National Aboriginal and Torres Strait Islander Leadership in Mental Health
Together we are strong

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

Gayaa Dhuwi (Proud Spirit) Declaration and Indigenous Governance Framework – Northern Territory Implementation Workshop REPORT

26th September 2019

Venue: Vibe Hotel, 7 Kitchener Dr, Darwin City NT 0800

The National Aboriginal and Torres Strait Islander Leadership in Mental Health and Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention thank Aboriginal Medical Services Northern Territory (AMSANT) for their support in hosting this workshop.

Overview

With the support of Aboriginal Medical Services Northern Territory (AMSANT), the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) and Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) hosted a stakeholder workshop in Darwin on the 19th of September 2019. It was facilitated by Professor Kerry Arabena.

The workshop highlighted the opportunity for attendees to consider ways to support and implement in their organisations and the Northern Territory (NT) mental health system:

- NATSILMH's *Gayaa Dhuwi (Proud Spirit) Declaration* to be implemented by Australian governments and their agencies through the *Fifth Mental Health and Suicide Prevention Plan.*
- The draft *Indigenous Governance Framework* developed by CBPATSISP with the Black Dog Institute. This addresses the importance of Indigenous governance in suicide prevention in Aboriginal and Torres Strait Islander communities. It is also of application in many areas of mental health and related area service and program delivery.

Attendees included senior, Aboriginal Community Controlled Health Service (ACCHS) sector representatives, senior NT Health officers, NT Government agency officers, as well as senior representatives from the Primary Health Networks (PHN) and Local Hospital Districts (LHD) in NT. See Appendix A to this Report for a list of attendees.

The Program

The workshop program is included as Appendix B to this Report. The day opened with a Welcome to Country from Larrakia Nation followed with a presentation on the NT context and the role of Aboriginal Community Controlled Health Services by Mr John Paterson, AMSANT CEO (this has been included in this report as Appendix 1); and a further presentation by Ms Ngaree Ah Kit , NT Assistant Minister for Suicide Prevention, Mental Health, Disability, Youth and Seniors

It was then structured around five challenges that relate to *Gayaa Dhuwi (Proud Spirit) Declaration* and *Indigenous Governance Framework* implementation. Particular focus was on delivering the former's 'best of both worlds' approach to Aboriginal and Torres Strait Islander mental health, and its focus on Aboriginal and Torres Strait Islander presence as workers, practitioners and leaders within the mental health system as ways to achieving that goal. The five challenges included:

- Supporting ACCHSs enhanced role in the mental health space.
- Identifying and achieving the required mix and level of Aboriginal and Torres Strait Islander specialist mental health workforce to meet the social and emotional wellbeing and mental health needs of Indigenous people and communities.
- The role of cultural and traditional healers and how Indigenous people and communities can access these healers.
- Supporting and promoting Aboriginal and Torres Strait Islander leadership in the mental health system.
- Ensuring co-design is consistently used in efforts to strengthen Indigenous social and emotional wellbeing and improve mental health.

The workshop also looked at these challenges as they relate to agencies working in the mental health and related space, and how to ensure Indigenous governance is ensured, including by supporting co-design and community control within the mental health sector.

For each of the five challenges, in table-based discussions participants were asked to identify:

- What was already taking place to implement or address the respective challenge.
- What were the barriers to implementation or barriers to addressing the respective challenge.
- What could be done to ensure effective implementation in the short /medium term.

● Workshop report (Report)

This Report focuses on the third element of discussions – what could be done to respond to the challenges in the short and medium term in NT?

Key ideas from the discussions are organised thematically below and will be used to enhance NATSILMH's already published *Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide* and the draft CBPATSISP *Indigenous Governance Framework*.

Ultimately, this Report will be used to shape the ongoing and future implementation of the *Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)* as it pertains to Aboriginal and Torres Strait Islander communities in NT and across Australia.

WORKSHOP REPORT

Themes	Action
1. Supporting ACCHSs enhanced role in the mental health space How do we achieve a state-wide and regional mental health system where ACCHOs play a much greater role in promoting, preventing, detecting and treating mental health problems, and in recovery, in Indigenous settings, including through building ACCHOs-based Mental Health (MH) & Social and Emotional Wellbeing (SEWB)Teams?	● Acknowledge the strengths of ACCHS rather than focusing on challenges. Have a strengths-based approach to further expanding their roles in mental health. ● Key to expansion is ensuring Indigenous presence at high levels of government to drive change from that level. ● More young people should be involved in ACCHSs to encourage peers to use services. ● ACCHSs as a platform for cultural healing. ● ACCHS as a platform for lived experience groups. ● ACCHSs as a platform for cultural activities in communities (SEWB model) – engaging Elders. ● SEWB provision should be flexible. If someone requires time on Country to help with SEWB and mental health, a service should be able to provide them a car or transport if that is deemed important to their treatment. ● New funding models based on the integration of currently diverse funding streams to support integrated services. This will also help prevent unnecessary duplication of funding streams in some areas. ● Mental Health First Aid training to all ACCHSs' staff and community members. ● Grow services from the ground up, not imposed from above. Build community and Indigenous person capacity through the development of health services. Invest in community people to build services. Mentoring and apprenticeship-style models (one on one training). ● Utilising 'ACCHSs as preferred providers of mental health services in communities'- principle. ● The single biggest threats to ACCHSs expansion are: a. ideological (assertion of medical model over ACCHSs' SEWB model b. paternalism and coloniser mindset in general – 'we know better' c. persistent stereotyping of ACCHSs as problematic for whatever reason ● Capital works needed around ACCHSs expansion – staff housing and clinical spaces. Additional financial support for staff recognising increased food costs in remote areas (for as long as the broader issue of food affordability is otherwise unaddressed); other challenges. ● New ways of evaluation of ACCHSs' effectiveness based on SEWB framework. ● Indigenous controlled partnerships to deliver and support mental health services in ACCHSs (with hospital EDs, acute care providers, & etc.) ACCHSs as a platform for care coordination across the mental health system.

2. Culturally respectful mainstream services	● Indigenous developed, national standardised assessment of service cultural safety and staff cultural competence in mainstream services to be able to identify:
	  ○ Indigenous safe and effective services
	  ○ Those that need to change to work better with Indigenous people and communities.
	● Mainstream services should share resources with ACCHSs, co-locate staff into ACCHSs. This will improve the cultural safety of services in addition to other benefits. Otherwise, mainstream staff should be trained in context (i.e. in ACCHSs, in communities). Classroom learning is inadequate to the task to cultural competence training as it should be.
	● Conversely to the above, with an expanding ACCHSs-based Indigenous mental health workforce, opportunities for mainstream services to second indigenous staff from ACCHSs.
	● Mainstream service staff need training to work with families not just individuals.
	● RAPs.

3. An Aboriginal and Torres Strait Islander specialist mental health workforce At the state and regional levels, how do we identify and achieve the required mix and level of Indigenous specialist mental health workers (including emerging workforces), para-professionals and professionals to meet the SEWB mental health needs of Indigenous people and communities?	Needed to: ● Address intergenerational trauma effectively ● Provide and lead trauma informed practice ● Engage with communities ● Work with healers ● Champion SEWB ● Champion cultural safety and competence Training -- ● Training an ACCHSs-based workforce is key to ACCHSs expansion – mental health services delivery in ACCHSs is workforce dependent. Must have access to GPs, nurses, social workers, counsellors, psychologists, Aboriginal Health Workers, & etc. ● <u>Build confidence before competence</u>. Start while young! Identify promising child and youth candidates, promote training and higher education at school, school visits to ACCHSs and mainstream services; promoting Indigenous role models; involving parents, families, kin and whole communities in opening up possibilities for mental health and health training and higher education. Build and build on aspiration. ● Career planning and professional development for Indigenous staff. ● Without dedicated financial support for some training is unrealistic. More scholarships. ● In house (ACCHSs and mainstream) training/ up skilling packages. ● Professions need to proactively engage in increasing Indigenous presence: the ‘big 4’ (psychiatrists, psychologists, & etc.) and occupational therapy

	● Recognition of lived experience/ community experience/ cultural knowledge within education and training, employment practice. ● Vicarious trauma polices and Indigenous workers' supports to prevent burn out - Cultural leave days, family friendly workplaces. etc.
4. Cultural healers At the state and regional levels, how do we ensure Indigenous people and communities are able to access cultural and traditional healers?	● Some cultural healing services already being offered: e.g. Ampilatwatja Health Centre ● Healers should be explicitly linked to services ● Healers identified and endorsed ('owned') by communities/ NT-wide register? ● Remuneration important. ● May have particular role in healing trauma in Stolen Generations members ● Fit cultural healers into models of care particularly in mainstream settings where workers may be unsure of how healing may contribute to wellness ● Healing protected as collective Indigenous equivalent to intellectual property ● Bush medicines to be made more available ● Endorse and support cultural healing/ healers through NT mental health/ health legislation
5. Leadership and presence Design a five-year program to identify and fill relevant mental health governance and leadership positions within government, LHD and Hospital Networks, and PHNs, with suitably qualified Indigenous people.	● Mainstream organisations required to have Indigenous people on Boards. Training for such if required. ● PHNs need to Increase their proportion of Indigenous staff. ● NT has structures that already provide for Indigenous governance – AMSANT in particular. These should be utlised more and otherwise built upon. ● Youth inclusion in decision making and as leaders.
6. Co-design Identify planning and development processes that should be co-designed with Indigenous communities, governing bodies, consumers and lived experience groups. Design a framework to ensure co-design is consistently used in efforts to improve Indigenous social and emotional wellbeing and mental health	1 Co-design-based processes should be two-way. Transparency and information sharing by governments and services is essential if communities & etc. are to participate as equals in the process. 2 In NT, distance and physical accessibility of ACCHSs including any mental health services they might provide, is a key challenge considering the geographical spread of communities and some of their relatively small sizes and/or mobile populations. To cope with this, 'bricks and mortar services' must be re-imagined (through co-design) and otherwise significantly complemented with transport for clients to get them to services and/ or outreach programs into communities. 3 The state of NT roads and extreme weather events that may block access to communities also needs to be considered in any overarching approach. In some areas, ACCHSs' service provision may need to be significantly focused on community education, funding small community programs (i.e. for suicide prevention) or training of

	community members in specific roles to support greater community self-reliance during these times.

The workshop brought together key NT Indigenous mental health stakeholders to provide a collective voice to the sector and to identify supported directions for implementing the Gayaa Dhuwi (Proud Spirit) Declaration and Indigenous Governance Framework.

While this Report is intended as a stand-alone for use in NT, its content will also be integrated with those of seven other State and Territory workshop reports to further guide national implementation of the *Gayaa Dhuwi (Proud Spirit) Declaration* and *Indigenous Governance Framework*. It is anticipated that this will be published by NATSILMH and CBPATSISP in late 2019.

APPENDICES

1. OPENING WORDS – MR JOHN PATERSON, CEO ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT)

The Aboriginal Medical Services of the NT is the peak body for the community controlled Aboriginal primary health care (PHC) sector in the Northern Territory (NT). We have 25 members providing Aboriginal comprehensive primary health care (CPHC) right across the NT from Darwin to the most remote regions. AMSANT has been established for 25 years and just recently celebrated our 25-year anniversary in Alice Springs. AMSANT has a major policy and advocacy role at the NT and national levels, including as a partner with the Commonwealth and NT governments in the Northern Territory Aboriginal Health Forum (NTAHF).

The ACCHSs sector in the NT is comparatively more significant than in other jurisdictions, being the largest provider of primary health care services to Aboriginal people in the NT. Over half of all the episodes of care approximately 60% and contacts 65% in the Aboriginal PHC sector in the Northern Territory are provided by ACCHSs. Moreover, ACCHS deliver comprehensive primary health care that incorporates social and emotional wellbeing, mental health and AOD services, family support services and early childhood services, delivered by multidisciplinary teams within a holistic service model.

Aboriginal people experience a disproportionate morbidity and mortality burden from mental health and alcohol and other drug (AOD) problems. Nationally, mental health conditions are estimated to account for 12% of the life expectancy gap between Indigenous and non-Indigenous Australians, with suicide contributing another 6% and alcohol another 4% (Vos et al. 2007). Tragically, from 2011-15, the Indigenous suicide rate was twice that of the non-Indigenous population (AHMAC 2017).

At AMSANT, we have come to believe that encouraging an understanding of trauma and its impact and facilitating trauma informed perspectives and ways of working – for all staff throughout our health services – can enhance service delivery and outcomes for the communities in which these services are based.

Some of the most challenging, complex and life-threatening issues faced within our health services can be better understood in the context of historical and ongoing experiences of trauma. But as we understand these difficulties in relation to the stories of trauma that communities have lived through since colonisation, it is vital that we also see and understand the strengths and resilience of Aboriginal and Torres Strait Islander peoples and communities – and that we recognise the central role of connection to culture, cultural identity and cultural continuity in maintaining these strengths and keeping people well.

Many Aboriginal people in the NT are happy, engaged with their families and culture, and prepared to make a positive contribution to their communities. The physical and mental health of Aboriginal people have been maintained through beliefs, practices and ways of life that supported their social and emotional wellbeing across generations and thousands of years.
However, factors unique to the Aboriginal experience—including the historical and ongoing process of colonisation that has seen loss of land, suppression of language and culture, forcible removal of children from families, and experiences of racism—have all contributed to profound feelings of loss and grief and exposure to unresolved trauma, which continues disadvantage, poor health and poor social outcomes for far too many Aboriginal people. This process has directly involved the disruption and severing of the many connections that are protective in maintaining strong mental health and wellbeing – **Our connections to a strong spirit.**

Identifying the extent and impacts of poor mental health among Aboriginal people must be founded on an understanding of this context and the reality that Aboriginal understandings and experiences of mental health and wellbeing are in many ways very different to that of mainstream society.

Also, in relation to health and mental health, there is an acknowledgement of the significance of the social determinants of health. There is an understanding of how ongoing marginalisation, disempowerment, discrimination and stress contribute to poor health and mental health outcomes.

AMSANT understands that social determinants of health are critical to improving health outcomes for Aboriginal Communities and recognises the role that these determinants play in the development of mental health and harmful substance use issues within communities. AMSANT therefore recognises that a crucial component of providing support to the delivery of AOD and Mental Health programs and services through the Community Controlled Sector is to continue to advocate and lobby for the improvement of the social determinants of health and mental health for Aboriginal people. We understand that these determinants extend beyond issues relating to, for example, housing, education, and employment, to more fundamental issues relating to the importance of control, culture and country and the legacy of a history of trauma and loss.

Strong and empowered community governance is the backbone to community resilience and Self-Determination and leads to better health outcomes. For this reason, APONT's Partnership Principles have been developed to improve collaboration and coordination between service providers with the aim of strengthening and rebuilding an Aboriginal controlled development and service sector in the NT.

It is widely understood that mental illness carries a certain amount of social stigma. The impact of this is magnified however for Aboriginal people, who are often subject to systemic racism and discrimination in their everyday lives. This is demonstrated in the overrepresentation of Aboriginal young people in justice and child protection systems.

Census data from June 2017 revealed that among the 964 young people in detention on an average night in Australia, 53% were Aboriginal or Torres Strait Islander and 64% had not been sentenced. In the Northern Territory, these rates were as high as 95% for Aboriginal or Torres Strait Islander children, with 70% not sentenced.

It is now well known that unresolved traumatic experience impacts the developing brain, causing an over-developed fear response leading to increased stress sensitivity and related symptoms can include isolation, aggression, lack of empathy and impulsive behaviour. Often children in the youth justice system may appear to be violent, aggressive, oppositional, unreachable or disturbed, however, underlying these behaviours is the grief of a child who has had to live through experiences that no human being should ever experience especially a child who does not have the agency to repair, respond and heal, resulting in feelings of powerlessness, anxiousness, and depression.

For these reasons, having a youth justice system that incorporates punishment as a form of behavioural management will only perpetuate the child's belief that their world is unsafe, and further compound and escalate complex and violent behaviours. If the emotional and psychological wounds do not get appropriately addressed then there is risk of a lifelong pattern of anger, aggression, self-destructive behaviours, academic and employment failures, and rejection, conflict, and isolation in every key relationship. This cycle of trauma and violence can continue across generations.

AMSANT believes that a youth justice system that is trauma informed and sits within a social emotional wellbeing (SEWB) framework would be a positive way forward in redirecting youth away from the justice system, supporting social and emotional health and aiding in community re-entry.

It is also necessary to understand and confront the cumulative impacts of institutional racialism and discriminative policies. For example, the Intervention in the Northern Territory involved the imposition of a series of punitive measures against 73 Aboriginal

communities and denied opportunities for community leaders to govern their own communities. The effects of the Intervention on Indigenous people throughout the NT and the fundamental disempowerment that it represented, can hardly be overstated and is demonstrated in our continuing unacceptable disparity in health outcomes.

However Aboriginal Territorian are working together and in collaboration to overcome these disparities. For example, here in the Territory we have the Aboriginal Health Forum which provides high-level guidance and decision-making. The Forum enables joint planning and information sharing, where partners work together in a spirit of partnership and collaboration.

Nationally AMSANT is involved through the Coalition of Peaks in developing agreed policy positions to negotiate a new National Agreement on Closing the Gap with the Council of Australian Governments or COAG. For a long time, Aboriginal and Torres Strait Islander peoples have been calling to have a much greater say in how programs and services are delivered to our peoples. As a result of the work of the Coalition of Peaks, we are now formally represented on the Joint Council on Closing the Gap – which is the first time an external non-government partner has been included within a COAG structure. Finally we are seeing a change in the policy conversation on Closing the Gap, with our mob at the decision-making table.

And regionally, leadership exists throughout all of our communities. Even without the resources and empowerment that would allow for leadership and governance to thrive, it is intrinsically there, understood and followed by the protocols of community life and our kinship systems.
Our ACCHS in the Northern Territory recognise social emotional wellbeing as holistic and interconnected which includes our cultural knowledge and practices as well as mental health and the social determinants of health. Having control and governance over our service delivery has paved the way for innovation and best practice within our SEWB programs.

We have great challenges and great opportunities here in the Territory and with your commitment to self-determination, Aboriginal Governance, policies and practices that do not re-traumatise, we can achieve strong outcomes together.

But first we need to recognise and acknowledge the past to inform our future journey and the sometimes difficult paths we will need to take. We as Aboriginal people understand the inter-connectivity of all things; Our call to action is what part will you play, where are you positioned within this connectivity to ensure health and wellbeing is strong for Gayaa Dhuwi our Proud Spirit.

2. ATTENDEES

In alphabetical order

Name	Position, organisation
Anthony Ah Kit	A/C Chairperson, Darwin Regional Indigenous Suicide (DRISPN)
Ngaree Ah Kit	Assistant Minister of Suicide Prevention, DRISPN
Patrick Ah Kit	Miwatj
Maisie Austin	CEO, Stolen Generation
Pauline Baban	Director Larrakia Nation Board
Jason Bonson	Senior Policy Officer, Aboriginal Health Policy and Director
Darell Brock	Executive Director of Community, Wurli Wurlijang
Caitlin Carne	Danila Dilba Health Service
David Cooper	Policy Manager, AMSANT Darwin
Gertrude Cusak	Aboriginal Practitioner, Top End Health
David Mathews	Danila Dilba Health Service
Sharna Deveraux	Principle Policy Officer, Department of Health NTG
Danielle Dyall	SEWB Team Leader, AMSANT
Nick Espie	Senior Aboriginal Policy, Territory Family
Zoe Evans	Director of Primary Health Care, Katherine West Health Board
Dean Gooda	section Manager PKSF
Courtney Grant	Manager Strategic Partnership, Territory Family
Megan Green	Mental Health Manager, Katherine West Health Board
Amanda Hart	RDH Patients Advocacy, RDH
Nicky Herroit	CEO, NT Primary Health Networks
Stephen Hill	CEO, NT Department Of
Tim Keane	Suicide Prevention Coordinator
Caince Kinnane	Project Manager, MHSP
Joseph Knuth	Manager Community Service , Danila Dilba Health Service
Craig Laidler	Super Tendent Casuarina, NT Police
Erin Lew Fatt	Program Manager, AMSANT Darwin
Josephine Lee	Manage Trauma Practice, Department of Education
Mary Maione	SEWB Manager, Wurli Wurlijang
Noeletta Mckenzie	Manager , Balunu Foundation
Philamena McKenzie	Female Youth Worker, Balunu Foundation
Annmarie Mcleod	Project Officer, ISPMHAOD, Department of Health, NTG
Liz More	Public Health Medical Officer, AMSANT, Alice Springs
Brionee Noonan	Coordinator, APO NT
John Paterson	CEO, AMSANT
Jerry Phillips	SEWB, AMSANT
Lesley Richardson	Senior Aboriginal Culture Advisor, Greater Darwin Regional
Dwayne Roses	Quality Assurance Workplace, Sunrise Health Service
Shanbnam Shibir	Senior Specialist AOD Lead, Top End Health
David Smith	CEO, Ampilawatja Health Service
Le Smith	Executive Manager Regional, NTPHN
Warren Snowden	MP, Federal member for Lingiari
Dean Wilks	Manager Accreditation, Territory Family
Dion Williams	Community Support Worker, Anyinginyi Health Corporation
Stacy Bridget	Mental Health AOD, Top End Health
Jarna Hopkins	National Indigenous Critical Response
Tony Lee	Larrakia Healer

3. PROGRAM

National Aboriginal and Torres Strait Islander Leadership in Mental Health
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The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

PROGRAM: Northern Territory Workshop on Gayaa Dhuwi (Proud Spirit) Declaration Implementation and the Indigenous Governance Framework

26th September 2019

Venue: Vibe Hotel, 7 Kitchener Dr, Darwin City NT 0800

Facilitator: Professor Kerry Arabena

9.00 am -9.30	Arrival and registration (Coffee/tea)
9.30 – 9.45	Welcome to Country
9.45 – 10.15	The Northern Territory (NT) Context ● Mr John Paterson, CEO AMSANT ● Ms Ngaree Ah Kit , NT Assistant Minister for Suicide Prevention, Mental Health, Disability, Youth and Seniors
10.15 – 10.30	Attendee Introductions Led by Professor Kerry Arabena
10.30 – 11.00	An introduction to: ● Social, cultural and emotional wellbeing ● NATSILMH, *the Gayaa Dhuwi (Proud Spirit) Declaration*, and the *Fifth National Mental Health and Suicide Prevention Plan* Tom Brideson, NATSILMH Chair ● CBPATSISP and the *Indigenous Governance Framework* ›fessor Pat Dudgeon, CBPATSISP Director
11.00 – 11.15	Break/ morning tea
11.15 – 12.00	Session 1: Aboriginal Community Controlled Health Services, Hospital and Public Health Services, and Community and Services *Led by Professor Kerry Arabena/ table discussion*
12.00 – 12.30	Session 2: Culturally Respectful Mainstream Services *Led by Professor Kerry Arabena/ table discussion*
12.30 – 1.15	Lunch
1.15 – 2.00	Session 3: Indigenous Cultural Healers and Community Based, Cultural Programs *Led by Professor Kerry Arabena/ table discussion*
2.00 – 2.45	Session 4: Organisational Commitment to Indigenous Governance and Leadership in the Mental Health System *Led by Professor Kerry Arabena/ room discussion*
2.45 – 3.00	Break/ afternoon tea
3.00 – 3.45	Session 5: Working Effectively with Indigenous Governance in Communities *Led by Professor Kerry Arabena/ room discussion*
3.45 – 4.25	Next steps *Led by Professor Kerry Arabena/ room discussion*

About the facilitator:

Kerry Arabena is the Chair of Indigenous Health and Director of Onemda VicHealth Koori Health Unit at the University of Melbourne. A descendant of the Meriam people of the Torres Strait, she has a Doctorate in Human Ecology and an extensive background in public health, administration, community development and research.

Kerry's work has made significant contributions across many States and Territories in areas such as gender issues, social justice, human rights, access and equity, service provision, harm minimisation, and citizenship rights and responsibilities.

Kerry was the inaugural Chair of the National Congress of Australia's First Peoples, an Australian of the Year Finalist in 2010 and recipient of the prestigious JG Crawford Prize for Academic Excellence at the Australian National University in 2011.

Suggested pre-readings:

NATSILMH's Gayaa Dhuwi (Proud Spirit) Declaration. Action12.3 of the Fifth National Mental Health and Suicide Prevention Plan requires Australian governments to support implementation of the Gayaa Dhuwi (Proud Spirit) Declaration. This aims to improve Aboriginal and Torres Strait Islander mental health outcomes by supporting Aboriginal and Torres Strait Islander people and communities access the 'best of both worlds' in mental health care: i.e. clinical and culturally capable care, including access to cultural healers. The Declaration also supports increased Aboriginal and Torres Strait Islander presence and leadership at all levels of the mental health system.
See: https://natsilmh.org.au/sites/default/files/WEB_gayaa_dhuwi_declaration_A4-2.pdf

NATSILMH have also developed a Health in Culture - Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide which will be a reference in the workshop. E-copies are available at: http://natsilmh.org.au/sites/default/files/Health%20in%20Culture%20GDD%20Implementation%20Guide.pdf.

CBPATSISP's Indigenous Governance Framework, developed with the Black Dog Institute. This specifically addresses the importance of Aboriginal and Torres Strait Islander governance in suicide prevention activity in Aboriginal and Torres Strait Islander communities, but its principles are relevant to many areas of mental health and related area service and program delivery.
See: https://www.cbpatsisp.com.au/wp-content/uploads/2018/10/5-Oct-IGF-v8.pdf