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

Gayaa Dhuwi (Proud Spirit) Declaration and Indigenous Governance Framework – Western Australian Implementation Workshop REPORT

3rd July 2019
Government of Western Australia Mental Health Commission, Perth

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 the **Government of Western Australia Mental Health Commission** for their support in hosting this workshop.

1. Overview

With the support of the Government of Western Australia Mental Health Commission, 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 Perth on the 3 July 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 WA 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 WA Health officers, WA Government agency officers, as well as senior representatives from the Primary Health Networks (PHN) in WA and Local Health Services.
See Appendix A to this Report for a list of attendees.

2. The Program

The workshop program is included as Appendix B to this Report. Beginning with an introduction by Mental Health of Western Australia, Assistant Commissioner Mr David Axworthy, 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 ACCHOs 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.

3. Workshop 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 WA?

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 WA and across Australia.

WORKSHOP REPORT

Challenge	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?
	• Assess existing mainstream and ACCHSs services to build an evidence base for ACCHSs:
	  • Co-designed Aboriginal Health Impact Statements
	  • Consumer evaluation of current services – what's working well/what we need more/less of
	• Implement existing strategies that emphasise the role of ACCHSs within the mental health system (at the national level, the Fifth National Mental Health and Suicide Prevention Plan, MH&SEWB Framework, etc.).
	• Recognise the current funding model/ parameters that can impinge ACCHS's holistic approach to health. National/ State funding model co-designed with ACCHSs to address:
	  • Reliable and longer cycle funding to support longer term planning and staff retention
	  • Integrating and/or streamlining the current multiple sources of funding and reporting requirements.
	  • Enhanced MBS rebates to support enhanced ACCHSs service delivery and without potentially controversial 'structural' changes to current funding environment
	• Mental health and related services in ACCHSs expanded on a case by case basis in dialogue with communities – new services codesigned. This should include consideration of:
	  • Innovative ways of getting mainstream/ Indigenous specific services/ workers into remote/ country areas – pathways into country through ACCHSs and including by the co-location of mainstream workers, programs and services in ACCHSs
	  • Variances in need *within* urban settings and when compared to remote/ rural settings
	  • How all ACCHSs could operate on 'no wrong door' principles within holistic context
	  • Building community level capacity around mental health – proactive training of non-clinical workers – MHFA. Services only one part of the mix of responses needed.
	• Practical supports to ACCHSs from the mainstream mental health sector could include:
	  • Protocols to ensure quicker/ secure access to patient mental health records
	  • Adopting a plain English approach (i.e. non-clinical language) when communicating patient information
	  • Faster and easier appointments with mental health services
	  • Building staff awareness about ACCHSs and their role across the mental health space
	  • Care coordination improvements particularly in remote areas – ACCHS work with outreach psychiatrists/ GPs & etc. – telehealth based in ACCHSs
	  • Improve data collection around suicide, including greater emphasis placed on otherwise unreported incidents of attempted/ threatened suicide made anecdotally through ACCHSs – one table suggested that actual numbers of attempts are higher than the official data suggests
	• Aboriginal procurement processes:

	• Tend to value governance - that then tends to favour non-Indigenous organisations - over capacity to deliver - which would favour Indigenous organisations • Need to be co-designed so ACCHSs can play a stronger role • Procurement support (special Indigenous operated agency?) is needed to support smaller/Indigenous organisations to compete effectively • System attitudinal change to support enhanced ACCHSs role: • Political will -- Be brave (don't fear failure) • Start somewhere – don't wait for the perfect solution • Don't fear that one size doesn't fit all • Build relationships with ACCHSs - Formal involvement of ACCHSs/ partnership • Targets for more ACCHSs • When mainstream organisations are used to auspice/ manage the funding of Indigenous programs, the administration fees are too high (usually around 30%)
2. 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?	• State Aboriginal workforce advisory group • Share best practice • System approaches • Identify mix and level of Indigenous workers required including need to ensure 24/7 available place-based care • Re: above – Aboriginal employment targets • Upskilling and training through primary, secondary, tertiary • Target middle age unemployed Indigenous people - fund 100 training positions per year for 3 years - training/skills development • Capacity should not be focused exclusively on services - MHFA training at community level. • Dept of Education key – how do you work with schools + teachers to create closer engagement with future workforces - generational view • Apprenticeship models of entry and training • Training and degrees need specialization – e.g. Psychology (Aboriginal psychology) work with AHPRA • New positions: • Community wellbeing officer position created – work across justice/health/housing & etc. • Aboriginal Elders in Residence • Coroners – employ Aboriginal Liaison Officers **Mainstream organisations** • The development of Indigenous specific services (i.e. SSAMHS) does not take the responsibility for Indigenous mental health & etc. from mainstream services. Rather the challenge is to integrate and join up a range of services into an effective system response. • Cultural safety in mainstream organisations: • Ongoing and place-specific cultural supervision of non-Indigenous staff/ non-local staff • Cultural safety KPIs attach to employment contracts at all levels • Call out racism (challenge) • Include addressing lateral violence between Indigenous workers and non-Indigenous workers

	• Protecting workers from lateral violence from communities – 'duress buttons' (alerts) to help ensure personal safety • Self-care training for Indigenous staff • Employ Aboriginal Liaison Officers among their Indigenous workforce • Other safety issues: • Recognising the importance of, and supporting, LGBTIQ workers in the mix of workers • Indigenous workers with disabilities need support
3. Cultural healers At the state and regional levels, how do we ensure Indigenous people and communities are able to access cultural and traditional healers?	• Enhance existing provisions of the WA Mental Health Act – specific funding stream to support access to cultural healers • State Aboriginal advisory group/ peak • Some sort of recognition process/ list of healers/ Working -With-Children checks • Share best practice - Local centres of best practice in the integration of cultural healing recognised • Embed cultural healers at all levels of mental health sector (Boards, managements, etc.) • Models of care/ scope of practice • Models of care in ACCHSs/ as appropriate with integrated cultural healers / healing co-designed and operationalised - Cultural healers as a part of MH&SEWB Teams. SSAMHS model an excellent example. • Integration of mainstream mental health and recovery services with traditional healers and healing practices. • Families and individuals should be empowered to be able to seek healing and treatment for family members through informal (i.e. non-mental health service) channels - 'family/ healing hubs'/ GPs • Continuing above - combined with 'back to country' programs • Healing of sites with negative histories (eg. massacres) an important community healing activity • Healing of community, family, individual trauma particularly important • Rehabilitation and recovery programs • Bush medicines are an important part of healing and should also be integrated into healing practices • One table specifically mentioned Christian healers as an important part of a mix of healers that might be of use in any particular community setting. Other tables wanted to differentiate Christian from traditional healing and support the latter only through this potential stream of activity. • Cultural healers should be protected from burnout or other forms of exploitation • Passage of cultural healing knowledge should be protected/ ensured
4. Leadership Design a five-year program to identify and fill relevant mental health governance and leadership positions within government, LHD	• State Aboriginal leadership advisory group • Existing State mental health leadership is largely non-Aboriginal and must understand, reinforce value/importance of Aboriginal culture and leadership to support change • Aboriginal leaders must work with these existing leaders to institute change - validation of voices of existing leadership • Address systemic discrimination and racism/ lack of cultural safety particularly apparent at the higher levels of government and

and Hospital Networks, and PHNs, with suitably qualified Indigenous people.	bureaucracies. This directly contributes to a lack of Indigenous leadership within the system and otherwise dissuades people seeking leadership positions from identifying as Aboriginal
	• Leadership program co-designed with Indigenous leaders and stakeholders
	  ○ Leadership procurement needs to be properly co-designed
	  ○ Program to include structured sponsored/paid development to promote building of skills and knowledge, emerging leaders from entry level positions
	  ○ FTE targets
	  ○ Succession planning in key positions to include employment of Indigenous staff/ position becoming identified

5. 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
	• Looking Forward Project – exemplary local example
	• Relinquishments of power intrinsic to co-design processes will need to be led by non-Indigenous leaders within the mental health and other systems (because of the current situation which is mostly dominated by non-Indigenous leaders). This requires genuine commitment on their part.
	• Transparency about process limitations (i.e. total funding envelopes, etc.) should be a part of co-design process.
	• 'Everything is open' to co-design. Some suggestions:
	  ○ WA Indigenous Suicide Prevention Action Plan by Dec 2019
	  ○ Local community health and housing plans with local services with ACCHSs representative
	  ○ ACCHSs funding and reporting requirements
	• Align procurement processes with co-design outcomes – so that procurement processes do not result in changes to the co-designed outcome.

The workshop brought together key WA Indigenous mental health and key 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 WA, 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. ATTENDEES

In first name alphabetical order

1	Alisa Ranson	Research & Policy Officer – WA MHC
3	Amanda Bramley	Director, Health Relationship and Purchasing – WA MHC
4	Angela Hanslip	RTO Manager – WA MHC
5	Annie Young	Acting General Manager Statewide Commission and Clinician Engagement – WAPHA
6	Aunty Helen Kickett	Nyoongar Elder
7	Aunty Liz Hayden	Nyoongar Elder
8	Barbara Ahmat	Project Manager, CBPATSISP
9	Brad Isbister	Suicide Prevention Coordinator – Neami National
10	Cecelia Cox	Clinical Manager - DYHS
11	Cheryl Smith	Director Aboriginal Health – NMHS
12	Chris Holland	Executive Officer – NATSILMH
14	Cliff Collard	Manager, Strong Spirit Strong Mind Aboriginal Programs – WA MHC / NATSILMH
15	Craig Ward	Assistant Police Commissioner – WA Police
16	David Axworthy	Assistant Commissioner – WA MHC
18	Emma Jarvis	CEO – Palmerston
19	Francesca Bell (Dr)	Clinical Psychologist – Coronial Counselling Service
20	Hanna McGlade (Dr)	Senior Indigenous Research Fellow – Curtin University
21	Ian McCabe	Portfolio Manager, Primary Care Programs – WAPHA
23	Jill Rundle	CEO – WANADA
25	Julie Spratt	Snr Prevention and Early Intervention Officer – WA MHC
26	Karina Clarkson	Senior Workforce Development Officer – WA MHC
27	Katie Gallagher	Senior Project Officer – WA MHC
28	Kenzie Dann	Youth Access Worker – Headspace – Osborne Park

30	Kevin O'Keefe	Principal Advisor, Aboriginal Education Teaching and Learning – Dept. of Education
31	Laurel Sellers	CEO – Yorgum
33	Lorna MacGregor	CEO – Lifeline
34	Luke Austin	Clinical Practice Worker – AHCWA
35	Melanie Chatfield	Health Policy Manager – WAPHA
36	Melody Birrell	Principal Officer, Psychiatric Hostel Reviews – OCP
38	Michael Mitchell	Program Manager – Wungen Kartup Specialist Aboriginal Mental Health Service (Metropolitan)
39	Michael Sitas	A/Director, Adult Program – NMHS MH
40	Natalie Contos	Acting Manager, Aboriginal Policy and Coordination Unit – Dept. of Premier and Cabinet
41	Nathan Gibson (Dr)	WA Chief Psychiatrist – Office of the Chief Psychiatrist (OCP)
42	Nita Spedding	Lived Experience
43	Onike Williams	Cadet – Dept. of Health / WA MHC
44	Pat Dudgeon (Professor)	Project Director – CBPATSISP / NATSILMH
45	Peta Barry	Manager PCS, Health Services, Corrective Services – Dept. of Justice
46	Rachael Dalziell	Program Coordinator – Mission Australia
47	Reg Henry	Program Coordinator, Aboriginal Outreach Services – Richmond Wellbeing
49	Roz Walker (Associate Professor)	Program Head, Developmental Origins of Child Health – Telethon Kids / Senior Researcher – UWA
50	Sam Knight	Executive Manager, Housing and Homelessness – Ruah
52	Sharene Kocsis	Senior Workforce Development Officer – WA MHC
53	Sharon Ramirez	Program Manager, Statewide Aboriginal Liaison – WACHS
54	Steve Sandhu	Cultural Liaison Officer (hYEPP) – Headspace – Midland
55	Sue Jones	Assistant Commissioner – WA MHC
56	Sumi Paull	Senior Policy and Workforce Development Officer – WA MHC
57	Tim Owen	Senior Service Development Officer – WA MHC
58	Taryn Harvey	CEO – WAAMH

59	Tom Brideson	Deputy Commissioner – NSW MHC / Chair of NATSILMH
60	Uncle Charlie Kickett	Nyoongar Elder
61	Vernon Dann	Senior Program Officer, Aboriginal Mental Health – WACHS
63	Wayne Flugge	Workforce Development Officer – WA MHC
64	Wynne James	Manager, Aboriginal Health Policy – WA Dept. of Health

2. 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: WA Workshop on Gayaa Dhuwi (Proud Spirit) Declaration Implementation and the Indigenous Governance Framework

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 WA Context
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* Mr. Tom Brideson, NATSILMH Chair • CBPATSISP and the *Indigenous Governance Framework* Professor 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*
4.25 – 4.30	Close

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 to 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