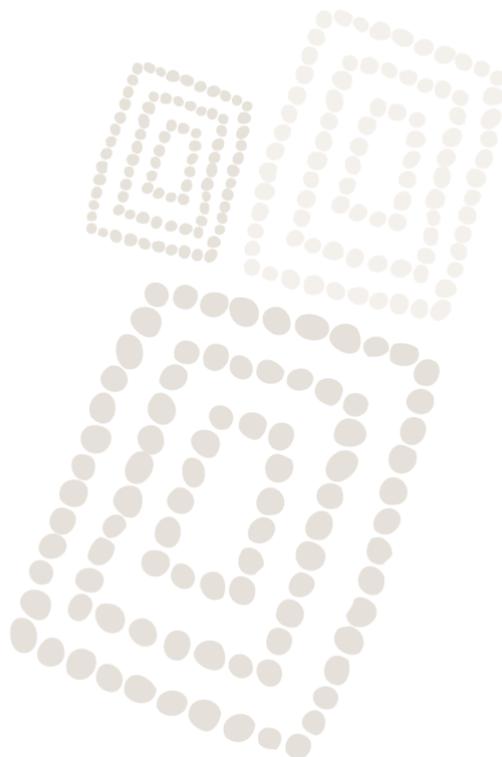
There is emerging research that recognises the way risk and protective factors operate at the collective level. This is a departure from the standard approach which tends to explore risks and protective factors as experienced by individuals. A collective approach is likely to be appropriate for many Aboriginal and Torres Strait Islander communities. The Healing Foundation, for example, applies this by asking ‘what is the trauma story for this community?’ and undertaking Healing Forums for communities that identify the issues that cause disharmony and imbalance in their lives.¹²

¹¹ Walter M, 2018, ‘The Voice of Indigenous Data: Beyond the Markers of Disadvantage’, *First Things First*, Griffith Review, vol. 60, page 256

¹² The Healing Foundation, 2018, *Community Healing*. Accessed on 26 June 2018 at: <http://healingfoundation.org.au/community-healing/healing-strategies/>

Recommendations:

2. Build a more detailed understanding of the complexity of the interplay of risk and protective factors. This would include:
 - a. the way in which risk and protective factors are shaped throughout the life course of the individual as well as their impacts on families and communities,
 - b. the differences and similarities in risk and protective factors at a local level and those at the regional and national levels,
 - c. what enabling environments promote mental health, trauma recovery and healing, and
 - d. the implications of this for understanding the overall interplay of risk and protective factors.
3. Build this understanding in an efficient and coordinated way through a targeted research agenda that is designed, delivered and translated into policy by Aboriginal and Torres Strait Islander leadership.
 - a. Locate the emerging evidence into the nature and nuances of risk and protective factors through the domains cited in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing.
 - b. Utilise and maximise the work plans of local level partnerships with Communities, ACCHOs, PHNs and LHNs as the main vehicles to design, deliver and translate the research agenda.



4. Determinants for Mental Health and Wellbeing

Risk and protective factors can either magnify or reduce the impact of life stressors that stem from inequalities across social, cultural, political, and historical determinants of health. This section provides a brief description of how each of these determinants relate to Aboriginal and Torres Strait Islander people's mental health and wellbeing.

Social determinants

Social determinants are complex and interrelated circumstances of daily life and the broader structures of society.¹³ They operate as a series of processes that can be influenced to reduce risk factors and promote protective factors.¹⁴ For example, to overcome risk factors and maximise the protective factors, people need access to education, secure and safe housing, a stable financial base, safe supportive relationships, and legal advice as well as mental health services. If the processes to achieve these things are absent or inefficient then a person's mental health and wellbeing can be impacted.

Most mainstream conceptions of social determinants of health do not sufficiently recognise the cultural, historical, and political determinants of health for specific population groups. There is also limited evidence on relationship between social factors and the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.¹⁵ Greater recognition of these determinants is of critical importance and separate focus on each of these four determinants is needed to deliver and evaluate more effective policy, systems and service responses.

Cultural determinants

While the term 'social determinants of health' is well defined, researched and accepted as an important aspect of health, the notion of culture as a condition to impact on health is relatively new to public health discourse. The cultural determinants of health are enabled on a more personal basis for Aboriginal and Torres Strait Islander individuals, families and communities.¹⁶ Professor Ngiare Brown describes cultural determinants of health as follows:

Cultural Determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety.¹⁷

The role of culture as a determinant for Aboriginal and Torres Strait Islander people's mental health and wellbeing needs further exploration, particularly in public health discourse in relation to mental health and

¹³ Commission on Social Determinants of Health, 2008, Closing the gap in a generation: Health equity through action on the social determinants of health, Final Report of the Commission on Social Determinants of Health, WHO, Geneva

¹⁴ Zubrick S, Shepherd C, Dudgeon P, Gee G, Paradies Y, Scrine C & Walker R, 2014, 'Social Determinants of Social and Emotional Wellbeing' in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, pp. 93–94; 99-104

¹⁵ Ibid

¹⁶ The Lowitja Institute 2015, *Cultural Determinants Roundtable Background Paper*. Accessed on 26 June at: <https://www.lowitja.org.au/sites/default/files/docs/Cultural-Determinants-Roundtable-Background-Paper.pdf>

¹⁷ Brown N, 2001, *Promoting a social and cultural determinants approach to Aboriginal and Torres Strait Islander Affairs*. Accessed on 26 June 2018 at: http://www.checkup.org.au/icms_docs/183362_Prof_Ngiare_Brown.pdf

wellbeing.¹⁸ Fortunately, there is a developing body of broader international and national knowledge around the link between culture and health. Notably, the Lowitja Institute has commissioned the first national longitudinal study of Aboriginal and Torres Strait Islander wellbeing, *Mayi Kuwayu*.¹⁹ That project will look at how Aboriginal and Torres Strait Islander culture relates to health and wellbeing. This includes how connection to Country, cultural practices, ritual, spirituality and language use impact health and wellbeing outcomes over time.

There is a need to promote the concept and knowledge of cultural determinants to policymakers, particularly in the Australian context. *The National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, identifies the centrality of culture and wellbeing as an important aspect of the health of Aboriginal and Torres Strait Islander peoples. While the acknowledgement of culture in this high-level policy is welcome, the development of an evidence base will clarify the need and ways in which culture should be embedded into Aboriginal and Torres Strait Islander policies, programs and practice.

Political determinants

Parliamentary members, governments and their ministers shape processes that impact the risk and protective factors for mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. The vehicles for doing this are typically through legislative and regulatory frameworks, policies, discourse, and funding arrangements. Below are two examples of political determinants of the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. An additional example regarding the *Uluru Statement from the Heart* is referred to in the section on Healing as a nation on page 26. These examples are a reminder that all political and policy processes should be governed by a principle of non-maleficence. Achieving this will mean overcoming the fragmentation of laws and administrative responsibilities, and patchy and historically discriminatory approaches to the legal recognition of Aboriginal and Torres Strait Islander peoples, as outlined in *Legally Invisible—How Australian Laws Impede Stewardship and Governance for Aboriginal and Torres Strait Islander Health*.²⁰

Northern Territory Emergency Response

In 2007, the then Federal Minister for Families, Community Services and Indigenous Affairs, Mr Mal Brough MP, announced a 'national emergency response to protect Aboriginal children in the NT'. Among the eleven emergency measures to be included in the response were compulsory child health checks and significant welfare reforms.²¹ This was called the Northern Territory Emergency Response (NTER) and the way it was introduced and implemented was anticipated as likely to contribute to the high burden of trauma already carried by Aboriginal and Torres Strait Islander people across generations.²²

The NTER included measures around external leadership, governance, control and compulsory quarantining of income of Aboriginal welfare recipients and the prohibition of certain material. A Health Impact

¹⁸ Anderson I et al., 2004, *Beyond Band-aids – Exploring the Underlying Social Determinants of Aboriginal Health – Papers from the Social Determinants of Aboriginal Health Workshop*, Cooperative Research Centre for Aboriginal Health, Darwin, p. 234

¹⁹ Lovett et al. 'Mayi Kuwayu' – A large-scale longitudinal study of culture in Aboriginal and Torres Strait Islander wellbeing. Accessed 26 June 2018 at: <https://mkstudy.com.au>

²⁰ Howse G, 2011, *Legally Invisible—How Australian Laws Impede Stewardship and Governance for Aboriginal and Torres Strait Islander Health*, The Lowitja Institute, Melbourne

²¹ Brough M, 2007, *National emergency response to protect Aboriginal children in the NT* [media release], Department of Families, Community Services and Indigenous Affairs, Canberra, 21 June. Accessed on 26 June 2018 at: https://formerministers.dss.gov.au/3581/emergency_21june07/

²² Australian Indigenous Doctors' Association and Centre for Health Equity Training, Research and Evaluation, UNSW, 2010, *Health Impact Assessment of the Northern Territory Emergency Response*, AIDA, Canberra

Assessment of the NTER found some community organisations reported a sense of disempowerment and re-traumatisation among affected communities.²³ The Report from this assessment also cites then Associate Professor Helen Milroy advising the Human Rights and Equal Opportunities Commission that:

If the emergency measures in the NT result in further disempowerment or a sense of extreme powerlessness, then this is a re-traumatisation and will have negative consequences on:

- *Mental health including possibly higher rates of depression, stress and anxiety;*
- *Social and emotional wellbeing through increasing anxiety and uncertainty and hence this may precipitate family and community despair and dysfunction, poor or maladaptive coping and contribute to substance use and possible violence as well as loss of trust...²⁴*

The NTER, through the suspension of Part II of the Racial Discrimination Act (prohibition on racial discrimination) was considered a political vehicle that potentially led to profound long-term negative impacts on psychological health, social health and wellbeing and cultural integrity.

Policy discourse

Finally, political determinants can influence the impacts of risk and protective factors through discourse. Policy discourse is often characterised through a deficit focus in the framing of Aboriginal and Torres Strait Islander peoples', their lives, circumstances, and aspirations. One study on how language used by politicians to describe Aboriginal and Torres Strait Islander peoples' impacts on health and wellbeing identified four pervasive policy discourses:

1. competence and capacity of Aboriginal and Torres Strait Islander peoples to 'manage'
2. matters of control of and responsibility for the health of Aboriginal and Torres Strait Islander peoples
3. Aboriginal and Torres Strait Islander peoples as 'other'
4. the nature of the 'problem' concerning the health of Aboriginal and Torres Strait Islander peoples.²⁵

Two recent reports on deficit discourse commissioned by the Lowitja Institute also found evidence that when discourse represents people or groups in terms of deficiency it has an impact on health.^{26 27} One of the two reports from these deficit discourse studies describe this as operating in the following manner:

...Discussions and policy aimed at alleviating disadvantage become so mired in narratives of failure and inferiority that those experiencing the disadvantage are seen as the problem, and a reductionist vision of what is possible becomes pervasive. Operating predominantly from a deficit or 'ill-based' approach provides only one side to a multi-faceted story, and inhibits alternative solutions or opportunities that facilitate growth and thriving.²⁸

²³ Ibid

²⁴ Milroy H, 2007, Ibid

²⁵ Aldrich R, Zwi A & Short S, 2007, Advance Australia Fair: Social democratic and conservative politicians' discourses concerning Aboriginal and Torres Strait Islander Peoples and their health 1972–2001, *Social Science & Medicine*, vol. 64, pp. 125–37. 10.1016/j.socscimed.2006.08.034

²⁶ Fogarty W, Bulloch H, McDonnell S, & Davis M, 2018, *Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy*, The Lowitja Institute, Melbourne

²⁷ Fogarty W, Lovell M, Langenberg J, & Heron M-J, 2018, *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*, The Lowitja Institute, Melbourne

²⁸ Ibid

Further work and research is needed within this expanding field of studies to analyse discourses and representations of Aboriginal and Torres Strait Islander peoples and their mental health and wellbeing.

Historical determinants

Aboriginal and Torres Strait Islander peoples share distinct historical processes that shape the impact of risk and protective factors. The earliest historical event that significantly altered risk and protective factors was colonisation. This brought displacement from Country, institutionalisation, attempts at genocide, denial of identity, abuse, exclusion from mainstream institutions including the right to vote, attend high school or earn fair wages.^{29,30} This is particularly marked for members of the stolen generations and their families and descendants. The relationship between these events and intergenerational trauma is also discussed in the section on intergenerational trauma (see page 21).

A strengths-based frame for describing historical determinants is offered by Zubrick et al (2014). They describe how the establishment of the Federal Council for the Advancement of Aborigines and Torres Strait Islanders in 1958 made way for many more anti-racism and equality campaigns. It is likely that this also contributed to the successful campaign for the 1967 Referendum in which Australians voted overwhelmingly to amend the Constitution to allow the Commonwealth to make laws for Aboriginal people and include them in the census. This milestone in social inclusion and recognition correlated with broader improvements in Aboriginal and Torres Strait Islander socio-economic outcomes and services. Zubrick et al. also states that ‘these outcomes are likely to have provided direct benefits to the social and emotional wellbeing of individuals and communities around the time of the Referendum and indirect benefits over time, coinciding with a stronger push for Indigenous rights in Australia in the ensuing decades’.³¹

Recommendations:

4. Undertake further research on understanding and addressing the determinants of Aboriginal and Torres Strait Islander mental health and wellbeing, particularly cultural, historical, and political determinants. Aims of this research could be:
 - a. Build the evidence base that demonstrates and measures ways in which cultural determinants enhance mental health, and how this can be translated into policy and programs
 - b. to inform the development of national policies and frameworks which are yet to recognise and then articulate these determinants in a meaningful way
 - c. develop a standard approach and plan to shift policy discourse to more strengths-based narratives.

²⁹ Atkinson J, 2013, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, Resource sheet no. 21, produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Melbourne & Australian Institute of Family Studies, Canberra

³⁰ Australian Indigenous Doctors' Association and Centre for Health Equity Training, Research and Evaluation, UNSW, 2010, *Health Impact Assessment of the Northern Territory Emergency Response*, AIDA, Canberra

³¹ Zubrick S, Shepherd C, Dudgeon P, Gee G, Paradies Y, Scrine C & Walker R, 2014, Social Determinants of Social and Emotional Wellbeing, in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, pp. 93–94; 99–104

5. Trauma

Our Country and people have suffered many traumas since colonisation, the magnitude of which is beyond words. Looking through trauma is like being trapped in the back of a mirror, there is no reflection of self. It is like being trapped in darkness, unable to see where to go or what is there, surrounded by 'not knowing', paralysed by fear. Helen Milroy³²

The pervasive nature of trauma

There cannot be a conversation about the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples, without talking about historical and contemporary trauma. This section outlines the context, implications and responses to the nature of trauma. The nature of trauma is important part of understanding the difference between the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples, and that of other Australians. Trauma impacts Aboriginal and Torres Strait Islander people in different, but significant ways. Throughout the consultations, we heard that trauma is pervasive, complex and that it has a compounding effect on mental health. As well as experiencing trauma as an individual, the nature of this trauma has also been intergenerational, cumulative and collective.

Intergenerational trauma

Intergenerational trauma was raised consistently throughout the consultations and research. Aboriginal and Torres Strait Islander peoples have been exposed to generations of trauma through colonisation, dispossession, assimilation, child removal policies, and marginalisation. Owing to past and present government policies, trauma has taken place at the community, family and individual levels. Trauma can be transferred from one generation that have experienced or witnessed traumatic events, to the next generation, potentially leading to a cycle of worsening social, economic and cultural consequences.³³

The Healing Foundation notes that intergenerational trauma is a form of historical trauma that is transmitted across generations. It is the trauma that is transferred from the first generation of survivors that directly experienced or witnessed traumatic events to the second and further generations. Atkinson, Nelson and Atkinson (2010) define intergenerational trauma as 'the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes'.³⁴ Other researchers have suggested that historical trauma can become normalised within a culture because it becomes embedded in the collective, cultural memory of a people and is passed through the generations using the same mechanisms by which culture is generally transmitted.^{35,36}

Compounding trauma

³² Note accompanying artwork 'Restoring Life and Spirits: Recovery from Trauma' by Prof. Helen Milroy, on cover of Report of the Aboriginal & Torres Strait Islander Social Justice Commissioner, 2007. Accessed on 26 June 2018 at:

https://www.humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport07/pdf/sir_2007.pdf

³³ Healing Foundation Submission to Closing the Gap Refresh, p. 7, unpublished, 2018.

³⁴ Atkinson J, Nelson J & Atkinson C, 2010, Trauma, transgenerational transfer and effects on community wellbeing, in Purdie N, Dudgeon P & Walker R (eds), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Australian Institute of Health and Welfare, Canberra, p. 138

³⁵ Duran E & Duran B, 1998, *Native American Postcolonial, Psychology*, State University of New York Press, Albany, NY

³⁶ Healing Foundation, 2013, *Growing our Children up Strong and Deadly: Healing for children and young people*. Accessed on 26 June 2018 at: <https://childdetentionnt.royalcommission.gov.au/submissions/Documents/submissions/Healing-Foundation-Growing-Our-Children-Up-Strong-Deadly.PDF>

In addition to historical circumstances and events, trauma can be further complicated and compounded, and therefore a barrier to mental health and wellbeing, by contemporary events. Higher imprisonment rates, family violence, drug and alcohol issues, compound trauma further for individuals and communities. Lower life expectancy, higher mortality and suicide, morbidity, and incarceration rates, for Aboriginal and Torres Strait Islander people, their families and communities, all contribute to trauma, grief and loss. It is well documented that Aboriginal and Torres Strait Islander people experience significantly high levels of racism, and that racism causes ill health.³⁷ Finally, the marginalisation and isolation that can occur because of the inequity in relation to social and political determinants – such as housing, employment, and education – further compound trauma as a barrier to good mental health.

In addition to the complex nature of trauma, the research also found that trauma can occur not at the level of the individual, but also collectively within families and communities.

The prevalence of trauma in its various forms – individual, intergenerational, cumulative and collective – emerges clearly as a barrier to mental health, and points to the need for policy solutions that can specifically address this need for Aboriginal and Torres Strait Islander peoples.

Trauma-informed policies and trauma-informed care

The need for better trauma-informed care was raised consistently throughout consultations. However, it was clear that the health and mental health system do not currently articulate how it trauma-informed care is delivered. Throughout the consultations, we heard many stories about the system's inability to know, understand or respond to Aboriginal and Torres Strait Islander peoples' experience of trauma. Many consultation participants felt that clinicians, general practitioners and other mental health professionals had little knowledge or understanding of how trauma affects people's lives, their service needs and service usage.

We heard of experiences when professionals' immediate response when hearing the complex stories of trauma was to assign a clinical 'label' to the condition, and that Aboriginal and Torres Strait Islander clients are very unsatisfied with this approach, potentially resulting in further internalisation or re-traumatisation. One Aboriginal health practitioner expressed the following:

Too many people who work in the mental health system don't fully understand Aboriginal and Torres Strait Islander clients; they trivialise our trauma; but our people's trauma needs to be validated... I see it as being like living your life with a lion in the room. You change physiologically; your brain won't go to sleep and your moods go up and down When this happens, your body changes physiologically, and you need your personal space because you need to focus on the lion because you don't know when it will attack you. You either feel like you need to get ready to fight it, or you become frozen in fear.

Another focus group participant felt that the system is 'risk averse' and not set up for Aboriginal and Torres Strait Islander clients. This participant shared an example of a mental health client who was admitted to hospital and was also dealing with a traumatic family matter. The patient was diagnosed and heavily sedated which led the patient to feel that they had been given a label but left in a state in which they were unable to work out and address the cause of their mental health issue. A trauma-informed and culturally competent approach might have achieved an alternative treatment process for this client.

We also heard that in many cases, general practitioners and other health professionals do not make a connection with clients' prior experiences of trauma. One interviewee shared the following perspective:

³⁷ Ferdinand A, Paradies Y & Kelaher M, 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne

If a patient presents with pain management to an Aboriginal health service, that service would be more likely to ask, 'is there a story here behind the physical pain?', whereas a mainstream GP may not be adequately informed to ask that question.

A standard approach to trauma-informed care for Aboriginal and Torres Strait Islander clients would be more appropriate.

The research and consultations highlighted the need for a review of trauma-informed policy and practice, and the development of an overarching policy and practice framework for trauma-informed care and services specific to the mental health needs for Aboriginal and Torres Strait Islander peoples. This need has also been identified in a paper written for the Closing the Gap Clearing House by Professor Judy Atkinson, *Trauma-informed services and trauma-specific care for Indigenous Australian children*.³⁸ We note also that there have been calls from the Mental Health Coordinating Council and Blue Knot Foundation³⁹ for such a reform in the broader mental health system.

The relationship between trauma-informed care and cultural safety

Cultural safety is a set of behaviours, attitudes, and policies that enables professionals, services, and systems to deliver effective health services for Aboriginal and Torres Strait Islander peoples (for a more detailed description see the Cultural safety section on page 29). Cultural safety requires a sustained focus on knowledge, awareness, behavior, skills and attitudes at all levels of service, including at the operational or administrative service level, health practitioner level, practitioner-client level and student-training level.⁴⁰

Given that both cultural safety and trauma-informed care are about having a specialised knowledge of Aboriginal and Torres Strait Islander clients, there is a question as to whether trauma-informed care could be a sub-category of cultural competence/safety training for professionals delivering mental health services for Aboriginal and Torres Strait Islander people.

The research and consultations have indicated clearly that trauma is a barrier to Aboriginal and Torres Strait Islander peoples' good mental health. We note that there are protocols and resources assigned to major physical trauma in Australia, and that we are fortunate to have world-class trauma systems in place.⁴¹ The research highlights the need for a more focused policy direction to enable understanding and addressing mental health trauma for Aboriginal and Torres Strait Islander peoples.

³⁸ Atkinson J, 2013, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, Resource Sheet 21, Closing the Gap Clearing House, Canberra, p. 16

³⁹ See Mental Health Coordinating website. Viewed on 26 June 2018 at: <http://www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/trauma-informed-care-and-practice-a-national-strategic-direction.aspx>

⁴⁰ Bainbridge R, McCalman J, Clifford A & Tsey K, 2015, *Cultural competency in the delivery of health services for Indigenous people*, Closing the Gap Clearinghouse, Canberra

⁴¹ Trauma Victoria, Victorian State Trauma System. Accessed on 26 June 2018 at: <https://trauma.reach.vic.gov.au/guidelines/victorian-trauma-system/introduction>

Recommendations

5. Develop an overarching policy and practice in relation to trauma-informed care as it relates to the mental health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. This would include, but not necessarily be limited to the following actions:
 - a. Review the current state of trauma-informed care for Aboriginal and Torres Strait Islander peoples
 - b. Review relevant terminology and definitions including individual, collective and cumulative trauma, historical and contemporary trauma, and intergenerational trauma
 - c. Develop principles for trauma-informed care for Aboriginal and Torres Strait Islander peoples
 - d. Design appropriate content for trauma-informed care for Aboriginal and Torres Strait Islander peoples
 - e. Ensure there is a duty of care protocol for all mental health workers in relation to supporting Aboriginal and Torres Strait Islander clients
 - f. Consider the relationship between trauma-informed care training and cultural competence training
 - g. Ensure systemic, organisational and individual mechanisms for trauma-informed care to operate as a standard practice for Aboriginal and Torres Strait Islander clients
 - h. Identify of the primary target audiences for trauma-informed training across the mental health workforce
 - i. Identify resources to implement the above.

6. Healing

Healing needs to occur for individuals, for communities and for Australia as a nation. Healing refers to the process by which people come to a stronger sense of self-identity and connection and through this are able to better address the distress that they experience and to change how their ability to interact. Healing involves a holistic and ongoing approach that is deeply rooted in culture and addresses physical, social, emotional, mental, environmental and spiritual wellbeing.⁴² During consultations we heard that healing is ‘a new ending to an old story’. We heard that there is a need, at the level of policy and program development, for a greater understanding of why healing is important, what healing is for Aboriginal and Torres Strait Islander peoples, how it manifests itself, and what is required for healing to be achieved. We also heard that there is a need for more healing-specific programs.

While evidence from overseas studies has been available for some time,⁴³ work has commenced relatively recently in Australia⁴⁴ to obtain evidence of the link between culture and health. Such evidence will be valuable in identifying the role of culture in promoting healing. We note also, the Healing Foundation’s *Four Pillars of Recovery: Safety, Identity, Re-connection and Trauma Awareness*, and that these principles are important for healing-based approaches to programs for Aboriginal and Torres Strait Islander peoples.

Healing for Aboriginal and Torres Strait Islander peoples requires a structured and resourced policy response, and both clinical and cultural responses, in terms of prevention, treatment and ongoing care. Trauma-informed care should be embedded in each of these responses.

Finally, it is important to achieve the right balance of clinical and cultural approaches to healing for Aboriginal and Torres Strait Islander peoples’ mental health and wellbeing. This means having access to culturally competent clinical services, for there to be appreciation of the role of culture in healing, and for the system to allow both of these approaches to work effectively together. This approach is also in line with the *Gayaa Dhuwi (Proud Spirit) Declaration* which is about embedding Aboriginal and Torres Strait Islander leadership within the mental health system to ensure ‘the best of both world’ approaches.⁴⁵

What would success look like?

While it is beyond the scope of this work to determine or measure what an appropriately healed community would look like, it is an important area for further investigation. Wellbeing will mean different things to individuals and communities. An example of a community level response to this question is the study *Community wellbeing from the ground up: A Yawuru example*.⁴⁶ This study sought to understand wellbeing in the context of Yawuru culture, the historical and contemporary challenges faced by its people, and its strengths and capabilities. The Yawuru example demonstrates the importance of Aboriginal and Torres Strait Islander participation to ensure that the findings and outcomes are meaningful not only for

⁴² Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009, *Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation*, Commonwealth of Australia, Canberra

⁴³ Chandler M J & Lalonde C E, 1998, Cultural continuity as a hedge against suicide in Canada’s First Nations, *Transcultural Psychiatry*, vol. 35, pp. 191–219

⁴⁴ Lovett et al 'Mayi Kuwayu' – A large-scale longitudinal study of culture in Aboriginal and Torres Strait Islander wellbeing. Accessed 26 June 2018 at: <https://mkstudy.com.au>

⁴⁵ National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2017, *Health in Culture – Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide*, National Centre for Indigenous Excellence, Sydney

⁴⁶ Yap M, Yu E, 2016, *Community wellbeing from the ground up: A Yawuru example*, Bankwest Curtin Economics Centre Research, Curtin University, Perth

policymakers but also for communities to set their own development agenda and inform their planning needs.

Defining success, strengths and aspirations needs to happen at a community level to contribute to a clearer understanding of community wellbeing. This will enable policies to be better informed by local aspirations and more responsive to contextual and historical particularities which makes the experience of wellbeing unique for the community involved.⁴⁷ Although the Yawuru study does not have a risk and protective factor frame, future similar studies may benefit from taking such a perspective, given that risk and protective factors, and possibly also other social, cultural, historical and political determinants, will vary according to local and community circumstances.

Healing as a nation

Recent initiatives to recognise the rightful place of Aboriginal and Torres Strait Islander peoples in the Australian Constitution were a promising step that may have contributed towards a unified and healed nation. Aboriginal and Torres Strait Islander people participated, with much hope and goodwill, in community consultations held around Australia which culminated in the *Uluru Statement from the Heart*.⁴⁸ *The Uluru Statement from the Heart* offered great potential to heal the deep wounds that affect health, including mental health outcomes.

The overwhelming need for healing sits within the historical context of the colonisation of Australia and its consequential dispossession and marginalisation of Aboriginal and Torres Strait Islander peoples. The 2008 National Apology by then Prime Minister Kevin Rudd MP⁴⁹ was a powerful gesture of acknowledgement, listening and promise. It was most certainly a moment of healing. However, moving beyond the Apology is a real way required sustained political commitment to Aboriginal and Torres Strait Islander health and wellbeing. The recent rejection of the *Uluru Statement from the Heart*^{50, 51, 52} has reinforced a common held view that the empowerment, health and wellbeing of Aboriginal and Torres Strait Islander people are often subject to political transactions and electoral pressures.

This leaves unresolved, the potential for Australia to reconcile with its past and to heal as a nation. This lack of resolve also impacts on the lives, the psyche, and the mental health, of Aboriginal and Torres Strait Islander peoples and communities.

Recommendations:

6. That mental health bodies and services consider their responses to the *Uluru Statement from the Heart*, and its implications for the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples.

⁴⁷ Ibid, p. 101

⁴⁸ Referendum Council, 2017, *Uluru Statement from the Heart*

⁴⁹ Australian Government, 2008, Apology to Australia's Indigenous peoples, 13 February

⁵⁰ Referendum Council, 2017, *ibid*

⁵¹ Prime Minister of Australia, Attorney-General & Minister for Indigenous Affairs, 2017, Response to Referendum Council's Report on Constitutional Recognition, 26 October. Accessed 26 June 2018 at: <https://www.pm.gov.au/media/response-referendum-council's-report-constitutional-recognition>

⁵² ABC News, 2014, Budget 2014: \$534 million cut to Indigenous programs, 16 May. Accessed 26 June 2018 at: [http://www.abc.net.au/news/2014-05-13/budget-2014:-\\$534-cut-to-indigenous-programs-and-health/5451144](http://www.abc.net.au/news/2014-05-13/budget-2014:-$534-cut-to-indigenous-programs-and-health/5451144)

7. Australia's Mental Health System

The research and consultations that inform this report consistently suggested that Australia's mainstream mental health system does not complement the worldviews, and hence the mental health needs of Aboriginal and Torres Strait Islander peoples. Furthermore, we found that more work is needed for the system to sufficiently support responses to underlying causes of mental illness. A key challenge to reforming the system is its complexity, inefficiency and fragmentation, as highlighted by the National Mental Health Commission's Review of Mental Health Programs and Services *Contributing Lives, Thriving Communities*.⁵³ While that report provides solutions including the need for more integrated services, in this section we will outline additional approaches to enable a system of culturally safe and better-quality services.

Policy landscape

An important step in undertaking this research was to review the current relevant policies. Over the period 2013 to 2018 alone, there have been 16 policy documents with strategies to improve Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention. The most relevant policies are set out in Appendix A. The list is not necessarily comprehensive, but its purpose here is to provide an overview of the policy consideration that has been directed to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing. Each of those policy documents have been developed based on consultations with Aboriginal and Torres Strait Islander communities, leaders and experts, together with relevant government agencies and non-government organisations. Given the burden of mental illness, there is a question as to how the consultation and efforts directed toward policy development have resulted in improved mental health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Monitoring and evaluation

It is outside of the scope of this research to analyse which policies have included effective monitoring mechanisms and evaluation.⁵⁴ We would like to make the point, however, that, in order to improve the mental health of Aboriginal and Torres Strait Islander peoples, all policies and programs should undergo transparent and effective evaluation.

The 2013 Productivity commission Report *Better Indigenous Policies: The Role of Evaluation, Roundtable Proceedings*,⁵⁵ noted that evaluations and monitoring should be built into the policy design, and not be seen as an activity that is separate from policy and that starts after policy is developed. Evaluations must also be adequately resourced (including access to key data at policy commencement and conclusion) to properly assess whether there is a logical link between the policy action and the outcome.⁵⁶

⁵³ National Mental Health Commission, 2015, Review of Mental Health Programmes and Services Contributing Lives, Thriving Communities, Commonwealth of Australia, Sydney

⁵⁴ Lowitja Institute research *Evaluation Frameworks to Improve Aboriginal and Torres Strait Islander Health* found the need for much greater transparency in terms of making tenders, evaluation findings and reports available. Accessed on 26 June at: <https://www.lowitja.org.au/lowitja-publishing/I057>. See footnote 57.

⁵⁵ Productivity Commission, 2013, *Better Indigenous Policies: The Role of Evaluation*, Roundtable Proceedings, Productivity Commission, Canberra

⁵⁶ Productivity Commission, 2013, *Better Indigenous Policies: The Role of Evaluation*, Roundtable Proceedings, Productivity Commission, Canberra, p. 107

In 2017, Lowitja Institute commissioned the research project *An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health*.⁵⁷ This research outlines a framework of principles and makes recommendations in relation to the evaluation of health programs for Aboriginal and Torres Strait Islander peoples. These principles and recommendations apply equally to mental health programs and policies.

Policy failure

We note that there was an absence of a mental health framework for Aboriginal and Torres Strait Islander peoples for the period 2008–2015. Also, there is no official implementation plan for the National Aboriginal and Torres Strait Islander Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023. The 2018 Close the Gap Campaign Report⁵⁸ recommends that an implementation plan be developed, costed and implemented.

Overall, policymakers make some efforts to engage communities, leaders and experts who are consulted in the development of policies, however, this often results in policy outputs that are variable in effectiveness. While such health policies may identify a generally agreed and theoretical solution to health issues, policies often fail because these approaches are not always costed and funded. Consequently, policy approaches remain largely theoretical, because they are not supported with appropriate resourcing for effective implementation. This is no better evidenced than in Aboriginal and Torres Strait Islander affairs, for example, than the lack of implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody.⁵⁹

Policy development also sits within the scope of the Australian mental health system, and these matters are discussed below.

Recommendations:

7. That the Mental Health Commission, in its role as a catalyst for change, advance efforts for mental health policy reform, including:
 - a. the need for all mental health policy frameworks to have clear and accountable implementation plans
 - b. the need for all Aboriginal and Torres Strait Islander mental health and wellbeing programs and outcomes to be evaluated as outlined in *Evaluation Frameworks to Improve Aboriginal and Torres Strait Islander Health*
 - c. the need for mental health policies to be aligned with appropriate funding.

⁵⁷ Kelaher M, Luke J, Ferdinand A, Chamravi D, Ewen S, & Paradies Y, 2018, *An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health*, The Lowitja Institute, Melbourne

⁵⁸ Close the Gap, 2018, *A Ten-year Review: The Closing the Gap Strategy and Recommendations for Reset*, Close the Gap Campaign Steering Committee, Sydney, p. 4

⁵⁹ Australia, Royal Commission into Aboriginal Deaths in Custody & Wootten J H, 1990, *Report on Preliminary Investigation into the Death of Paul Pryor*, Government Printer, Melbourne

Cultural safety

Much of the consultation feedback focused on the need for greater and more consistent cultural safety in the delivery of mental health treatment and services for Aboriginal and Torres Strait Islander peoples. It is important to distinguish the difference between cultural competence and cultural safety. One can be seen to operate at the practitioner level (their competence), and the other seen from the patient's perspective (how safe patients feel as a result of that competence and other factors).⁶⁰ This difference is summarised below:

What is cultural competence? Cultural competence is skills, behaviors that are informed by attitudes, and policies that come together in among professionals and enables professionals to work effectively in cross-cultural situations.

What does it mean at a systems and services level? Cultural competence is translation of knowledge about individuals and groups of people into specific practices that increase the quality of health services; thereby producing better system, service and health outcomes.

Why is it important for the system? Cultural competence is an important vehicle to increasing access to practitioners and staff that provide quality care for all patient populations, by tailoring delivery to meet patients' social, cultural, and linguistic needs.

How does it differ from cultural safety? Cultural Safety is broader and focuses on the interpretations and experiences of the recipient of care, which is partially (but not completely) shaped by the practitioners and staff. It involves the effective care of a person or family through a service and/or system-wide approach.

Throughout our research and consultations, Aboriginal and Torres Strait Islander clients' cultural safety – or lack thereof – was seen as a key barrier to better mental health and wellbeing. Overwhelmingly, consultation participants felt that the mainstream mental health system does not recognise the importance of strong culture and identity, and what that means for the mental health and wellbeing needs of Aboriginal and Torres Strait Islander people and communities. This is highlighted in the view of a focus group participant who said

A lot of people used to say 'why do you tell people you're Indigenous? You could get away with it if you didn't'. They think that if you say you're Indigenous, you get all the bad labels that come with it. They have that deficit focus.

Both the frontline and the supporting workforce that delivers mental health treatment and services must be committed to the cultural safety of Aboriginal and Torres Strait Islander clients. All health professionals, including mental health, need to understand that they cannot deliver a competent service if they do not understand or don't effectively to clients. Understanding the historical and contemporary circumstances of Aboriginal and Torres Strait Islander peoples is an important part of that professional capability.

A systematic approach is needed to build the knowledge and skills of the workforce to implement both cultural competence and cultural safety for those providing for the mental health needs of Aboriginal and Torres Strait Islander peoples. In terms of cultural competence, we know that occasional cultural awareness training by mental health professionals and service providers is not enough in itself, nor is there a one-size-fits-all approach. What it does require is a reflective, committed and ongoing coordinated effort guided by

⁶⁰ Australian Indigenous Doctors Association & Royal Australian College of Physicians, 2004, *An Introduction to Cultural Competency*. Accessed 26 June 2018 at: <https://www.racp.edu.au/docs/default-source/advocacy-library/an-introduction-to-cultural-competency.pdf>

relevant Aboriginal and Torres Strait Islander mental health leadership. This should also be considered in parallel with efforts to deliver trauma-informed care training (see also Trauma-informed policies and trauma-informed care on page 22).

This is also an important consideration for the implementation of Priority Four of the *Fifth National Mental Health and Suicide Prevention Plan*.⁶¹ It is vital that all Primary Health Networks (PHNs), which have the responsibility of overseeing the mental health services under that Plan, take specific steps to ensure cultural competence at the organisational and service level, to ensure cultural safety for their Aboriginal and Torres Strait Islander clients.

Racism and the mental health system

Throughout our consultations, there were numerous accounts of individuals experiencing or witnessing racism within the mental health system and the health system more broadly. One member of the mental health workforce shared the following experience:

There was an incident when an Indigenous man died. He was an outstanding man, but a staff member said, 'he's just a blackfella anyway'. There was another staff member who also heard this. She said to me 'What are you going to do?'. 'I said that we just need to wear it'. The racism is constant. Sometimes the only thing we can do [as Aboriginal and Torres Strait Islander workers] is to be there and break the divide.

Cultural safety training may go some way toward more actions that address and reduce racism, but an effective systems solution will require more than cultural safety focus and training. A critical first step is to understand and acknowledge Aboriginal and Torres Strait Islander peoples' experience of racism. This includes personal racism in day-to-day settings,⁶² as well as institutional racism which occurs in settings such as the health system, the education system, and the general polity.⁶³ Research undertaken by the Lowitja Institute found that there is a correlation between racism and high or very high levels of psychological distress.⁶⁴

The *National Aboriginal and Torres Strait Islander Health Plan* articulates a vision of an Australian health system that is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.⁶⁵ The 2017 Commonwealth Department of Health report, *My Life, My Lead*,⁶⁶ was also based on consultations with Aboriginal and Torres Strait Islander people across Australia and acknowledges that, from a systems lens, government programs and policies must acknowledge and respond to the impact of racism in the health system. It reiterates the government's agreement to embed cultural respect and responsiveness across all health systems through the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*. These are all important mechanisms to address racism at the broad systemic level and should equally apply to mental health system responses to the needs of Aboriginal and Torres Strait Islander peoples.

The *My Life My Lead*⁶⁷ Report acknowledges that

⁶¹ Department of Health, 2017, *The Fifth National Mental Health and Suicide Prevention Plan*, Commonwealth of Australia, Canberra

⁶² Ibid

⁶³ Australian Human Rights Commission, 2015, *Freedom from Discrimination: Report on the 40th anniversary of the Racial Discrimination Act*, National Consultation Report, AHRC, Sydney

⁶⁴ Ferdinand A, Paradies Y & Kelaher M 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity Experiences of Racism Survey*, The Lowitja Institute, Melbourne

⁶⁵ Commonwealth of Australia, 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Department of Health, Canberra, p. 7

⁶⁶ Commonwealth of Australia, 2017, *My Life My Lead – Opportunities for strengthening approaches to the social and cultural determinants of Indigenous health: Report on the national consultations*, Department of Health, Canberra

⁶⁷ Ibid, pp. 7–8

- strong connections to culture and family are vital for good health and wellbeing
- best results are achieved through genuine partnerships with communities
- the impacts of trauma on poor health outcomes cannot be ignored
- systemic racism and a lack of cultural capability, cultural safety and cultural
- security remain barriers to health system access.

Based on our research and consultations, we strongly recommend active responses to each of these principles for any systematic approach to improve Aboriginal and Torres Strait Islander mental health and wellbeing outcomes.

Racism should also be addressed at the service and professional levels. Given the disparity in mental illness between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, it would be beneficial for the mental health sector to undertake a review in relation to cultural safety, with aims to achieve the following:

- embed cultural safety into mental health practice
- identify and implement relevant health service standards to support cultural safety
- develop relevant curricula to support cultural safety
- ensure all mental health professionals have access to quality cultural safety training
- ensure all health professional standards consistently support cultural safety.

In 2018, nurse and midwifery bodies collaborated to develop a Code of Conduct for nurses and midwives to provide guidance on how to work in a partnership with Aboriginal and Torres Strait Islander peoples.⁶⁸ A similar targeted initiative would help to deliver more culturally safe mental health and wellbeing services to deliver better outcomes for Aboriginal and Torres Strait Islander peoples.

Promotion and prevention

Much discussion in consultations focused on the challenges – indeed the crisis – around the overwhelming burden of acute mental health care and the treatment in either primary health care or hospital-based services. It is vital that governments and mental health service systems address the significant need for adequate mental health services and Aboriginal and Torres Strait Islander peoples. This must occur at both the acute level, as well as the prevention and promotion level.

A commitment to a promotion and prevention approach to mental health is a shift in recent policy thinking and political will. It is a long-term approach, the benefits of which will generally exceed electoral and budgetary cycles.⁶⁹

The mainstream mental health system as it currently operates, and as evidenced by feedback to this research and is otherwise well known and well documented, is grossly inadequate to meet the mental health needs of Aboriginal and Torres Strait Islander people. The *Contributing Lives, Thriving Communities*⁷⁰ acknowledges the complexity, inefficiency and fragmentation of the mental health system and raises the question of how much mental health pain, and the consequential human and financial cost, the system is prepared to tolerate.

⁶⁸ Nursing and Midwifery Board of Australia, 2018, Joint Statement. Accessed 26 June 2018 at: <http://www.nursingmidwiferyboard.gov.au/News/2018-03-23-joint-statement.aspx>

⁶⁹ The World Health Organization presented in 2004 a wide range of evidence regarding the cost-effectiveness of mental health promotion and prevention: World Health Organization, 2004, *Prevention of Mental Disorders: effective interventions and policy options: Summary Report*, WHO, Geneva

⁷⁰ Commonwealth of Australia, 2015, National Mental Health Commission's Review of Mental Health Programmes and Services: *Contributing Lives, Thriving Communities*. Accessed 26 June 2018 at: <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>

Funding

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing was an extensive analysis of the mental health needs for Aboriginal and Torres Strait Islander peoples. This is supported by the Fifth National Mental Health and Suicide Prevention Plan, Priority No. 4, and the National Aboriginal and Torres Strait Islander Health Plan. These policies comprehensively outline a policy approach, yet the action areas have not been announced with appropriate funding measure.

Recommendations:

8. Drawing on the recent approach and work by nurses and midwives, develop a standard and extend the scope to systems for the delivery of culturally safe practices for Aboriginal and Torres Strait Islander mental health.
9. Advocate for Productivity Commission review of the extent to which the mental health system meets the needs of Aboriginal and Torres Strait Islander people.

8. Mental Health Workforce

I like having an understanding doctor and seeing the same doctor who has a good relationship with me. I was blown away when I saw an Aboriginal doctor and felt so proud to be Aboriginal with them.

Focus group participant

Throughout this research, we have focused on factors that shape the current mental health workforce, where many Aboriginal and Torres Strait Islander health professionals are on the frontline of care. During consultations with those professionals, we learned about the workplace environment from varying perspectives including, doctors, nurses, psychologists, and health and social workers. Each role provided a nuanced view of the mental health system based on its positionality. We found that while interviewees offered unique perspectives, there were overarching themes of trauma, cultural safety and racism. These overarching themes are reflected in this section of our report.

When using the concept of a mental health and wellbeing workforce we are generally referring to nurses, midwives, allied health professionals, medical practitioners, and Aboriginal and Torres Strait Islander health professionals (including social and emotional wellbeing workers). It is also important to recognise the many skilled Aboriginal and Torres Strait Islander peoples working as part of the Aboriginal and Torres Strait Islander health workforce more broadly, including educators, administrators and researchers who are not directly referred to in this section but must be considered in broader insights, findings and recommendations.

Cultural safety

It makes things much harder when the protective role of culture and identity isn't valued or recognised. Mental Health Professional

Cultural safety is not only important as a protective factor for Aboriginal and Torres Strait Islander clients, it's also critical for Aboriginal and Torres Strait Islander staff in the health and wellbeing workforce. Feeling culturally safe as a staff member is imperative to overcoming cultural power imbalances in the workforce, services, and thereby systems and policies.⁷¹ Cultural safety in workplaces within health and wellbeing settings operates at both an individual and institutional level. For individuals, being culturally safe means working in an environment absent of racism or discrimination. For institutions, being culturally safe means organisational and human resources policies and practices that respond to the cultural values and protocols of Aboriginal and Torres Strait Islander staff, clients and communities.⁷²

Exclusion and racism in the health workforce context

Throughout our consultations, interviewees and focus group participants consistently described accounts of racism in their workplaces. A common thread among those working in the mental health sector was at a systems level, where non-Indigenous policies and practices often fail to align with Aboriginal and Torres Strait Islander worldviews, thus becoming counterproductive to equality in the sector. One example of this is the Australian Psychological Society (APS) Code of Ethics. An Aboriginal and Torres Strait Islander psychologist felt their role was more difficult due to the restrictions placed by the APS and the absence of Aboriginal and Torres Strait Islander practices and principles. Failure to consider Aboriginal and Torres Strait Islander cultural values means that practitioners are unable to safely fulfil their commitments to their role while simultaneously building or maintaining trust with community.

⁷¹ Australian Indigenous Doctors' Association, 2013, Position Paper Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients, AIDA, Canberra

⁷² Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2014, Cultural Safety Position Paper. Accessed 26 June 2018 at: <https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf>

Recognition in formal mainstream structures

We heard that people within the Aboriginal and Torres Strait Islander mental health workforce sometimes struggle to have their skills and knowledge validated. For example, when workers are in role with less positional power, they may find it challenging to advocate for change, even if they have particular knowledge of their clients' background and circumstances, and the experience, skills and relationships to communicate with them. Aboriginal and Torres Strait Islander staff often have critical cultural navigator skills. These skills often go unnoticed and undervalued as they are responding to cultural protocols, obligation and/or norms which can often be unseen or ignored in the first instance.

Currently, Aboriginal and Torres Strait Islander practitioners are regulated under the Australian Health Practitioner Regulation Authority (AHPRA) and are clinically focused around management and treatment. This focus leaves a gap as well as a burden for the Aboriginal Health Workers to undertake the intervention and preventative work with Aboriginal and Torres Strait Islander clients.

Broader supports

Our research and consultations also found common themes around a lack of ongoing support for Aboriginal and Torres Strait Islander health professionals in the mental health sector. Aboriginal and Torres Strait Islander health professionals are working directly with clients who have experienced trauma, and often issues that clients discuss with can be triggering, and sometimes traumatising for both the clients and the professionals. Aboriginal and Torres Strait Islander health professionals also often experience a lack of professional and employer support particularly in relation to follow up care. Providing this care would strengthen the wellbeing of the mental health workforce by addressing and preventing burnout.

The extent of pressure and burnout is exacerbated for those working within the system who are not aware of the underlying causes of a client's trauma. Many interviewees spoke at length about the nature in which trauma is often a veil for something bigger, or entirely different from what shows itself as the initial concern. The skills and expectations required to understand the various ways trauma reveals itself can be confronting for Aboriginal and Torres Strait Islander health professionals. This is particularly true for staff and workers who may also relate personally to the issues being presented by clients and may or may not be equipped to assist in addressing such concerns.

Career pathways into and beyond client-facing work was a consistent theme throughout the consultations. Aboriginal and Torres Strait Islander health professionals expressed the need for accessibility to jobs that enable them to remain working in the mental health sector without solely being client-facing, or at the very least, balancing their frontline work – to avoid or reduce stress, trauma and burnout. The demand on Aboriginal and Torres Strait Islander health professionals is high, but the availability of senior roles beyond client-facing work is limited. The retention of the Aboriginal and Torres Strait Islander workers in the mental health sector a significant policy issue.

Strengthening the workforce

To strengthen the mental health workforce, it is critical that services are culturally safe. Steps towards achieving this can be measured through cultural awareness training and ensuring workplaces are embracing and understanding of the diversity of Aboriginal and Torres Strait Islander identities, and the importance of culture and family. Furthermore, a focus towards supporting Aboriginal and Torres Strait Islander people into leadership roles in the mental health sector can be achieved by nurturing health professionals to progress into alternative roles should they become exhausted from client-facing work.

Community controlled services such as those that were consulted throughout this research, are either completely separate, or collaborate with mainstream services. When attempting to strengthen the workforce, it is especially important to acknowledge the differing and inconsistent practices in the community-controlled and the mainstream sectors. More holistic practices and principles need to be

accepted by mainstream health providers in order to encourage Aboriginal and Torres Strait Islander health professionals to engage more effectively with the those services.

Aboriginal Community Controlled Health Organisations (ACCHOs) are the largest overall employer of Aboriginal and Torres Strait Islander staff (including health professionals and health workers)— which is an estimated 6,000 staff Australia-wide.⁷³ In consultations with Aboriginal and Torres Strait Islander health professionals we learned that there is a strong need for a safe space where those professionals can get together and discuss their work with others in similar roles. Many were seeking a platform to encourage mentorship in the mental health sector that enables professionals and encourages learning outside the confines of individual workplaces.

Finally, our research demonstrated that ongoing support and follow-up care for Aboriginal and Torres Strait Islander health professionals would strengthen the mental health workforce by providing greater protection, resulting in lower burnout rates. We recommend that support for Aboriginal and Torres Strait Islander mental health professionals should be a priority.

Traditional healers

We also heard that Aboriginal and Torres Strait Islander people want greater access to traditional healers in the mental health services available to them. This is also supported in the *Fifth National Mental Health and Suicide Prevention Plan*,⁷⁴ and is a key strategy in the *National Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing*.⁷⁵ In particular, the 2017 document *National Aboriginal and Torres Strait Islander Leadership in Mental health – Co-designing Health in Culture*⁷⁶ leads the thinking in relation to recognising traditional healers. This research supports the recommendations that are outlined in that report, particularly those in relation to recognition of traditional healers

We note that the Specialist Aboriginal Mental Health Service in Perth WA, has designed a system which incorporates cultural integrity using strategies including brokering of Elders, and traditional healers to participate in particular clinical cases.⁷⁷

Recommendations:

10. In relation to the recognition of the role of traditional healers and Elders, implement the recommendation articulated in the National Aboriginal and Torres Strait Islander Leadership in Mental health – Co-designing Health in Culture.
11. Develop a network to increase mentorship in the mental health sector by encouraging people to engage outside the confines of the workplace.

⁷³ National Aboriginal Community Controlled Health Service, 2017, *Aboriginal Community Controlled Health Services are more than just another health service — they put Aboriginal health in Aboriginal hands*. Accessed 26 June 2018 at: <http://www.naccho.org.au/wp-content/uploads/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf>

⁷⁴ Commonwealth of Australia, 2017, *The Fifth National Mental Health and Suicide Prevention Plan*, Department of Health, Canberra, p. 30

⁷⁵ Commonwealth of Australia, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*, Department of the Prime Minister and Cabinet, Canberra

⁷⁶ National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2017, *Health in Culture – Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide*, National Centre for Indigenous Excellence, Sydney

⁷⁷ WA Health Government website. Accessed 26 June 2018 at: http://www.nmahsmh.health.wa.gov.au/services/statewide_simhs.cfm

12. All mental health services commit to strategies that include the recruitment, retention and career progression of staff who directly contribute to Aboriginal and Torres Strait Islander mental health and wellbeing outcomes, and that these strategies are underpinned by a cultural framework.
13. Host an annual national Aboriginal and Torres Strait Islander mental health conference for Aboriginal and Torres Strait Islander health professionals.

9. Mental Health Services

The services that directly respond to the mental health and wellbeing needs of Aboriginal and Torres Strait Islander people consist of a mix of Aboriginal and Torres Strait Islander organisations and mainstream services. The extent to which these two service categories work together is highly varied and crosses the full spectrum from being complementary, to being in conflict, to operating in isolation.

Within both these service types is a range of activities that include social and emotional wellbeing services, alcohol and other drug services, and mental health services such as clinical psychology and counselling. They are funded through a range of programs including the Department of Health's Indigenous Australian's Health Programme, Prime Minister and Cabinet's Indigenous Advancement Strategy, and State Mental Health Commission Funding.

Aboriginal and Torres Strait Islander services predominantly incorporate over 150 urban, rural, remote and very remote ACCHOs, initiated by an Aboriginal body elected by its community to deliver holistic and culturally appropriate health services. Regional bodies and/or state and national peak organisations also form an important part of the community-controlled network and play a role in supporting and developing the capacity of ACCHOs, for example through networking services and data activities.

PHNs are a mainstream mechanism that work directly with general practitioners, other primary health care providers, secondary care providers and hospitals to improve coordination of care. PHNs hold a mandate to include coverage of Indigenous health and include specific funding for Aboriginal and Torres Strait Islander mental health services. As such, the relationship between Aboriginal and Torres Strait Islander services and PHNs is critical for improving mental health and wellbeing outcomes.

The scope of service models across mainstream and Aboriginal and Torres Strait Islander services covers, to varying degrees, two main overlapping areas. The first is a comprehensive approach that aims to recognise and respond to the risk and protective factors at the cultural, community and individual level. This may, for example, include parenting support programs, men's and women's groups, accommodation services, early intervention, and/or health promotion programs. The second is a clinical approach that provides care for all major mental health disorders, and the interplay of these with comorbidity and consequences of trauma and grief and substance abuse. This may, for example, include inpatient mental health services and recovery and rehabilitation programs.

This section explores mental health and wellbeing activities and services that are delivered by Aboriginal or Torres Strait Islander organisations. These might include:

- General practitioners
- Registered nurses
- Aboriginal Health Workers
- Midwifery and paediatric care
- Dieticians
- Psychiatry
- Psychology
- Men's, Women's, Elders' Groups
- Healthy Cooking Group
- Fitness programs
- Care and Protection
- Carer Support
- Housing Liaison
- Bringing Them Home counselling
- Substance Misuse Service
- Recovery and rehabilitation service
- Outreach services to Correctional Centres
- Community Days (e.g. NAIDOC, Sorry Day etc.

The following is a summary of feedback from consultations with Aboriginal and Torres Strait Islander participants who have experienced trauma on aspects of service provision that they value:

- Having transport to appointments
- When the doctor comes to your house
- Mental health programs
- When I don't have to repeat my story of trauma
- Family based interventions
- Being in locations where I feel comfortable, like outside
- Traditional healers
- Aboriginal and Torres Strait Islander staff
- Symbolic reinforcements of cultural strength
- Not feeling shame, including for no-shows Longer opening hours
- Ongoing follow up care

The ‘best of both worlds’ approach wherein clinical as well as culturally informed practices are adopted is proposed as the best path forward by Calma et al.⁷⁸ In their *Managing Two Worlds Together* study, Kelly et al (2015) recommend that the following dimensions be considered when providing a service: social and emotional wellbeing; family and community commitments; personal, spiritual and cultural considerations; and physical and biological.⁷⁹ The study suggests that by focusing on culture, family, community and identity, as well as on the physical or mental health factors, a fuller and more encompassing mental health service can be provided.

Strengths of Aboriginal and Torres Strait Islander services

Some key strengths of ACCHOs and other Aboriginal and Torres Strait Islander services lies in their values and relationships with the local community. This means that they are particularly well positioned to deliver culturally informed, comprehensive, community-focused programs. This capacity tends to manifest itself in greater flexibility in service settings, a stronger relationship with community-led initiatives, and more knowledge and mechanisms to deliver tailored services at a community level. Each of these is outlined below:

Flexibility in service settings

In our consultations, flexibility in service settings was confirmed as an important enabler of service effectiveness. There was consistent feedback from consultation participants that Aboriginal and Torres Strait Islander people who have experienced trauma prefer to be in programs and spaces that are not clinical health settings (e.g. outdoors, schools, youth camps etc.).

Relationships to community-led initiatives

Community-led initiatives are less hindered by sector silos and enable strong wellbeing and mental health by incorporating wider understandings of mental health, including the social causation factors. One example of this is the *Healthy Country, Healthy People* project which addresses the impacts of climate change and responds to the premise that caring for the community’s land can have positive effects on the mental health of individuals.⁸⁰

Community-led approaches that place primary health care in a supporting role to other sectors (such as justice, education, and out of home care) are particularly important in the prevention, promotion and early intervention stages. These are stonger conditions to provide more integrated assistance for people who may want in navigating the mental health system. One suggestion received during our consultations was for a systems navigator role:

Sometimes thinking about your mental health and wellbeing can be a challenge when you’re dealing with other more practical issues around the impacts of trauma, for example police and child protection. It would be good for those people to have a central support person who is by your side every step of the way – and that person must be Aboriginal. Focus group participant

This type of navigator role could be implemented once any risk factor (e.g. housing, out-of-home care, justice) reached crisis point, and would require a multi-sectoral response that could operate from a range

⁷⁸ Calma T, Dudgeon P & Bray A, 2017, Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health, *Australian Psychologist*, vol. 52, no. 4, 01.08.2017, pp. 255–260

⁷⁹ Kelly J, Dwyer J, Pekarsky B, Mackean T, McCabe N, Wiseman J, de Crespigny C, & O’Donnell K, 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys— Workbook* (Version 1), The Lowitja Institute, Melbourne

⁸⁰ Berry H L, Butler J R A, Burgess C P, King U G, Tsey K, Cadet-James Y L, Rigby C W & Raphael B, 2010, Mind, Body, Spirit: Co-benefits for mental health from climate change adaptation and caring for Country in remote Aboriginal Australian communities, *NSW Public Health Bulletin*, vol. 21, no. 5-6, pp. 139–145

of service sectors. This would be particularly relevant for young people and those coming out of justice system.

Tailored community level outcomes

Aboriginal and Torres Strait Islander services are well placed to deliver services at a collective, community level. The importance of this is highlighted in research around child sexual abuse, which concluded that efforts need to be made to embrace collective healing approaches for the entire community, and focus on cultural revitalisation, so that protective factors at the community level can be increased and become more effective.⁸¹

One focus group participant said they like

... services that see the strengths of Aboriginal clients and complement it ... like when they recognise your hope and commitment to do more and be stronger.

One reason why Aboriginal and Torres Strait Islander services are so well positioned to adopt the above approaches is that they have generally built a greater level of trust and cultural credibility with their clients and local community. There is research suggesting that a major barrier for Aboriginal and Torres Strait Islander people accessing mental health services is a lack of trust of mainstream services.⁸² Much of this trust and cultural credibility stems from the priority a service places on involving community Elders and traditional healers (see also page 35) as well as employing Aboriginal and Torres Strait Islander staff and health professionals.⁸³ These factors were also confirmed in our consultations with Aboriginal and Torres Strait Islander participants: please check usage of the word 'client' in this instance:

- *Contact with Elders can be powerful – I like having them there to talk to, they seem much stronger than our younger generations.*
- *Being with other young people is important, we need more safe yarning spaces on Country, and we need to do this more often. It gives us a sense of belonging to our community.*
- *The amount of services getting out on Country and community could be better, but I think the system is still are calling for more evidence about that. I feel like they are not listening to us and that and our views are played down.*

We also heard that there are times when people need to access a range of services. For optimal outcomes Aboriginal and Torres Strait Islander clients should have access to both ACCHOs and mainstream services that provide high quality, culturally safe care.

Barriers for mental health and wellbeing in services

Aboriginal and Torres Strait Islander services have a broad scope of activities to address the complex needs of their clients. Without a comprehensive suite of social, clinical and cultural services, clients' lives are likely to remain unchanged. Day-to-day things that are barriers for some Aboriginal and Torres Strait Islander people to improve their mental health and wellbeing include living in unsuitable housing, a lack of formal qualifications which are often coupled with confusing Centrelink and the National Disability Insurance Scheme processes. Many Aboriginal and Torres Strait Islander people also face difficulties finding the right

⁸¹ Anderson, P, Bamblett, M, Bessarab, D, Bromfield, L, Chan, S, Maddock, G, Menzies, K, O'Connell, M, Pearson, G, Walker, R, Wright, M. 2017, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, Report for the Royal Commission into Institutional Responses to Child Sexual Abuse. Accessed 26 June 2016 at:

https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/research_report_-_aboriginal_and_torres_strait_islander_children_and_child_sexual_abuse_in_institutional_contexts_-_causes.pdf

⁸² Isaacs, A N, Pyett, P, Oakley-Browne, M A, Gruis, H, Waples-Crowe P, 2010, 'Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward', *International Journal of Mental Health Nursing*, vol. 19, pp. 75-82

⁸³ Ibid

advice and support to overcome setbacks from intergenerational trauma, substance misuse, time in jail or the removal of children. Our consultations highlighted three barriers that Aboriginal and Torres Strait Islander services face when planning and delivering service responses to these needs:

- data on service activities
- balancing clinical and cultural care, and
- operating service at the crisis level.

More relevant data on client needs and service activities

To address the complex needs of clients who are experiencing the impacts of trauma, rely on the following:

- accurate collection and reporting of service activities in data management systems
- utilising data managements systems to their full potential, and
- utilising data against key performance indicators, particularly for current funding agreements and future funding opportunities.

While a number of services are sophisticated in their capacity to do this, there are other services where meeting the above requirements can be a challenge. While there are some programs to further improve the collection and use of data, IT capability and access to the most appropriate platforms,^{84,85} there are still numerous gaps in accessing these supports.

Balancing clinical and cultural aspects of care

Aboriginal and Torres Strait Islander people need access to culturally and clinically appropriate mental health care services. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing calls for this to be delivered through 'Primary Health Networks who commission local allied mental health professionals to provide psychological services, as well as by Medicare Benefits Schedule subsidised pathways through general practical referrals'.⁸⁶ There is a wide range approaches that can be taken to ensure Aboriginal and Torres Strait Islander people receive the best possible standards of care available; for example, through accreditation standards. The benefits of this is described in a 2008 report from the Cooperative Research Centre for Aboriginal Health on the support and approach for accreditation standards that could be applied to the Aboriginal community-controlled health sector.⁸⁷ These benefits from accreditation processes include:

- organisational benefits such as improved policies and procedures
- service delivery benefits
- resourcing benefits flowing from the improved reputation of the organisation
- community and staff pride in achieving accreditation.

⁸⁴ Bailie R, Sibthorpe B, Gardner K & Si D, 2008, Quality Improvement in Indigenous Primary Health Care: History, current initiatives and future directions, *Australian Journal of Primary Health, Safety and Quality in Primary Health*, Special Edition, August

⁸⁵ The South Australian Quality Improvement Data Program. Accessed 26 June 2018 at: <http://ahcsa.org.au/health-programmes/south-australian-quality-improvement-data-program/>

⁸⁶ Commonwealth of Australia, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*, Department of the Prime Minister and Cabinet, Canberra

⁸⁷ Cooperative Research Centre for Aboriginal Health, 2008, *Aboriginal and Torres Strait Islander Health Sector Accreditation and Quality Standards Project*, CRCAH, Darwin

The report found that participants were particularly satisfied with ‘the accreditation coverage of clinical services, such as sterilisation, vaccinations, and filing systems’.⁸⁸ The report also highlighted gaps in accreditation processes inclusion of cultural approaches to care:

*There is no documented evidence of cultural security frameworks being incorporated as a routine part of quality review and accreditation in the ACCHO sector in Australia. This omission is significant given that available frameworks provide important guiding principles for the delivery of health services to Aboriginal and Torres Strait Islander peoples.*⁸⁹

To omit cultural frameworks from a process that leads to enhanced resourcing, processes, services, and staff and community morale may lead to a disruption in the balance of clinical and cultural aspects of care. This can manifest in a number of ways, for example, through having clinical but not cultural representation on an executive, and/or power dynamics that privilege clinical imperatives over cultural imperatives. According to the ‘best of both worlds’ approach unequal prioritisation brings potential to hinder mental health and wellbeing outcomes.⁹⁰

Many services are under-resourced and operating at crisis level

Aboriginal and Torres Strait Islander mental health services are often so under-resourced that they need to triage their focus to the needs of those clients with more severe mental health issues. This response is resource-intensive for a short-term gain and cannot lead to sustainable improvements in outcomes. One interviewee summarised that ‘crisis mode puts health last sometimes’. This response is also inevitable given the scale of demand for mental health and wellbeing services in Aboriginal and Torres Strait Islander communities is so high that adopting new service models alone will not be enough – this must be coupled with growth in scale to meet the demand. More funding and resources are needed to grow the scale of services across the spectrum, from promotion to prevention through to severe mental illness. The consultations suggested there was a high level of awareness of this among Aboriginal and Torres Strait Islander clients too. This is reflected in the following quotes from focus group participants:

‘the availability of clinicians is one of the most important changes that need to happen’

‘our services need more resourcing to look after ourselves’.

This crisis-mode state of play is yet to be fully recognised or responded to at the policy and funding level. The Australian Government Response to the National Mental Health Commission’s Review of Mental Health Programmes and Services, *Contributing Lives, Thriving Communities*, is a stepped care model.⁹¹ This model delivers the less resource-intensive services in the first instance, and then stepping up to more intensive treatments if and when required. There are benefits in these reforms for mainstream services to redesign and broaden their service scope in closer alignment with the breadth of Aboriginal and Torres Strait Islander services. However, there also drawbacks in that these reforms do not highlight the importance of having sufficient resources and funding to support Aboriginal and Torres Strait Islander people who have experienced trauma.

⁸⁸ Ibid, p. 6

⁸⁹ Ibid, p. 16

⁹⁰ Calma T, Dudgeon P & Bray A, 2017. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health, *Australian Psychologist*, vol. 52, no. 4, 01.08.2017, pp. 255–260

⁹¹ Commonwealth of Australia, 2015, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*. Accessed 26 June 2018 at:

[http://www.health.gov.au/internet/main/publishing.nsf/content/0dbef2d78f7cb9e7ca257f07001acc6d/\\$file/response.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/0dbef2d78f7cb9e7ca257f07001acc6d/$file/response.pdf)

Recommendations:

14. Increase investments in Aboriginal and Torres Strait Islander services to provide a higher scale of service provision.
15. Establish and resource a network across the National, State, and Territory Mental Health Commissions, guided by National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH). The network should consider leading the development of an action plan to:
 - a. provide a strong case and support for all mental health services to continuously improve their service model to meet the mental health and wellbeing needs of Aboriginal and Torres Strait people
 - b. monitor the accountability of PHNs and LHNs to deliver services to Aboriginal and Torres Strait Islander people and to work with ACCHOs and Aboriginal and Torres Strait Islander services
 - c. undertake further research and evaluations on mainstream organisations' contributions to health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.
16. Draw on the 'best of both worlds' approach to advocate for a collaborative mapping process at regional levels to share and consider complementary strengths Aboriginal and Torres Strait Islander services and mainstream services.
17. 17. Prioritise the Fifth Mental Health and Suicide Prevention Plan recommendation to invest in care navigator roles to provide integrated care to Aboriginal and Torres Strait Islander clients. Build on this recommendation by extending its scope from than 'connecting' clients with non-health services to cover 'full continuity' extend beyond health settings.
18. 18. Prioritise the Fifth Mental Health and Suicide Prevention Plan recommendation to enhance health service data collections to improve services for Aboriginal and Torres Strait Islander peoples. Build on this recommendation through a focus on more accurate collection and reporting of service activities, better utilisation of data management systems to their full potential, and by improving data utilisation against key performance indicators.

Appendix A – Key Policy Documents

Policy documents relating to the Mental Health of Aboriginal and Torres Strait Islander people, 2013–2018

Commonwealth Government Policy

- i. *Fifth National Mental Health Plan*, August 2017 (Priority Area 4 – Improving Aboriginal and Torres Strait Islander mental health and suicide prevention)
- ii. *Fifth National Mental Health Plan Implementation Plan*
- iii. *National Aboriginal and Torres Strait Islander Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing – 2017-2023*
- iv. *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*
- v. *National Aboriginal and Torres Strait Islander Health Plan Implementation Plan*
- vi. *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations* - December 2017
- vii. *National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026*
- viii. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013*
- ix. *Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services 2015*
- x. Resource sheet no. 18 produced for the Closing the Gap Clearinghouse - *Strategies to minimise the incidence of suicide and suicidal behaviour* February 2013 - produced for the Closing the Gap Clearinghouse
- xi. Resource sheet no. 19 produced for the Closing the Gap Clearinghouse, *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people* - February 2013
- xii. Resource Sheet No. 21 produced for the *Closing the Gap Clearinghouse Trauma-informed services and trauma-specific care for Indigenous Australian children*, Prof. Judy Atkinson - 2013 – AIHW/AIFS

Jurisdictional Policy documents

- xiii. *Proud and Strong – Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-19* – Queensland Mental Health Commission Queensland
- xiv. *Balit Murrup – Aboriginal Social and Emotional Wellbeing Framework 2017-2027* – Victorian Department of Health and Human Services

Australian Government funded projects

- xv. *Solutions that Work: What the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*, June 2016
- xvi. *Gayaa Dhuwi (Proud Spirit) Declaration*, 2018
- xvii. *Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide*
- xviii. *Our Healing Our Way – Leading and Shaping our Future* - Healing Foundation, May 2016.



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