



Australian Indigenous Wellbeing

International Forum on Quality and Safety in Healthcare: Melbourne.

Professor Pat Dudgeon, PhD

Poche Center for Indigenous Health
School of Indigenous Studies
The University of Western Australia

*We acknowledge and pay our respects to
the traditional custodians of the land we meet on today,
and their Elders past, present, and emerging.*

We are in Naarm of the Kulin Nation.

*We also acknowledge and respect
the continuing culture, strength, and resilience
of all Aboriginal and Torres Strait Islander
peoples and communities.*



Presentation Overview

History and Culture

Disparities of Health and Wellbeing – Closing the Gap

Paradigm Changes: The Ways Forward Report

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

The Social and Emotional Wellbeing (SEWB) Concept and Framework

Two positive major changes: Gayaa Dhuwi Proud Spirit Australia and the National Agreement.

History and Culture

- 60,000-75,000 years of rich culture and history
- Recognised as the oldest living culture in the world
- Colonisation occurred ~200 years ago and led to:
 - Frontier wars and genocide
 - Forced removal of Aboriginal peoples off their Country
 - Dispossession of land
- Survival, strength, and resilience
- > 250 language groups and cultures

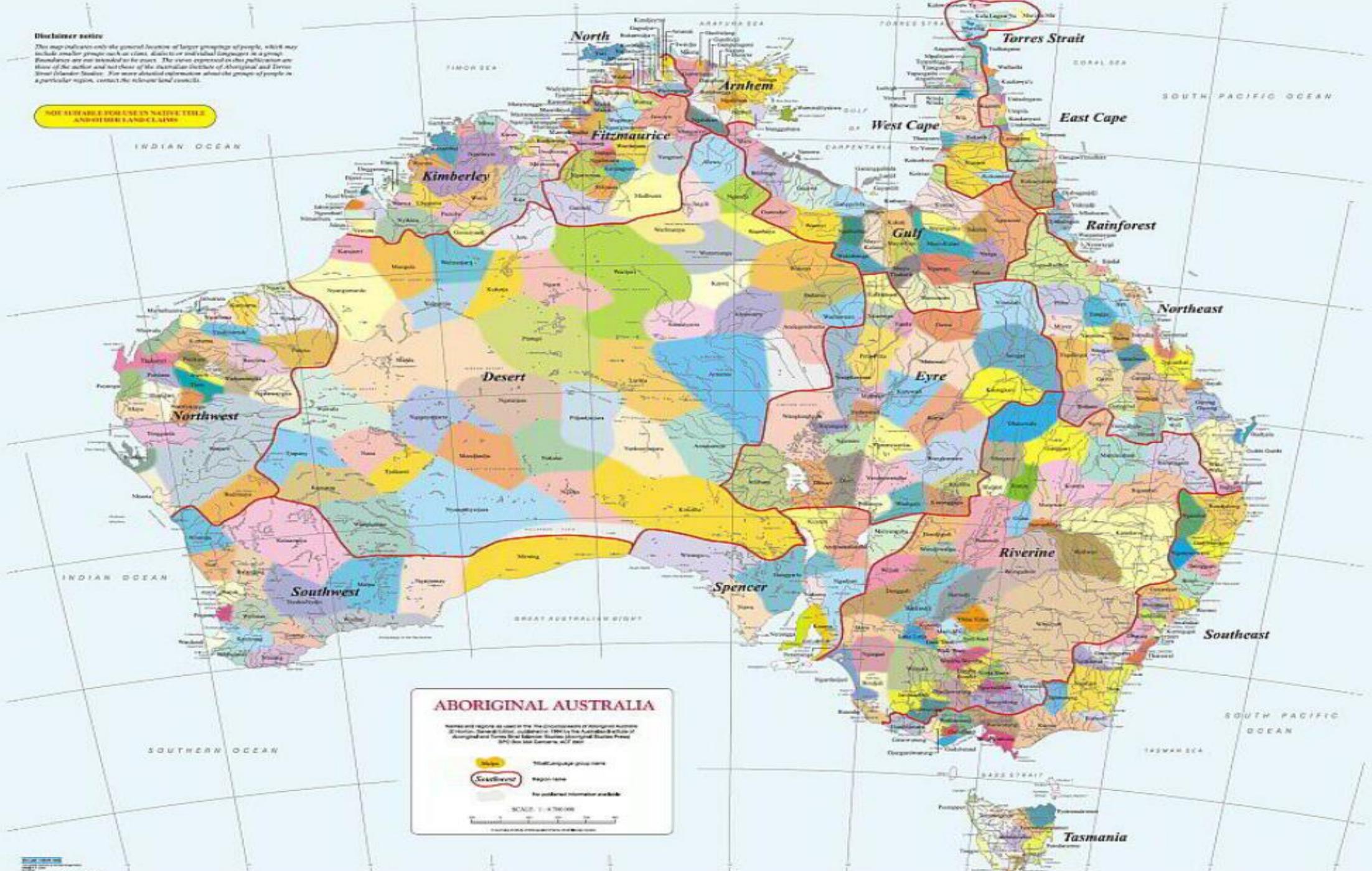
Currently 812,728 people (3.2%) (ABS,2021) in a population of 26 million.



Disclaimer notice

This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects or individual languages in a group. Boundaries are not intended as for courts. The names expressed on this publication are those of the author and not those of the Australian Institute of Aboriginal and Torres Strait Islander Studies. For more detailed information about the groups of people in a particular region, contact the relevant local councils.

NOT SUITABLE FOR USE IN NATIVE TITLE AND OTHER LAND CLAIMS



ABORIGINAL AUSTRALIA

Names and regions as used in the 1988 (2nd edition) of Aboriginal Australia
© Gordon, Thomas & Co., publishers, 1988 in the Australian Institute of
Aboriginal Studies. First Edition: Gordon, Thomas & Co., publishers, 1980.
ISBN 0 85039 001 0

	Language group name
	Region name
	No published information available

SCALE: 1:4,750,000

Published by Gordon, Thomas & Co., Publishers, 1988

Aboriginal and Torres Strait Islander Disadvantage



Australia has a population of 24.13 million people. Only 3% (669, 900 people) of Australia's total population identify as Aboriginal and/or Torres Strait Islander.

- The life expectancy of Indigenous people is around 10 years lower than other Australians, and death rates are higher across all age groups.
- Infant death rates remain at 2 to 3 times non-Indigenous rates.
- Homicide death rates are 6 times higher;
- Higher rates of arrest and imprisonment;
- Much lower rates of average income, home ownership, employment, and education.

Source: Australian Bureau of Statistics 2016

Disparities in Health and Wellbeing

Closing the Gap in Wellbeing.

Aboriginal and Torres Strait Islander **suicide rates** were **2.3 times higher** than the overall suicide rate for Australia; 27.9 vs. 12.1 per 100,000 people (ABS, 2021).

Aboriginal and Torres Strait Islander peoples report **experiencing psychological distress** at **two and a half times** the rate of other people (ABS, 2019).

For Aboriginal and Torres Strait Islander youth (aged 10-24 years), almost **two in three** experienced significant stressors and/or **adverse life events** (Trill, 2020).

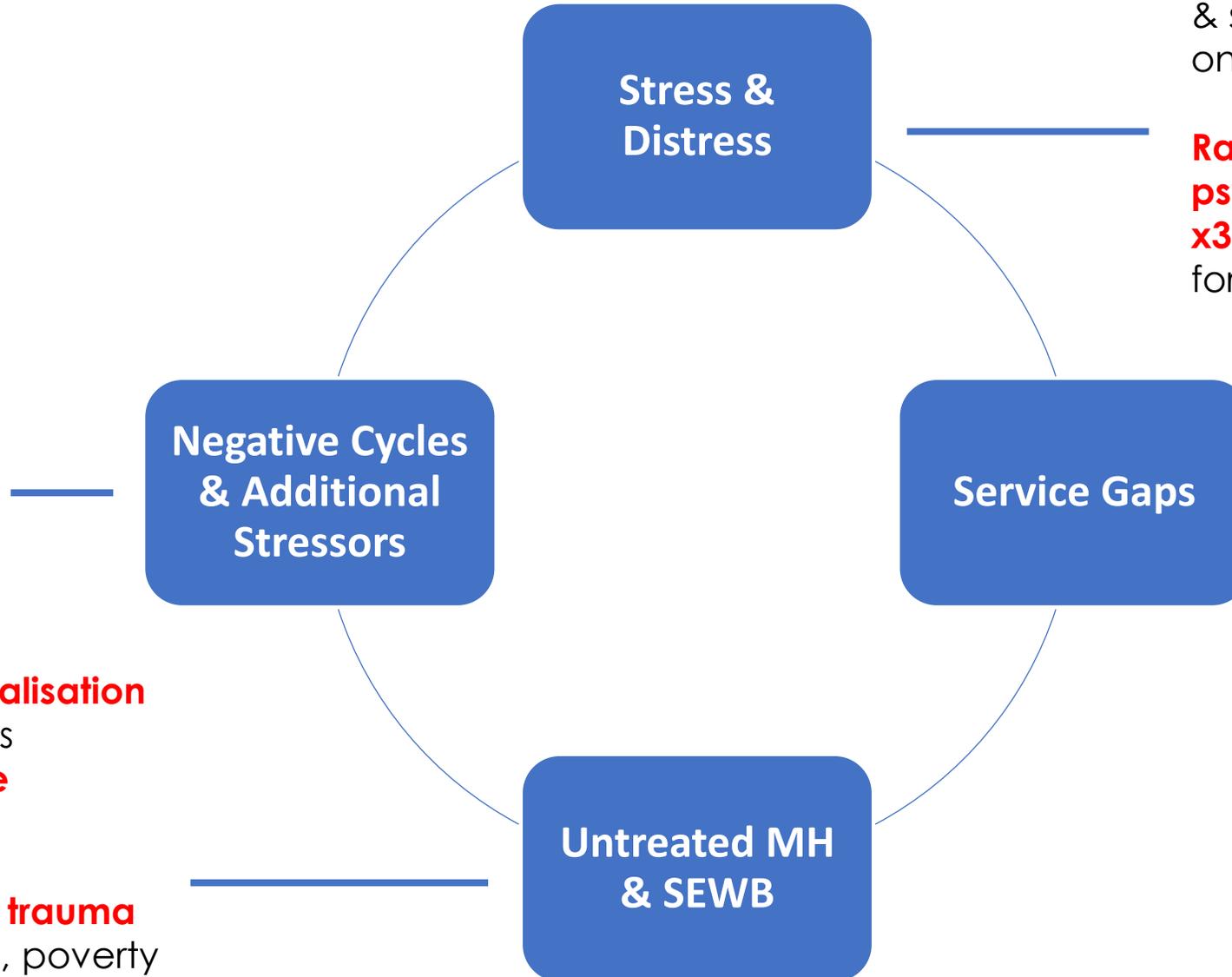
For Aboriginal and Torres Strait Islander youth (10-24), **one in three** reported being treated differently because of their race (**racism**) (Trill, 2020).

Cycles of exclusion

Additional stressors trigger new & exacerbate existing MH conditions & weakens resilience

Shows up in:
x2 rate of hospitalisation for MH conditions
x2 rate of suicide

Contributes to:
- AOD, violence, **trauma**
- Unemployment, poverty
- Imprisonment, stress



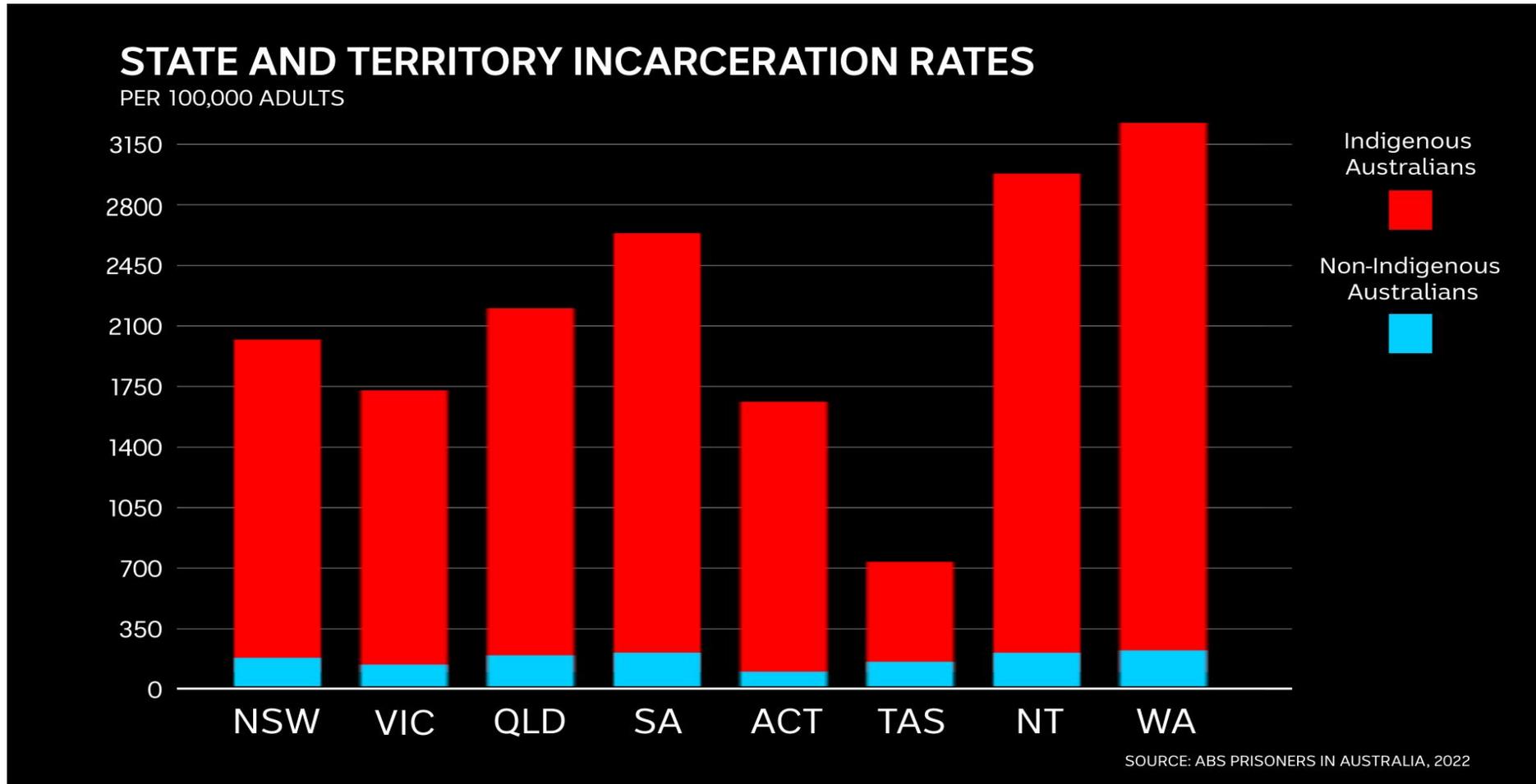
Multiple, frequent, & severe exposure to stressors and adverse historical, political, & social determinants strain on SEWB

Rates of high & very high psychological distress were x3 higher the average rate for Indigenous peoples

Significantly less access to culturally appropriate primary mental health care services

Institutional racism in mainstream mental health services

Aboriginal and Torres Strait Islander Incarceration Rates



Aboriginal and Torres Strait Islander suicide statistics

239 Indigenous suicide deaths in 2022

2nd leading cause of death for Indigenous males (**vs 11th** non-Indigenous).

10th leading cause of death for Indigenous females (**vs 26th**).

1st leading cause of death of Indigenous children aged 5 to 17 (2018-2022)

25% of all Indigenous child suicides were aged 14 or younger

57% of all Indigenous child suicides were females

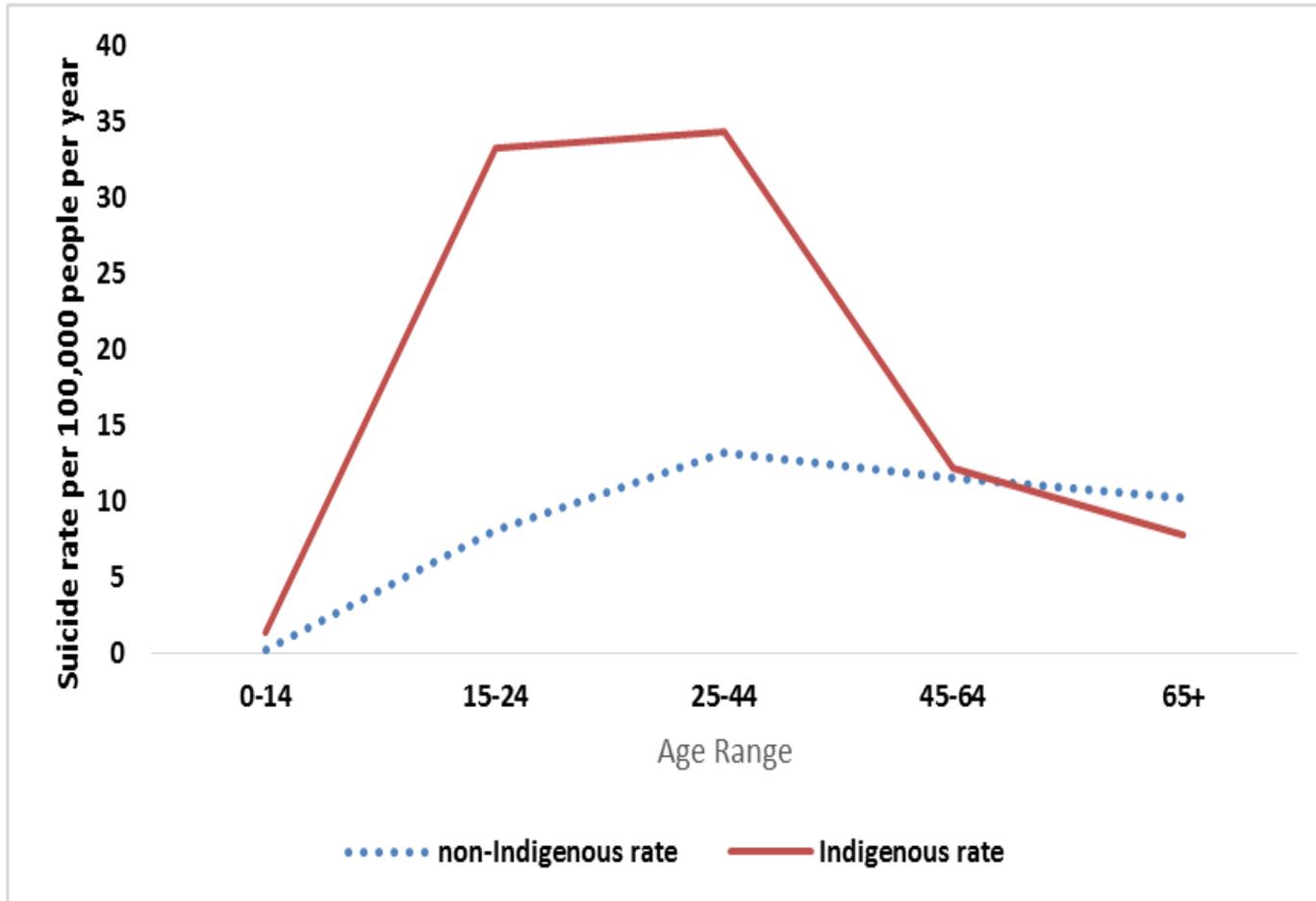
Australian Bureau of Statistics September 2023 (2022 figures)

*excludes suicide deaths in Victoria, Tasmania and the ACT, so underestimates the true rate



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

Aboriginal and Torres Strait Islander Suicide Rates



Over the past **30 years** Aboriginal suicide has increased dramatically, with young Aboriginal people being the most at risk, especially males **aged 17-23**.

In 2015, the overall Aboriginal suicide rate was **twice** that of other Australians.

The rate of intentional self-harm among young Indigenous people aged 15–24 is at **5.2 times** the rate of other young Australians.

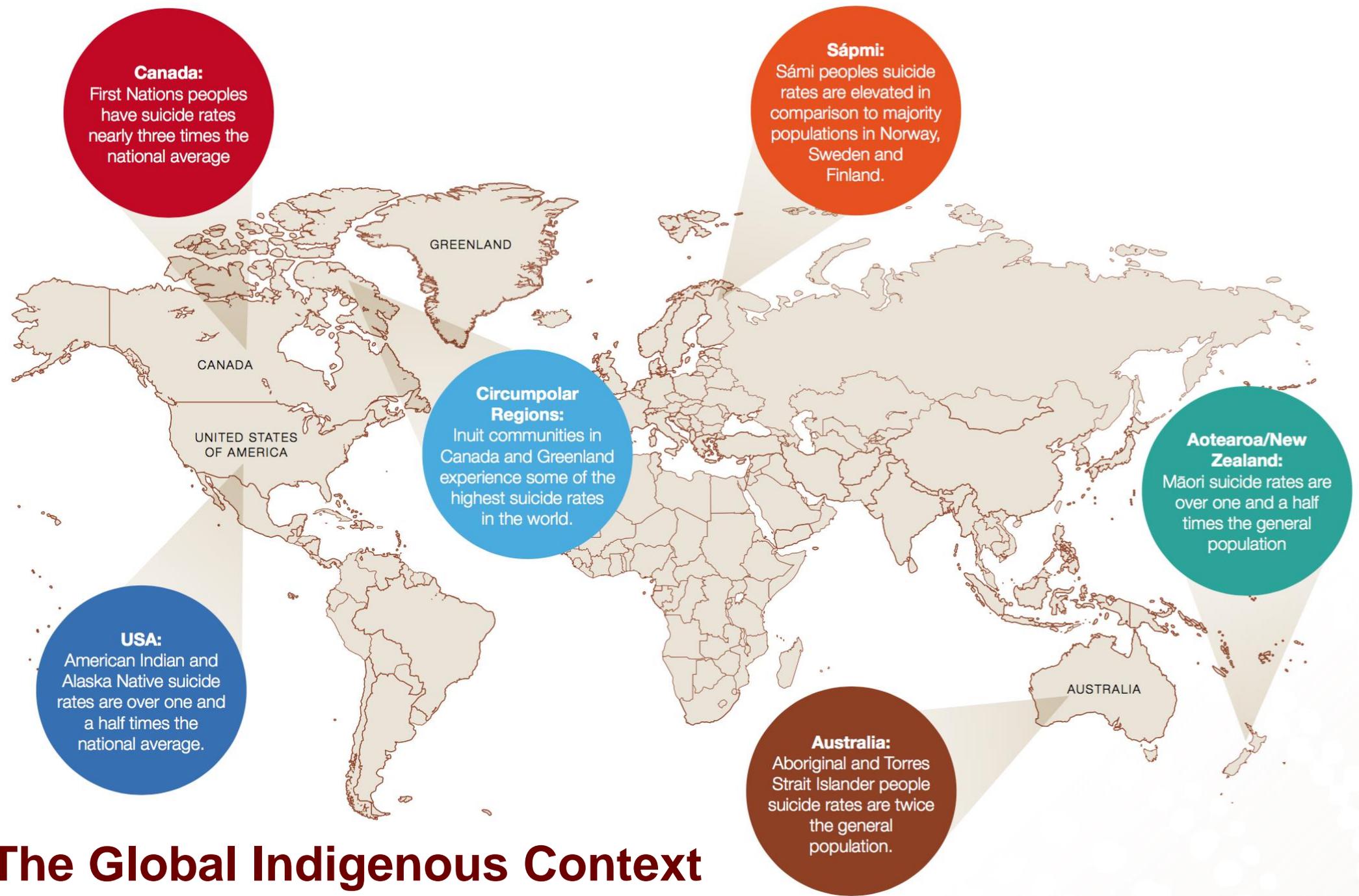




Aboriginal and Torres Strait Islander Suicide

Cumulative impact of complex, interrelated factors that heighten self-harm and suicide risk:

- Ongoing exposure to socio-economic disadvantage and multiple psychological stressors
- Grief and loss from
 - premature deaths/suicide of family, community members and friends
 - dislocation and forced removal of children
 - mistreatment
- Violence and inter-personal conflict
- Transgenerational trauma
- Pervasive racism and discrimination at individual, institutional and system levels
- Loss of sense of purpose and meaning in life
- Poor health (physical and mental) and SEWB, and co-morbidities
- 'Access' gap to mental health services:
 - **34.5%** of Indigenous peoples who reported (very) high rates of psychological distress **also** experience access problems to health services.



Canada:
First Nations peoples have suicide rates nearly three times the national average

Sápmi:
Sámi peoples suicide rates are elevated in comparison to majority populations in Norway, Sweden and Finland.

Circumpolar Regions:
Inuit communities in Canada and Greenland experience some of the highest suicide rates in the world.

USA:
American Indian and Alaska Native suicide rates are over one and a half times the national average.

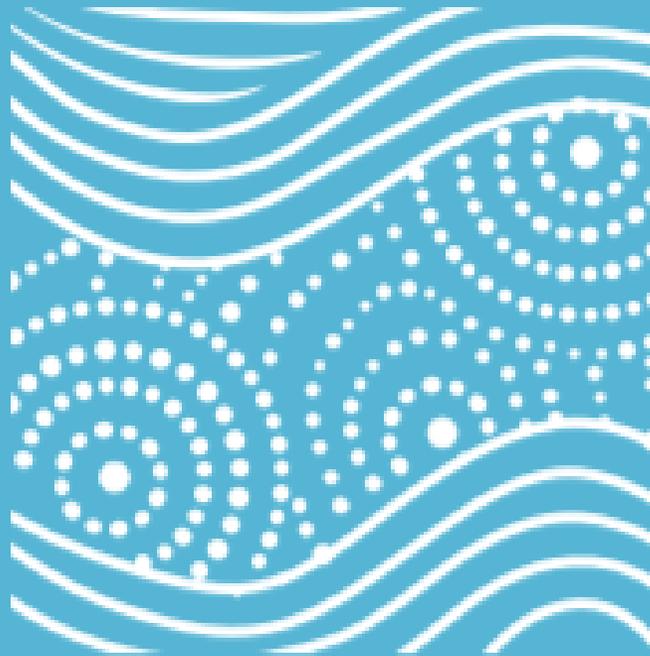
Aotearoa/New Zealand:
Māori suicide rates are over one and a half times the general population

Australia:
Aboriginal and Torres Strait Islander people suicide rates are twice the general population.

The Global Indigenous Context

SOLUTIONS THAT WORK: WHAT THE EVIDENCE AND OUR PEOPLE TELL US

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report



Why did we need ATISISPEP?

- Indigenous Suicide has **many causes**, including cultural, historical, political and other unknown considerations.
- The development of an evidence base for **what works** in Aboriginal and Torres Strait Islander suicide prevention.

SOLUTIONS THAT WORK: WHAT THE EVIDENCE AND OUR PEOPLE TELL US

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

Professor Pat Dudgeon, Professor Jill Milroy AM, Professor Tom Calma AO,
Dr Yvonne Luxford, Professor Ian Ring, Associate Professor Roz Walker,
Adele Cox, Gerry Georgatos and Christopher Holland

Acknowledgement

The ATSIPEP team acknowledges all Aboriginal and Torres Strait Islander peoples who contributed their time and shared their stories for this project.

The ATSIPEP team also acknowledges the support of our partner organisations, the Telethon Kids Institute and the Healing Foundation.



Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) was funded by the Department of the Prime Minister and Cabinet to assist the Australian Government to identify what programs and services are most effective in responding to high rates of Aboriginal and Torres Strait Islander suicide.

ATSISPEP, which was active from 2015 to 2017, was led by Professor Pat Dudgeon and managed by the School of Indigenous Studies (SIS), at the University of Western Australia, in collaboration with the Telethon Kids Institute and the Healing Foundation.

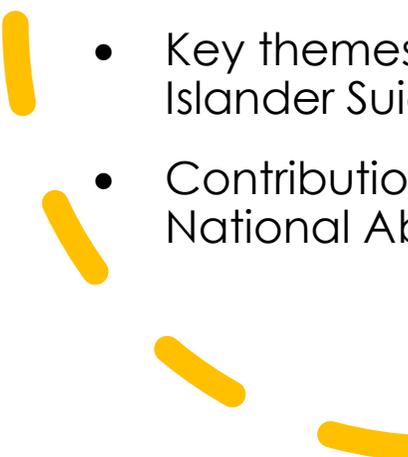
Its aims were to:

- prioritise Aboriginal and Torres Strait Islander ways of working
- strengthen the evidence base for Aboriginal and Torres Strait Islander suicide prevention
- develop an Aboriginal and Torres Strait Islander cultural framework for suicide prevention services and programs.

The Solutions that Work: What the Evidence and Our People Tell us was released in 2016



The ATSIPEP Report findings and recommendation are based upon rigorous Aboriginal-led research as well as extensive knowledge derived from a large number of Aboriginal and Torres Strait Islander voices and credible sources. Specifically, ATSIPEP was informed by:

- A comprehensive national and international literature review on what works in community-led Indigenous suicide prevention;
 - Sixty-nine community consultations on suicide prevention that took place in 2009-2015 across Australia, involving 1,823 participants;
 - Twelve Aboriginal and/or Torres Strait Islander community, risk group and subject-matter-specific suicide prevention Roundtable consultation findings;
 - The Access to Allied Psychological Services (ATAPS) Operational Guidelines for Indigenous Suicide Prevention Services;
 - State and territory general population suicide prevention strategies;
 - Key themes and recommendations from the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference held in Alice Springs on 5–6 May 2016; and,
 - Contributions of the Aboriginal and Torres Strait Islander expert leadership group and the National Aboriginal and Torres Strait Islander Mental Health Indigenous Leadership (NATSIMHIL).
- 



The ATSIPEP final report *Solutions that Work: What the Evidence and Our People Tell Us* has 17 key recommendations and 33 success factors aim to ensure a strong foundation for community-led Aboriginal and Torres Strait Islander suicide prevention activities.

Recommendations and success factors emphasise the importance of programs, services and initiatives to:

- facilitate individual and community healing, empowerment and self-determination through Indigenous leadership;
- strengthen holistic social and emotional wellbeing (SEWB);
- address the social determinants of health; and,
- promote cultural competence and trauma-informed care.

Authors: Pat Dudgeon, Jill Milroy, Tom Calma, Yvonne Luxford, Ian Ring, Roz Walker, Adele Cox, Gerry Georgatos, and Chris Holland.



**SOLUTIONS THAT WORK:
WHAT THE EVIDENCE
AND OUR PEOPLE TELL US**

**Aboriginal and Torres Strait Islander
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Adele Cox, Gerry Georgatos and Christopher Holland

- The ATSIPEP project generated the following tools and resources for use by Indigenous communities along with stakeholders, government, organisations and funding agencies such as Primary Health Networks, **to support Indigenous suicide prevention activity:**
- An Evaluation Tool for evaluating proposals for Indigenous suicide prevention activity
- A Community Tool to support the development of Indigenous suicide prevention activity
- An Evaluation Framework for Indigenous suicide prevention activity for use by communities, government and Primary Health Networks
- Interactive maps showing Indigenous suicide numbers and rates by postcode
 - Fact Sheets
 - Discussion Papers

ATSISPEP Overall Messages

- **Community control and empowerment:** projects should be grounded in community, owned by the community, based on community needs and accountable to the community.
- **Holistic:** based on Aboriginal and Torres Strait Islander definitions of health, and incorporating spirituality, culture and healing.
- **Sustainable, strength based and capacity building:** projects must be sustainable, both in terms of building community capacity and in terms of not being 'one off', they must endure until the community is empowered.
- **Partnerships:** projects should work in genuine partnerships with local Aboriginal and Torres Strait Islander stakeholders and other providers to support and enhance existing local measures, not duplicate or compete with them.
- **Safe cultural delivery:** projects should be delivered in a safe manner.
- **Innovation and evaluation:** projects need to build on learnings, try new and innovative approaches, share learnings, and improve the evidence base.

Impacts

ATSISPEP guided the National Suicide Prevention Trials' emphasis on the 'importance of **establishing genuine Aboriginal and Torres Strait Islander governance, including leadership and self-determination**' (Currier et al. 2020).

Aboriginal and Torres Strait Islander Voices Have the Solutions to Suicide Prevention; Who's Listening and Who's Taking Action?

Uptake and Influence of the Aboriginal and
Torres Strait Islander Suicide Prevention
Evaluation Project (ATSISPEP)



Jessica Leonie Knight

Project Lead: Prof Pat Dudgeon

Primary Research Supervisor: A/Prof Roz Walker



ATSISPEP



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



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**



Strong Spirit • Strong Culture • Strong People



Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP)

- The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP) was established in 2017 to develop and share evidence about effective suicide prevention approaches for Indigenous people and communities.
- Building on the foundation of the earlier [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project \(ATSISPEP\)](#), the CBPATSIISP influences Indigenous suicide prevention policy, practice and research by promoting access to evidence and resources and through advocacy.
- The work of the CBPATSIISP is centred on the rights of Indigenous people and communities to self-determination, and the critical importance of cultural responses to distress alongside clinical approaches.

Centre for Best Practice of Aboriginal and Torres Strait Islander Suicide Prevention

- Advocacy
- Clearing Houses –best practice programs and services, research, tools and measures
- Research Projects – Systems Approaches with BDI, Aftercare Services for WA with TKI, Papers with Brain and Mind Centre, UniSydney, Coroners Project, Training community people to represent themselves in the media with Everymind
- Manual of Resources for the community, front line workers, funders and PHNs.
- Culture Care Connect with NACCHO

Clearing House



[Home](#) » Clearing House

The CBPATSISP Clearing House

What are the aims of the CBPATSISP Clearing House?

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) promotes evidence-based suicide prevention practice that empowers individuals, families and communities and respects their culture.

The Clearing House shares promising and best practice programs, services, guidelines, resources and research, recognising the important work of communities and organisations and supporting others to further develop their own Indigenous suicide prevention initiatives.

Manual of Resources for Aboriginal & Torres Strait Islander Suicide Prevention

The Manual is a collection of practical resources and tools that people, both Aboriginal and Torres Strait Islander and non-Indigenous, can use to make a real difference in promoting positive mental health and social emotional wellbeing, and preventing suicide in our communities.

[FIND RESOURCES](#)

[LEARN MORE ABOUT THE MANUAL](#)

Indigenous Psychology

“Indigenous Psychology is an intellectual movement across the globe, based on the following factors:

- 1. A reaction against the colonisation/hegemony of Western psychology.*
- 2. The need for non-Western cultures to solve their local problems through Indigenous practices and applications.*
- 3. The need for a non-Western culture to recognize itself in the constructs and practices of psychology.*
- 4. The need to use Indigenous philosophies and concepts to generate theories of global discourse.”*

(Taskforce on Indigenous Psychology, APA)

Draws from Indigenous ways of knowing, being, and doing

Considers the role of colonisation and contemporary impacts

Informed by self-determination

Engages in culturally responsive and safe principles and practices

Involves decolonising research methodologies, including APAR

Draws on Indigenous paradigms, particularly SEWB

Social and Emotional Wellbeing





Social and Emotional Wellbeing

Holistic health

“Aboriginal health does not (just) mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community... Health care services should strive to achieve this (whole-of-life) state where every individual is able to achieve their full potential as human beings and must bring about the total wellbeing of their communities.”

National Aboriginal and Islander Health Organisation, 1979

National Mental Health and SEWB Framework

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017) is the community-endorsed, guiding national document that defines the evolving understandings of SEWB among Aboriginal and Torres Strait Islander peoples and communities.



Principles

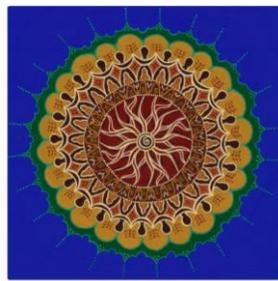
The nine guiding principles for the SEWB Framework are drawn from the Ways Forward report to emphasise the holistic and whole-of-life definition of health held by Aboriginal and Torres Strait Islander peoples.

Fact Sheet - Social and Emotional Wellbeing timhwb.org.au/fact-sheets/

Fact Sheet: Social and Emotional Wellbeing

Holistic health
 “Aboriginal health does not (just) mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community... Health care services should strive to achieve this (whole-of-life) state where every individual is able to achieve their full potential as human beings and must bring about the total wellbeing of their communities.”
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National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

- Principles**
1. **Aboriginal and Torres Strait Islander health is holistic** - encompassing physical, mental, social, and cultural wellbeing. It is a state of complete physical, mental, and social wellbeing, and is not merely the absence of disease or infirmity.
 2. **Self-determination** is central to the provision of Aboriginal and Torres Strait Islander health services.
 3. **Culturally valid understandings** must shape the provision of mental and social and emotional wellbeing services to Aboriginal and Torres Strait Islander peoples.
 4. It must be recognized that the experiences of **trauma and loss** present across generations, and are a significant barrier to mental and social and emotional wellbeing. Trauma and loss of this nature can be passed on to future generations.
 5. The **human rights** of Aboriginal and Torres Strait Islander peoples must be recognized and respected. Human rights relevant to mental and social and emotional wellbeing must be specifically addressed.
 6. **Racial equity** - environmental, social, and cultural determinants impacting on mental and social and emotional wellbeing must be specifically addressed.
 7. The centrality of Aboriginal and Torres Strait Islander **family and kinship** must be recognized and supported in the provision of mental and social and emotional wellbeing services.
 8. There is a **strong Aboriginal and Torres Strait Islander connection** to country, language, spirituality, and the **spirit of Dreaming**, or ancestral, spiritual, traditional or other theories, and practices, from their ways of being.
 9. It must be recognized that Aboriginal and Torres Strait Islander peoples have great **strengths**, resilience, and capacity to live well, and to understand the relationship between their wellbeing and their environment.



The Ways Forward Report

Came from:

A National Consultation

A National Conference

Rather than the 'disease model' perspective there was a prioritising of wellness, holistic health, and culturally informed and appropriate approaches

Philosophical approach of empowerment and self-determination in the provision of mental health services for Indigenous people

There is a need for more holistic approaches that take into account the widespread grief, loss and trauma associated with colonisation, the aftermath of widespread removal of children and on-going disadvantage, **rather than services which focus on individual pathology.**

(SHRG, 2004)

Mental Health and Social and Emotional Wellbeing Framework

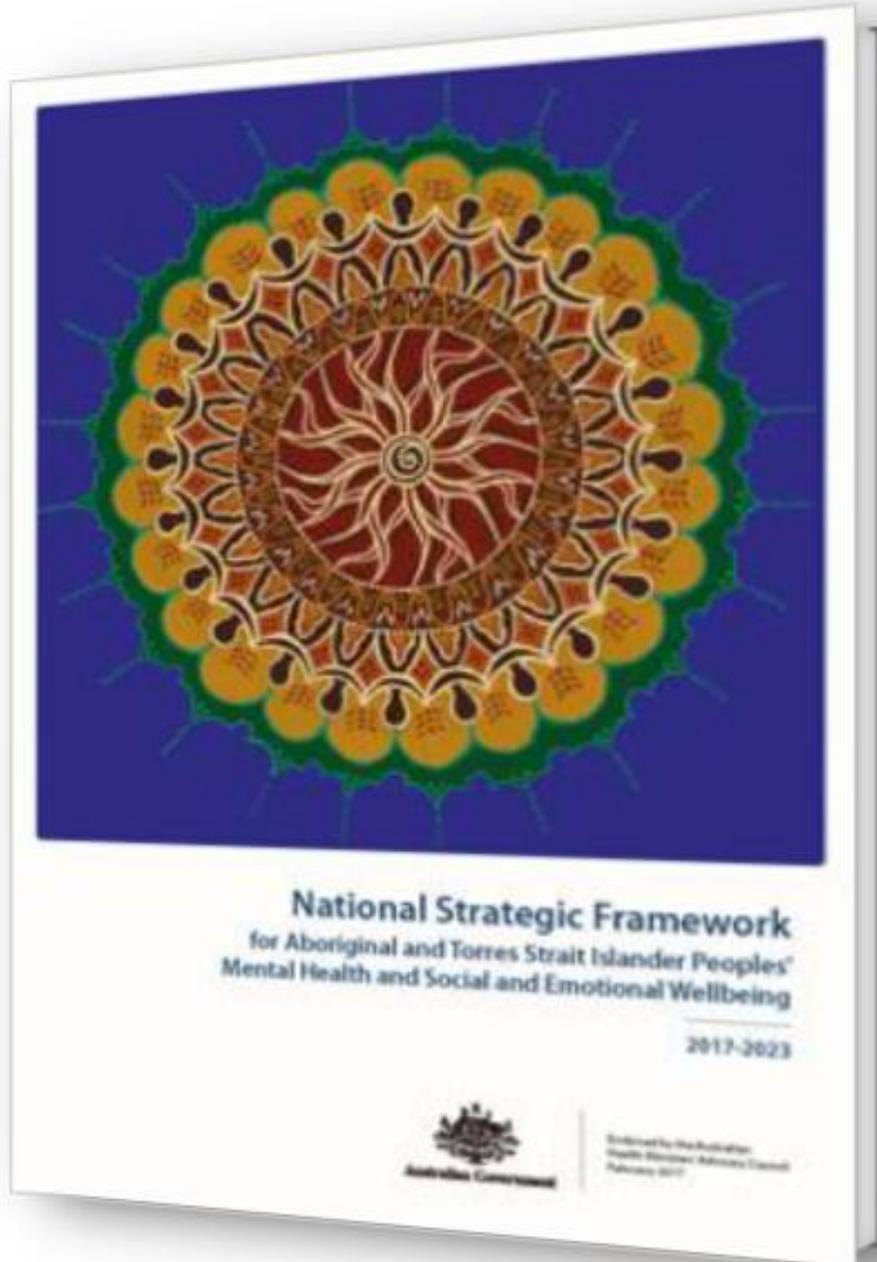


The Framework aimed to respond to the high incidence of social and emotional well being problems and mental ill health, by providing a framework for national action.

The Framework recognised the strengths, resilience, and diversity of Aboriginal and Torres Strait Islander communities.

It acknowledged that Aboriginal and Torres Strait Islander peoples have different cultures and histories, and in many instances different needs, which must be acknowledged and may need to be addressed by locally developed, specific strategies.

MH&SEWB Framework 2017 - 2023



The MH&SEWB Framework aimed to respond to the high incidence of mental ill health and SEWB challenges, by providing a framework for national action. The MH&SEWB Framework recognised the strengths, resilience, and diversity of Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander peoples have different cultures and histories, and in many instances different needs, which must be acknowledged and may need to be addressed by locally developed, specific strategies.

Action Area 1. Strengthen the foundations

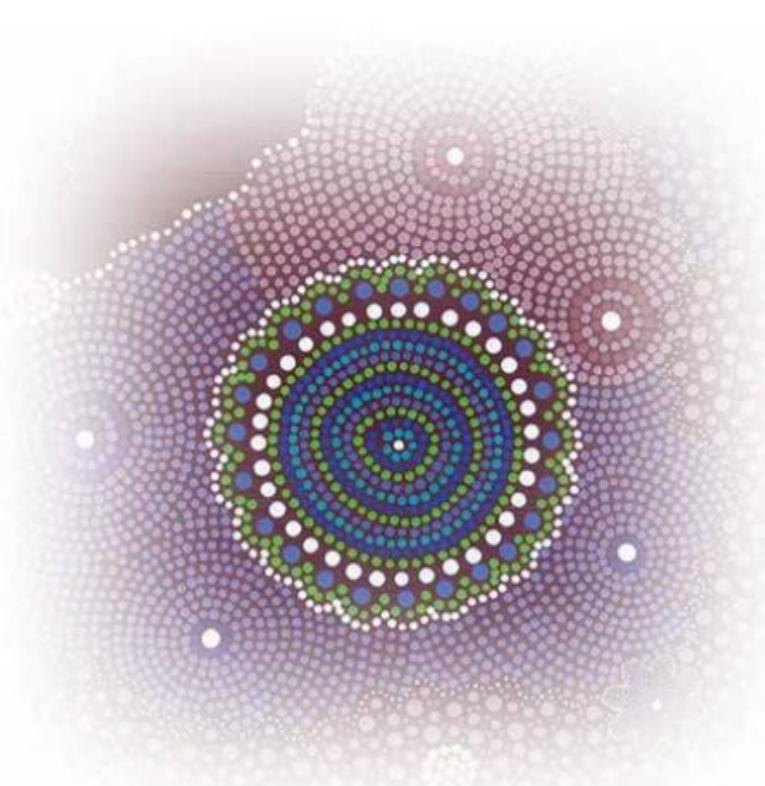
Action Area 2. Promote wellness

Action Area 3. Build capacity and resilience in groups at risk

Action Area 4. Care for people who are mildly or moderately ill

Action Area 5. Care for people living with severe mental illness

GUIDING PRINCIPLES



1

Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

2

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3

Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular.

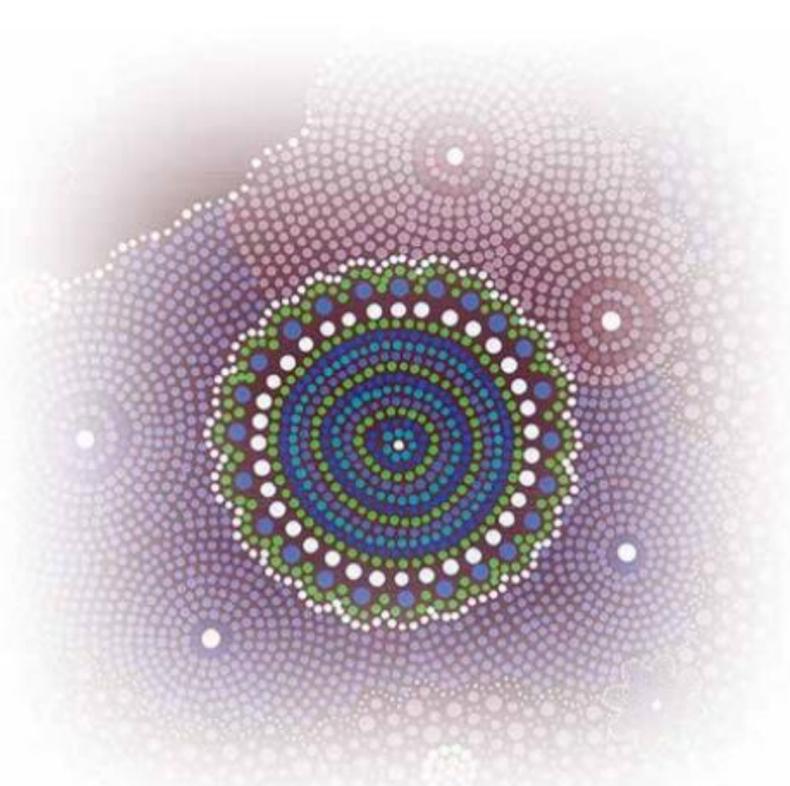
4

It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.

5

The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.

GUIDING PRINCIPLES



6

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8

There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.

9

It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment (*National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009, page 6*)

National Social and Emotional Wellbeing Gatherings 1 to 4

Australian Indigenous
Psychologists Association



AIPPA



Gayaa Dhuwi (Proud Spirit) Australia

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



**Transforming Indigenous
Mental Health and Wellbeing**
www.TIMHWP.org.au



NACCHO

Perth, WA, Canberra, ACT and Darwin NT.

National SEWB Gathering 1

March 2021

Recommendations:

1. To have regular SEWB Gatherings
2. Renew and implement the *National Strategic Framework MH&SEWB 2017-2023*
3. Establish an SEWB Network and Clearinghouse
4. Establish a Measurement Consortium to be hosted by AIHW
5. Establish a Healing Consortium

SEWB GATHERING-2

26 - 28 OCTOBER 2021

WHEN: 8am-2.30pm AWST, Tuesday, Wednesday, & Thursday

DAY 1. SEWBG-1 Recommendations

DAY 2. SEWB Workforce Development

DAY 3. SEWB and the Clinical Interface

Please register your consent before joining online

Consent form: <https://tinyurl.com/SEWBG2>

ZOOM link: [Tinyurl.com/SEWBG2-Tuesday](https://tinyurl.com/SEWBG2-Tuesday)



CO-HOSTED BY:

FUNDED BY THE NATIONAL INDIGENOUS AUSTRALIANS AGENCY



NACCHO
National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au



**Gayaa Dhuwi
(Proud Spirit)
Australia**



GAYAA DHUWI (PROUD SPIRIT) AUSTRALIA



- Established in late March 2020, Gayaa Dhuwi (Proud Spirit) Australia is the new Aboriginal and Torres Strait Islander (Indigenous) social and emotional wellbeing, mental health and suicide prevention national leadership body. It is governed and controlled by Indigenous experts and peak bodies working in these areas, promoting collective excellence in mental health care.
- Gayaa Dhuwi (Proud Spirit) Australia's vision is Indigenous leadership, excellence and presence across all parts of the Australian mental health system and the achievement of the highest attainable standard of social and emotional wellbeing, mental health and suicide prevention outcomes for Indigenous peoples.



NATIONAL AGREEMENT ON CLOSING THE GAP

JULY 2020

An Agreement between:

- the **Coalition of Aboriginal and Torres Strait Islander Peak Organisations**, and
- all **Australian Governments**, being:
 - the Commonwealth of Australia
 - New South Wales
 - Victoria
 - Queensland
 - Western Australia
 - South Australia
 - Tasmania
 - the Australian Capital Territory
 - the Northern Territory
 - the Australian Local Government Association

THE NATIONAL AGREEMENT



The National Agreement

The National Agreement was released in 2020 and sets our four priority reforms:

- 1. Formal Partnership and Shared Decision-making**
- 2. Building the Community-controlled Sector**
- 3. Transforming Government Organisations**
- 4. Shared Access to Data and Information at a Regional Level**

This is an unprecedented shift in the way Governments have previously worked to Close the Gap. This new way of working requires Governments to build on the strong foundations Aboriginal and Torres Strait Islander peoples have with family, community, culture, and Country.

The National Agreement also includes several new priority targets, including social and emotional wellbeing.



Policy Partnerships

The National Agreement makes provision for the establishment of policy partnerships under Priority Reform One: Formal Partnerships and Shared Decision-Making. Policy partnerships are partnerships created for the purpose of working on discrete policy areas.

The National Agreement states that by 2022, the Joint Council will establish a joined-up approach to five policy priority areas, between the Commonwealth, states and territories and Aboriginal and Torres Strait Islander representatives.

The five policy priority areas are:

1. Justice (adult and youth incarceration)
2. Early childhood care and development
- 3. Social and emotional wellbeing (mental health)**
4. Housing
5. Aboriginal and Torres Strait Islander languages





First Nation Members

Coalition of Peaks

- **Professor Pat Dudgeon**, Gayaa Dhuwi Proud Spirit Australia (co-Chair)
- **Dawn Casey**, National Aboriginal Community Controlled Health Organisation
- **Scott Wilson**, Aboriginal Drug and Alcohol Council
- **Zaccariah Cox**, Kimberley Aboriginal Medical Service
- **Fiona Cornforth**, The Healing Foundation

Independent Members

Dean Bayliss, Danielle Dyall, Donna Murray, Deborah Woods, Paul Gray



POLICY PRIORITY AREA: SEWB - BACKGROUND

DAY ONE:
30-03-23

THE SOCIAL & EMOTIONAL WELLBEING MODEL

CAME FROM EFFORTS OF ABORIGINAL AND TORRES STRAIT ISLANDER ADVOCATES

1989 MEETING

"WORKING TOGETHER"

SUICIDE PREVENTION LENS

(DRUG, ALCOHOL AND OTHER CONTRIBUTING FACTORS)

MANY IMPLICATIONS

WE ARE PUBLISHING A PAPER & DOING A

STUDY

MAKE SURE IT MATTERS TO OUR PEOPLE

INDIGENOUS DATA SOVEREIGNTY

IMPLEMENT INDIGENOUS GOVERNANCE

"TRUTH TELLING"

EXPRESSION OF INDIGENOUS SELF HOOD

WE NEED TO GO THROUGH A PROCESS OF

HEALING & RECOVERY

"WHAT'S GOOD FOR MOB IS GOOD FOR EVERYONE"

FINALLY BEING RECOGNISED

SEWB DIAGRAM: ADAPTED FROM GEE ET AL., (2014)

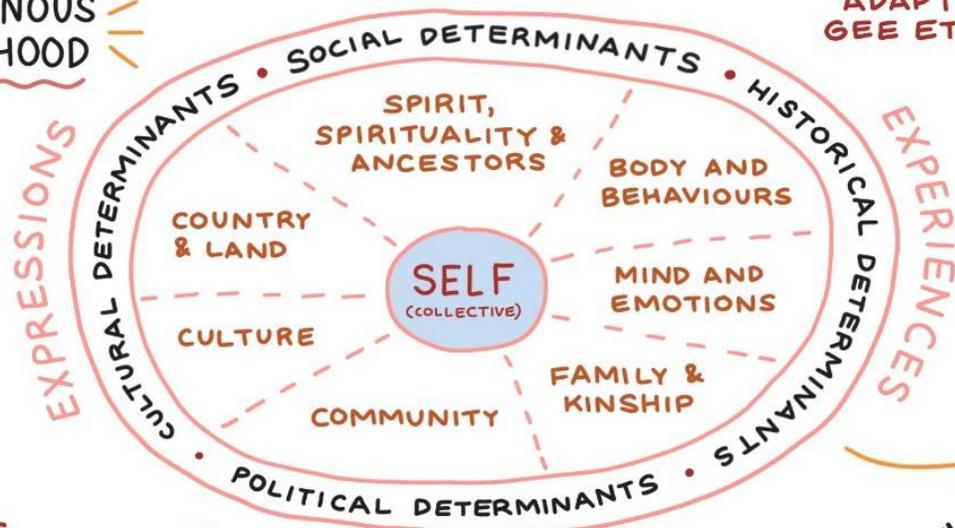
RACISM

- SYSTEMIC HEALTH SYSTEM
- SPORT
- EVERYDAY
- POLITICAL

THESE DON'T HAPPEN IN ISOLATION

WHERE WE BREAK AWAY FROM "MAINSTREAM"

ROLE OF HISTORICAL, POLITICAL SOCIAL & CULTURAL DETERMINANTS



"THE ROLE OF CULTURAL HEALERS"

#1 REFRESH & IMPLEMENT THE SEWB FRAMEWORK

WE HAVE NATIONAL INDIGENOUS GATHERINGS

NEXT: DARWIN IN JULY

HOW DO WE MEASURE SEWB?



TIMHWP Website

<https://timhwb.org.au/>



Transforming Indigenous
Mental Health and Wellbeing
www.TIMHWP.org.au

Home

Research ▾

Publications ▾

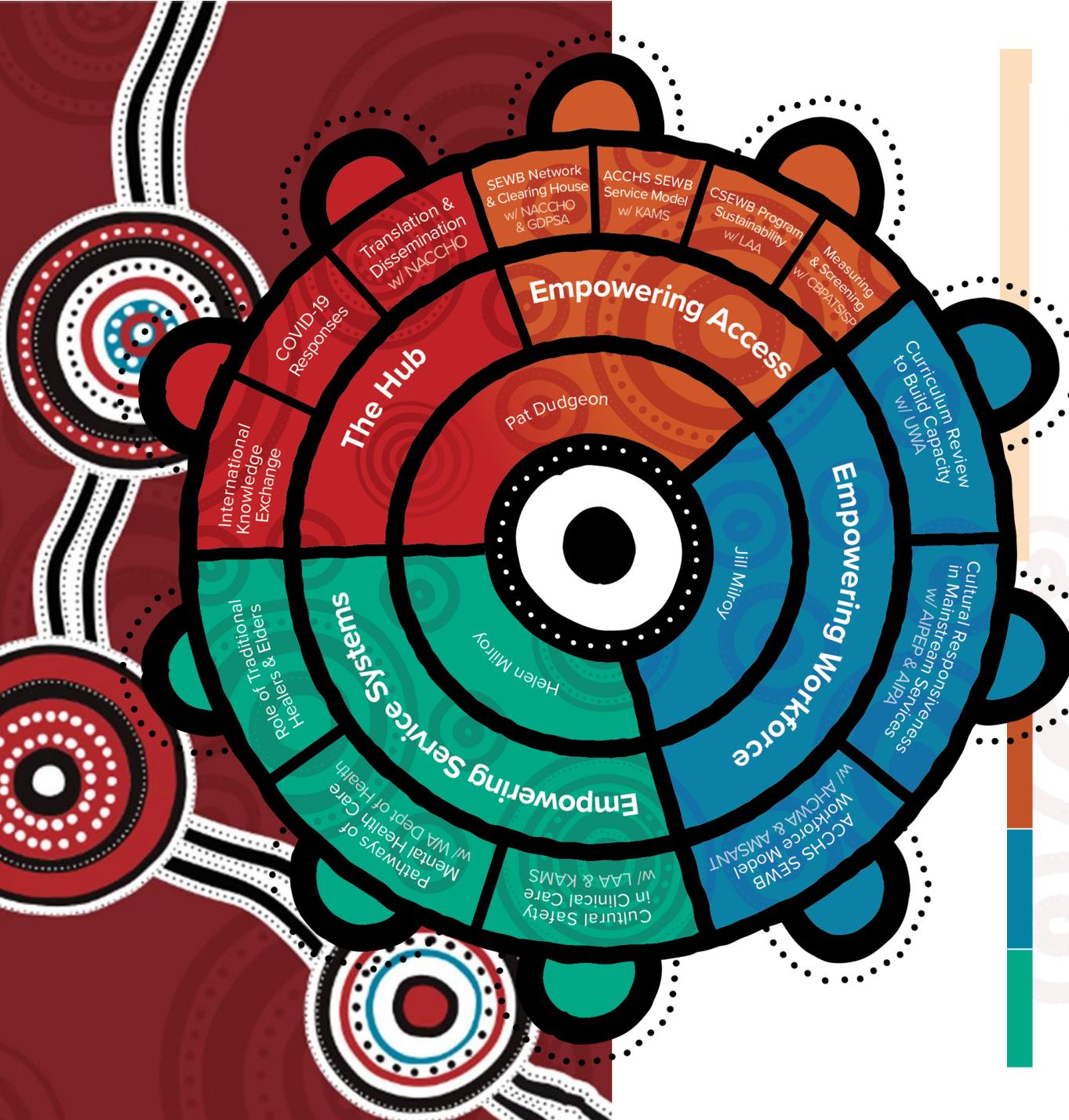
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Transforming Indigenous Mental



About this Project

The Transforming Indigenous Mental Health and Wellbeing Project is a ground-breaking Aboriginal-led research program transforming Aboriginal and Torres Strait Islander mental health care through Aboriginal leadership, authentic partnerships with community organisations, and developing a paradigm of social and emotional wellbeing (SEWB) that centres the role of culture in health.

Research Streams

Three powerful research streams will be working together to improve the cultural safety and responsiveness of mental health and SEWB services to better serve the needs of Aboriginal and Torres Strait Islander peoples. This will be achieved through holistic research that understands and responds to the needs of the community and subsequently builds an evidence base of what works to ensure sustainable change.

OUR PARTNERS:



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au



Gayaa Dhuwi (Proud Spirit) Australia

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



AHCWA

Aboriginal Health Council
of Western Australia



Langford Aboriginal Association
Heart of Our Community



AMSANT



IAHA Indigenous Allied
Health Australia



**LOOKING
FORWARD**

OUR JOURNEY,
OUR STORY



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



Curtin University



NINTONE LIMITED



Government of Western Australia
Department of Health



AIPEP
Australian Indigenous
Psychology Education Project



Healing Foundation

Strong Spirit • Strong Culture • Strong People

Visit Our Websites



The Centre of Best Practice in
**Aboriginal & Torres Strait Islander
Suicide Prevention**
www.CBPATSISP.com



**Transforming Indigenous
Mental Health and Wellbeing**
www.TIMHWP.org.au



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@Centre_of_Best_Practice

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@timhwb (TIMHWP.org.au)



Transforming ❤️ 🟡 ❤️ 🟢 🟡 **Mental Health & Wellbeing**
@timhwb Follows you

An innovative Aboriginal-led program bringing #culturalways & #healing into #mentalhealth 🌱 #SEWB systems to better serve the needs of our peoples & communities

📍 Crawley, Perth (WA) 🔗 ...genousmentalhealthandwellbeing.org.au
📅 Joined September 2020

131 Following 95 Followers

Followed by Pat Dudgeon, Michael Kyron, and 11 others you follow

@cbpatsisp(CBPATSISP.com.au)



Centre of Best Practice ❤️ 🟡 ❤️ **Prevention...**
4,081 Tweets

Centre of Best Practice ❤️ 🟡 ❤️ **Prevention** 🟡 🟢
@cbpatsisp Follows you

Working to reduce the impact of suicide in Aboriginal and Torres Strait Islander communities by promoting self-determination.

📍 Crawley, Perth (WA) 🔗 cbpatsisp.com.au 📅 Joined November 2018

1,051 Following 1,471 Followers

Followed by Pat Dudgeon, Transforming ❤️ 🟡 ❤️ 🟢 🟡 Mental Health & Wellbeing, and 30 others you follow

Some excellent resources



Journey of health and wellbeing

54,522 views • May 27, 2020

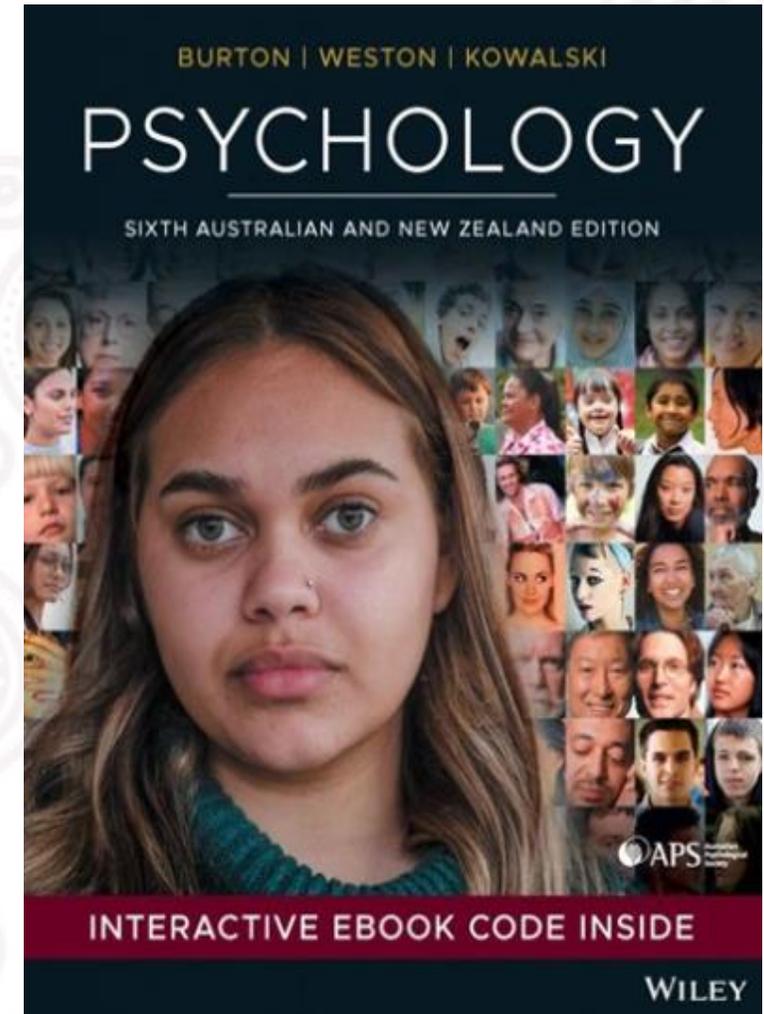
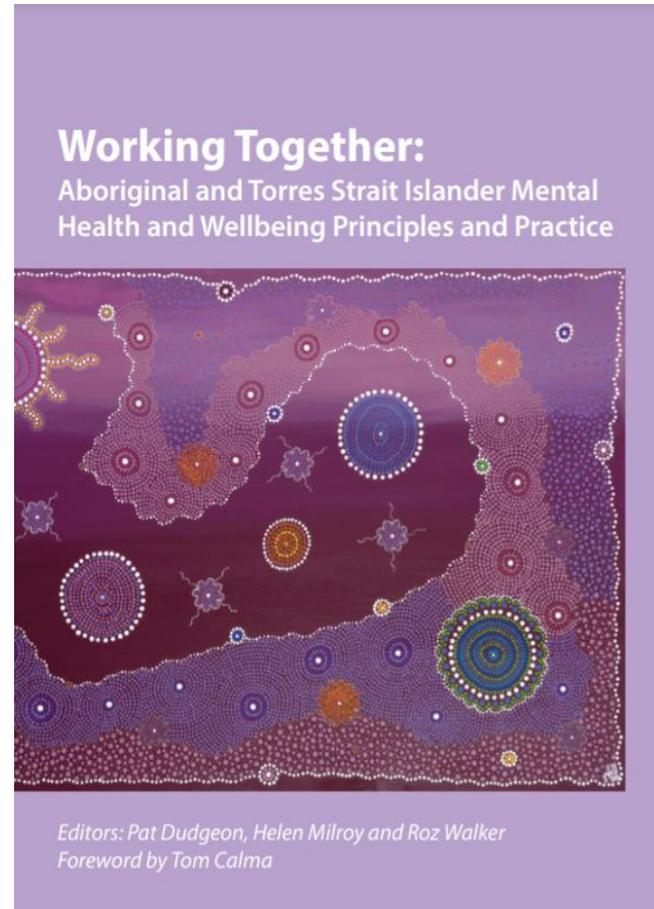
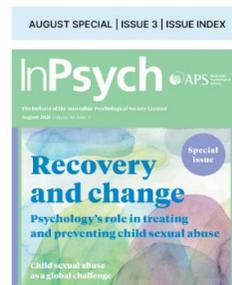
LIKE DISLIKE SHARE SAVE ...

<https://www.youtube.com/watch?v=cDYGjkcjUdg>

Trauma-informed care: Culturally responsive practice working with Aboriginal and Torres Strait Islander communities



Dr Carmen Cubillo MAPS, SEWB Damulgurra coordinator/clinical supervisor, Aboriginal Medical Services Alliance Northern Territory (AMSANT)



[Psychology, 6th Edition \(Burton et al. 2022\)](#)

Aboriginal and Torres Strait Islander SEWB Resources

Websites

<http://www.indigenouspsyched.org.au/>

<https://timhwb.org.au/>

<https://cbpatsisp.com.au/>

Fact Sheets

<https://timhwb.org.au/fact-sheets/>

<https://www.cbpatsisp.com.au/wp-content/uploads/2020/03/Fact-Sheet-3.pdf>

APAR Paper

https://www.lowitja.org.au/content/Document/Lowitja-Publishing/LI_Discussion_Paper_P-Dudgeon_FINAL3.pdf

AIPEP Frameworks

<https://indigenouspsyched.org.au/frameworks/>

InPsych Article

<https://psychology.org.au/for-members/publications/inpsych/2020/oct-nov-vol-42-issue-5/decolonising-psychology>

GDPSA Declaration

<https://www.gayaadhuwi.org.au/resources/the-gayaa-dhuwi-proud-spirit-declaration/>

Solutions That Work: The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

<https://www.atsispep.sis.uwa.edu.au/>

Working Together: Aboriginal and Torres Strait Mental Health and Wellbeing Principles and Practices. (Free to download)

<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>

Aboriginal and Torres Strait Mental Health and Social and Emotional Wellbeing. Gee et al.

<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>



**2nd National Aboriginal
and Torres Strait Islander
Suicide Prevention**

20-21 November 2018

**2nd World
Indigenous Suicide
Prevention**

22-23 November 2018

Conferences

Rendezvous Hotel Perth
Scarborough, Western Australia



Love and Hope – a music video created from the
World Indigenous Suicide Prevention Conference:

<https://www.youtube.com/watch?v=d415CdeNemM>

