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 – South Australian Implementation Workshop REPORT

19th September 2019
Nunkuwarrin Yunti of South Australia
82-190 Wakefield St, Adelaide SA 5000

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 Nunkuwarrin Yunti of South Australia for their support in hosting this workshop.

- **Overview**

With the support of Nunkuwarrin Yunti of South Australia, 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 Sydney 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 South Australia's (SA) 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 SA Health officers, SA Government agency officers, as well as senior representatives from the Primary Health Networks (PHN) and Local Hospital Districts (LHD) in SA. See Appendix A to this Report for a list of attendees.

- **The Program**

The workshop program is included as Appendix B to this Report. Beginning with an introduction by Nunkuwarrin Yunti of South Australia CEO Ms Vickie Holmes, and Middle Manager, People Development Unit Mr Lance Reilly.

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**

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 SA?

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 SA 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?	• ACCHS should be supported through implementation of a human rights-based health system with due acknowledgement of Indigenous rights in this context (ICESCR, ILO 169, UNDRIP). (Relevant to all themes.) • More Indigenous staff trained to support the work of ACCHSs in mental health. A significantly expanded workforce is the first step. Train up/ upskill existing staff/ Aboriginal Health Workers on site so as not to put service at risk of staff shortages. Greater access to on site clinical supervision. • As a secondary measure, more emphasis on educating/training non-Indigenous staff to work effectively with Indigenous clients and within ACCHSs while in university or other training , rather than when they are already in the workforce. Placements in ACCHSs while training. • Where family members/ kin work in ACCHSs, privacy concerns can sometimes lead clients to look elsewhere for health support. ACCHSs should be supported to provide diversity of staff (i.e. from diverse families/ groups, or even people from outside the community) to help address this concern where required with community approved protocols about the handling of client information. • There is more burn out and other additional pressures on ACCHSs' staff because of their connections to communities and the 'emotional work' that this entails. Co-design workforce-community 'boundaries' with such staff and provide support measures as required: this might include mental health leave days, TOIL, cultural leave days, family friendly workplaces, and other initiatives. (This can also apply in mainstream services.) • MBS –there were enquiries into how ACCHSs can maximise income from MBS and/or reform to MBS. • There was discussions about PHN advocacy to the Commonwealth for expanded ACCHSs' role in mental health. It was appropriate to have PHNs 'on board'. • New ACCHSs co-designed funding models that align with how ACCHSs actually work with clients: i.e. not based on, or entirely on, fee for service-model, but (for example) annual funding allocation per client, & etc., as appropriate to support ACCHS innovation and freedom to proactively meet community/client needs outside of funding siloes. The above could apply to NIAA/Indigenous Advancement Strategy in relation to SEWB services funding allocation. • Use co-design to establish a range of new worker roles tailored to meet the needs of Indigenous communities within ACCHSs (also mainstream). • Community awareness of ACCHSs-based mental health services – mental health literacy – as the essential complement to enhanced ACCHS's role in mental health.

2. Culturally respectful mainstream services	• Institutional and interpersonal racism in mainstream services must be acknowledged as the pre-requisite for change. • GPs and primary health care providers need far more attention as a 'front line' where Indigenous people and non-Indigenous health staff/ mental health staff interact. • There should be agreed Indigenous staff - community population ratios for mainstream services (as for ACCHSs). • Education and training providers need to educate all future mental health system workers on the differing mental health needs of urban, rural and remote indigenous communities – and not provide a 'one size fits all' cultural competence or other Indigenous-focused element of curricula. • Services need to, under indigenous leadership, support the co-design of a 'new language' for working with indigenous clients. Service language is currently service (not client)-orientated, often jargon-ridden, and academically and/or clinically focused and – as such - not resonant with Indigenous clients' experience and understanding. This affects trust. Mainstream services and staff need to start using language that supports effective client communication and 'diagnosis', rather than the client's presentation being 'fitted' into a pre-existing, largely non-Indigenous, set of mental health terms and concepts. • Trauma informed practice is essential within mainstream service specific 'models of care' for Indigenous clients. • ACCHS should lead regional Indigenous-specific planning that includes mainstream services/ training in local cultural safety, etc. • Indigenous people must be in the governance structures of mainstream organisations. This requires investment of time and resources, and to support this by training directors and other activities. Communities should determine suitability of Indigenous representatives. • There should be Indigenous mentors for Boards, CEOs, senior staff. Acknowledgement of their lived experience. And/or Indigenous advisory councils to advise and guide service Boards and operation. • Indigenous client feedback needs to be collected and taken as the basis for action. Acknowledgement of their lived experience.
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	Training -- • Affirmative action including leveraging existing affirmative action programs, to train more Indigenous workers at all levels. Greater support for Aboriginal students and workers to obtain professional qualifications. • Recruiting/training people recommended by community • In addition to the above: in house (ACCHSs and mainstream) training/ up skilling packages. Build pathways from vocational to tertiary sector without significantly affecting staffing levels.

(including emerging workforces), para-professionals and professionals to meet the SEWB mental health needs of Indigenous people and communities?	• Medical colleges proactively recruiting suitable people in communities – reaching out to communities to identify candidates for training • Establish an Aboriginal and Torres Strait Islander-specific university with branches in major centres and extensive remote education capacity. Culturally appropriate training. • APHRA – needs to recognise narrative therapy providers with diplomas. • There needs to be additional Aboriginal workforce training programs that are the equivalence of Aboriginal health qualifications • There needs to be family awareness of career opportunities/ pathways in the health sector • Youth development programmes in community development projects. • Private school scholarship programmes. • University bridging courses (e.g. for medicine) • Aboriginal specific qualifications in mental health. • Aboriginal peer workforce development. Employment - • Indigenous workers' supports - Cultural leave days, family friendly workplaces. etc. • Mandate employment levels (i.e. 6- 10% of clinical staff must be Indigenous). Quotas and identified positions. Gender balance in workforce KPI's tied to bonuses for Aboriginal employment targets being met – at all levels of management. • Link to organisation RAPs.
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?	• Concepts like spirituality and healing in general need to be a part of the entire health/ medical education curriculum so that the entire health workforce are exposed to them including, but not limited to, a specifically Indigenous context (such as cultural healing.) • Bodies like ANTAC (Aṉangu Ngangkaṟi Tjutaku Aboriginal Corporation) should be sponsored to host or otherwise provide workshops and training for GPs and mainstream services in: a. What cultural healing is b. How to access it (referral pathways) c. How to work respectfully with healers d. Bush medicines e. Proactive connection of people to cultural healers – funding for travel f. Promotion in NAIDOC week etc. g. Funding model for cultural healing needs to be considered – what is the appropriate model? Fee for service or something more flexible/ expansive?

	• Cultural healing teams • Increasingly in SA, Nangkaris are playing a role in suicide prevention in relation to people at immediate risk of taking their lives. Flexible working models (24/7 availability) are needed to accommodate this.
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.	• KPI's related to ensuring indigenous leadership within organisations tied to CEO and relevant bonuses • Formal pathways for training Indigenous people in leadership skills. • Quotas and identified positions to reach a "critical mass" of Aboriginal people in governance. • Link to organisation RAPs.
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	• MOU between service providers and Indigenous stake holder groups – client community reps. • Communities must be resourced and supported, and individuals remunerated, to fully engage co-design processes. These should be included in development budgets when considering reform. With communities, stakeholders, this could be on a 'fee for service' basis – i.e. 'per consultation', or via retainer-like arrangements/ formalisation of advisory councils. • PHN/ LHD active establishment, support and maintenance of lived experience groups. • Consultation with community to be across multiple groups/families/orgs & etc. to ensure all stakeholders have inclusion. • No policy/ funding models activated without sign off by cross section of multiple stakeholders.

The workshop brought together key SA 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 SA, 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*

	Name	Title/work place
1	Mr Andrew Birdsworth	Not recorded
2	Ms Anna Di Salvatore	Adelaide PHN
3	Ms Bec Edser	SEWB Workforce Support Unit Project Officer at Nunkuwarrin Yunti of SA
4	Mr Chris Holland	NATSILMH EO
5	Ms Christina Lake	SEWB Aborinal Community Case Manager at Pt Lincoln AMS
6	Mr Daniel Fejo	RTO - Peoples Development Unit - Nunkuwarrin Yunti of SA
7	Mr Dylan Warren	Assistant Manager, Drug and Alcohol Services, Umoona Tjutagku AMS
8	Ms Elka Colbert	Nunkuwarrin Yunti of SA
9	Ms Fiona Wilson	Pangula Mannamurna Inc.
10	Mr Gervas Paul	Umoona Tjutagku Health Service
11	Ms Jaki Bayly	National Indigenous Australians Agency (SA)
12	Ms Jane Nelson	Nunkuwarrin Yunti of SA
13	Mr Jason Gower	Northern Community Mental Health Centre
14	Ms Jeffrey Stantion	Towilla Purruttiappendi (Healing the Spirit)
15	Ms Judith Lovegrove	Senior Officer, Aboriginal Social & Emotional Wellbeing, SA CAMHS
16	Mr Justin Mogridge	Pika Wiya Aboriginal Health Service
17	MsKaren Somerfield	Watto Purrunna Aboriginal Primary Health Care Service
18	Ms Katie Southern	Nunkuwarrin Yunti of SA
19	Ms Kelly Stewart	Adelaide PHN
20	Professor Kerry Arabena	Facilitator
21	Mr Kurt Towers	Lyall McKewen Hospital, Executive Director of Aboriginal Health Services
22	Mr Lance Reilly	Nunkuwarrin Yunti of SA
23	Ms Leanne Benton	Nunkuwarrin Yunti of SA
24	Ms Lesley Robee	Nunkuwarrin Yunti of SA
25	Ms Maggie Carter	Watto Purrunna Aboriginal Primary Health Care Service
26	Ms Margeret Debon	Northern Community Mental Health Centre
27	Mr Mark Schuster	Watto Purrunna Aboriginal Primary Health Care Service
28	Mr Michael McCabe	Nunkuwarrin Yunti of SA
29	Ms Natalie Hamad	SA Mental Health Commission
30	Nick Leidig	Nunkuwarrin Yunti of SA
31	Ms Pat O'Connor	Northern Community Mental Health Centre
32	Professor Pat Dudgeon	CBPATSISP Director
33	Mr Ray Sumner	Nunkuwarrin Yunti of SA - student
34	Ms Rebecca Minnaar-Neil	Pika Wiya
35	Mr Richard Smith	SA Health
36	Mr Rick Hartman	Ngarrindjeri Regional Authority
37	Mr Robert Rigney	Nunkuwarrin Yunti of SA
38	Ms Rohan Carmody	Nunkuwarrin Yunti of SA
39	Ms Rose Highfold	Nunkuwarrin Yunti of SA
40	Ms Sarah Burden	Manager, SA Health
41	Ms Shelly Ward	Nunkuwarrin Yunti of SA
42	Ms Sylvia Reynolds	Participant Support Officer, Lifetime Support
43	Ms Tanya Maluke	Nunkuwarrin Yunti of SA
44	Mr Tom Brideson	NATSILMH Chair
45	Ms Toni Arundel	Nunkuwarrin Yunti of SA
46	Ms Vickie Holmes	Nunkuwarrin Yunti of SA CEO
47	Ms Zena Bonny	Northern Adelaide Local Health Network

1. PROGRAM

National Aboriginal and Torres Strait Islander Leadership in Mental Health
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PROGRAM: South Australian Workshop on Gayaa Dhuwi (Proud Spirit) Declaration Implementation and the Indigenous Governance Framework

19th September 2019

Venue: Nunkuwarrin Yunti of South Australia, 182-190 Wakefield St, Adelaide SA 5000

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 SA Context Ms Vickie Holmes, CEO, and Mr Lance Reilly, Nunkuwarrin Yunti of South Austrralia
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 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