

# GAYAA DHUWI (PROUD SPIRIT) DECLARATION FRAMEWORK AND IMPLEMENTATION PLAN



Gayaa Dhuwi  
(Proud Spirit)  
Australia





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**Gayaa Dhuwi (Proud Spirit) Australia acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work, and learn and pay respect to Elders past and present.**



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# About Gayaa Dhuwi (Proud Spirit) Australia

Established in late March 2020, Gayaa Dhuwi (Proud Spirit) Australia (**Gayaa Dhuwi**) is the national Aboriginal and Torres Strait Islander social and emotional wellbeing (**SEWB**), mental health, and suicide prevention leadership body. It is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies working in these areas, promoting collective excellence in mental health care across the country.

## About our Governance Committee

The development of the Gayaa Dhuwi (Proud Spirit) Framework and Implementation Plan was guided by a national Governance Committee (**the Governance Committee**) appointed by the Board of Gayaa Dhuwi. The Governance Committee was comprised of Aboriginal and Torres Strait Islander leaders in mental health, SEWB, and suicide prevention across Australia. Members of the Governance Committee were:

- **Professor Helen Milroy AM** (Palyku), Chair of Gayaa Dhuwi and Professor in Child and Adolescent Psychiatry at Perth Children's Hospital Foundation
- **Professor Tom Calma AO** (Kungarakan/Iwaidja), Senior Australian of the Year 2023 and Patron of Gayaa Dhuwi
- **Nicole Turner** (Kamilaroi), Indigenous Allied Health Australia
- **Monica Barolits** (Kungarakan), Australian Indigenous Doctors' Association
- **Vicki McKenna** (Yawuru/Bunaba), Black Dog Institute
- **Jodi Knight**, National Aboriginal Community Controlled Health Organisation
- **Anna-Louise Kimpton**, National Aboriginal Community Controlled Health Organisation
- **Tom Brideson**, (former) Chief Executive Officer, Gayaa Dhuwi

In addition to the Governance Committee, Gayaa Dhuwi convened an Expert Advisory Group (**the EAG**), representing key government officials from commonwealth, state, and territory jurisdictions. The purpose of the EAG was to provide input and guidance to the development of the Implementation Plan.



## Minister's Foreword

The Australian Government is committed to ensuring First Nations people enjoy the highest possible standard of social and emotional wellbeing, including access to culturally safe and holistic mental health care.

Suicide and mental ill-health continue to disproportionately impact First Nations people, family, communities and kin. The Australian Government is working in partnership with First Nations leaders, the health sector, and service providers to understand and better meet the needs of First Nations people, in line with the *National Agreement on Closing the Gap* (2020).

The *Gayaa Dhuwi (Proud Spirit) Declaration* promotes First Nations leadership across all parts of the Australian mental health system, including education and employment for First Nations people.

The Declaration, which was first launched in 2015, was the product of extensive consultation and nationwide input from First Nations people, including those with Lived Experience. The Declaration aims to achieve the highest attainable standard of mental health and suicide prevention outcomes for First Nations people.

In line with the *National Agreement on Closing the Gap*, this Declaration Framework and Implementation Plan provides a 10-year pathway to implement the Declaration and enable First Nations people to be represented at all levels of leadership and service delivery.

As a whole of system plan, the Declaration Framework and Implementation Plan aims to guide action across all governments to enable culturally safe and responsive systems of mental health care and suicide prevention across Australia.

We thank Gayaa Dhuwi (Proud Spirit) Australia and their partners who have contributed to the development of the Declaration Framework and Implementation Plan. We invite you to read and engage with the Declaration Framework and Implementation Plan, and to support its activation and implementation across Australia.

**The Hon Mark Butler MP**  
**Minister for Health and Aged Care**  
**November 2024**



# Governance Committee's Foreword

On behalf of the Governance Committee, it is with great pride and a deep sense of responsibility that we present the Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan.

This document marks a significant step in our ongoing journey to improve social and emotional wellbeing, mental health, and suicide prevention outcomes for our people. It stands as a testament to our collective commitment to honouring the rich cultural heritage, wisdom, and resilience of our communities.

The Gayaa Dhuwi (Proud Spirit) Declaration is more than just a policy document. It is a call to action, urging us to recognise and address the unique mental health challenges faced by Aboriginal and Torres Strait Islander peoples. It emphasises the importance of culturally appropriate care and the integration of traditional knowledge systems with contemporary mental health practices.

The Declaration Framework and Implementation Plan is designed to translate the principles of the Declaration into practical, impactful actions. It outlines a strategic approach to ensure that mental health services are not only accessible but culturally safe and responsive to the needs of our communities. The Declaration Framework and Implementation Plan represents a collaborative effort, involving extensive consultation with Aboriginal and Torres Strait Islander leaders, mental health professionals, and community members. Their insights and lived experiences have been invaluable in shaping a roadmap that is both ambitious and grounded in the realities of those it aims to serve.

As we move forward, we are guided by the principles of cultural protocols and respect, community empowerment, leadership, and excellence. The success of the Declaration Framework and Implementation Plan relies on the unwavering support and cooperation of all stakeholders, including government bodies, healthcare providers, and the broader community. We are committed to fostering an environment where Aboriginal and Torres Strait Islander peoples can thrive, with our cultural identities recognised and celebrated.

In closing, we extend our heartfelt thanks to everyone who has contributed to the development of the Declaration Framework and Implementation Plan. Your dedication and passion are the driving force behind our work to create a future where all Aboriginal and Torres Strait Islander peoples can enjoy the highest attainable standard of social and emotional wellbeing, mental health, and suicide prevention outcomes.

**Professor Helen Milroy AM**  
**Chair, Governance Committee**  
**Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan**

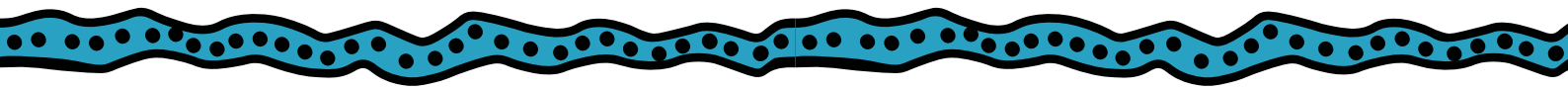




# Glossary

This glossary provides a quick reference to the terms, acronyms, and abbreviations used throughout the Framework and Implementation Plan.

TERM	MEANING
<b>ACCO</b>	Aboriginal Community Controlled Organisation
<b>The Declaration</b>	The Gayaa Dhuwi (Proud Spirit) Declaration
<b>The Fifth Plan</b>	The Fifth National Mental Health and Suicide Prevention Plan
<b>The Framework and Implementation Plan</b>	The Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan
<b>Gayaa Dhuwi</b>	Gayaa Dhuwi (Proud Spirit) Australia
<b>The National Agreement</b>	The National Agreement on Closing the Gap
<b>NATSILMH</b>	National Aboriginal and Torres Strait Islander Leadership in Mental Health
<b>SEWB</b>	Social and emotional wellbeing
<b>UNDRIP</b>	United Nations Declaration on the Rights of Indigenous Peoples



# Recognition statement

Gayaa Dhuwi (Proud Spirit) Australia (**Gayaa Dhuwi**) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work, and learn. We also recognise and respect the strength and resilience of Aboriginal and Torres Strait Islander peoples, communities, and cultures. We would like to extend our thanks to the Aboriginal and Torres Strait Islander peoples who contributed to the development of the Framework and Implementation Plan, and recognise the continued leadership and advocacy of Aboriginal and Torres Strait Islander peoples in the promotion of social and emotional wellbeing (**SEWB**), improved mental health, and suicide prevention.

Aboriginal and Torres Strait Islander peoples, communities, and cultures have continued to thrive despite the profound interpersonal and systemic effects of colonialism, discrimination, and intergenerational trauma on individual and collective health and wellbeing. An extensive evidence base demonstrates the disproportionate incidences of poor physical health outcomes, mental ill-health, and suicide-related deaths amongst Aboriginal and Torres Strait Islander peoples when compared to non-Aboriginal and Torres Strait Islander peoples.<sup>1</sup> These outcomes are the result of various financial, cultural, and language barriers, interpersonal and systemic racism, service coverage and waitlist challenges, and a lack of cultural safety and responsiveness present within mainstream healthcare settings.

To meet the SEWB and mental health needs of Aboriginal and Torres Strait Islander peoples, access to services is critical.<sup>2</sup> Additionally, effective and appropriate system leadership and workforce representation of Aboriginal and Torres Strait Islander peoples represent central tenets of ensuring that services — and the system at large — can respond appropriately to the SEWB, mental health, and suicide-related needs of Aboriginal and Torres Strait Islander peoples.<sup>3</sup> Ensuring that Aboriginal and Torres Strait Islander peoples can be and are seen as leaders across the mental health system enables the promotion of cultural and lived experience. This will ensure the development of more targeted, effective, and culturally appropriate structures, processes, and services. Ultimately, this will contribute to self-determined outcomes for Aboriginal and Torres Strait Islander peoples.

In line with this, a new era of partnership and decision-making under the *National Agreement on Closing the Gap* (the **National Agreement**) has been enabled by sustained and extensive Aboriginal and Torres Strait Islander advocacy. This includes a commitment to enabling Aboriginal and Torres Strait Islander peoples to “enjoy high levels of social and emotional wellbeing” under Target 14 of the National Agreement.<sup>4</sup> The Framework and Implementation Plan commits all governments to work in genuine partnership with Aboriginal and Torres Strait Islander peoples, organisations, and communities to drive culturally safe and responsive SEWB, mental health, and suicide prevention solutions. The Framework and Implementation Plan are grounded in the five themes of the *Gayaa Dhuwi (Proud Spirit) Declaration*.

All Australian governments should realise the rights of Aboriginal and Torres Strait Islander peoples in alignment with their commitments under the United Nations Declaration on the Rights of Indigenous Peoples (**UNDRIP**) and the *Gayaa Dhuwi (Proud Spirit) Declaration*.

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1 AIHW 2022a, NATSILMH 2015, Sones et al 2010, p. 54, Reifels et al., 2018, p2.

2 AIHW and NIAA, 'Aboriginal and Torres Strait Islander Health Performance Framework: Summary Report 2020', pg 27


3 Dudgeon P, Milroy J, Calma T, Luxford Y, Ring I, Walker R et al. 2016. Solutions that work: what the evidence and our people tell us. Perth: School of Indigenous Studies, University of WA; 2.

4 The National Agreement on Closing the Gap, 2020.




# Background

## Vision



The Framework and Implementation Plan's vision is for Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.<sup>5</sup>



## History of the Gayaa Dhuwi (Proud Spirit) Declaration

On 27 August 2015, the Gayaa Dhuwi (Proud Spirit) Declaration (**the Declaration**) was launched by the National Aboriginal and Torres Strait Islander Leadership in Mental Health (**NATSILMH**) — a precursor body to Gayaa Dhuwi (Proud Spirit) Australia — as an Aboriginal and Torres Strait Islander-specific companion to the *Wharerātā Declaration*. The *Wharerātā Declaration* is an international model to frame and advance Indigenous leadership in mental health.

After two years of NATSILMH advocacy, the *Fifth National Mental Health and Suicide Prevention Plan 2017* (**the Fifth Plan**) articulated a commitment to realise the rights laid out in the Declaration. The Fifth Plan commits all Australian governments to improving Aboriginal and Torres Strait Islander access to, and experiences with, mental health and wellbeing services in collaboration with Aboriginal Community-Controlled Health Organisations/services and other service providers by '*recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration*' (Action 12.3).<sup>6</sup>

The Declaration provides the foundation for Gayaa Dhuwi's work to promote and reform Aboriginal and Torres Strait Islander SEWB, mental health, and suicide prevention, and secure a fit-for-purpose mental health system for Aboriginal and Torres Strait Islander peoples.

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<sup>5</sup> NATSILMH, 'Gayaa Dhuwi (Proud Spirit) Declaration', 2015, p. 4.

<sup>6</sup> National Mental Health Commission, 'The Fifth National Mental Health and Suicide Prevention Plan', Australian Government 2017, p. 34



## Five Themes of the Gayaa Dhuwi (Proud Spirit) Declaration

The Framework and Implementation Plan are grounded in the five themes of the Declaration:<sup>7</sup>

1. Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.
2. Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.
3. Aboriginal and Torres Strait Islander values based SEWB and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.
4. Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
5. Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

### Policy context

The Framework and Implementation Plan align with the National Agreement, binding all governments to work in genuine partnership with Aboriginal and Torres Strait Islander peoples, including the Coalition of Peaks. By enacting the Framework and Implementation Plan, all governments have the opportunity to contribute to all Priority Reforms and multiple targets in the National Agreement that aim to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Under Priority Reform One of the National Agreement (Formal Partnerships and Shared Decision Making), the SEWB Policy Partnership aims to develop a joint approach between the Coalition of Peaks and all Australian governments to drive Aboriginal and Torres Strait Islander-led outcomes in SEWB, mental health, and suicide prevention. The Framework and Implementation Plan is aligned to and reinforces activities of the SEWB Policy Partnership.

The Declaration and the Framework and Implementation Plan are also embedded in the *National Agreement on Mental Health and Suicide Prevention (2022)*. Development of the Implementation Plan was first supported by all Australian Governments in the *Fifth National Mental Health and Suicide Prevention Plan (2017)*.

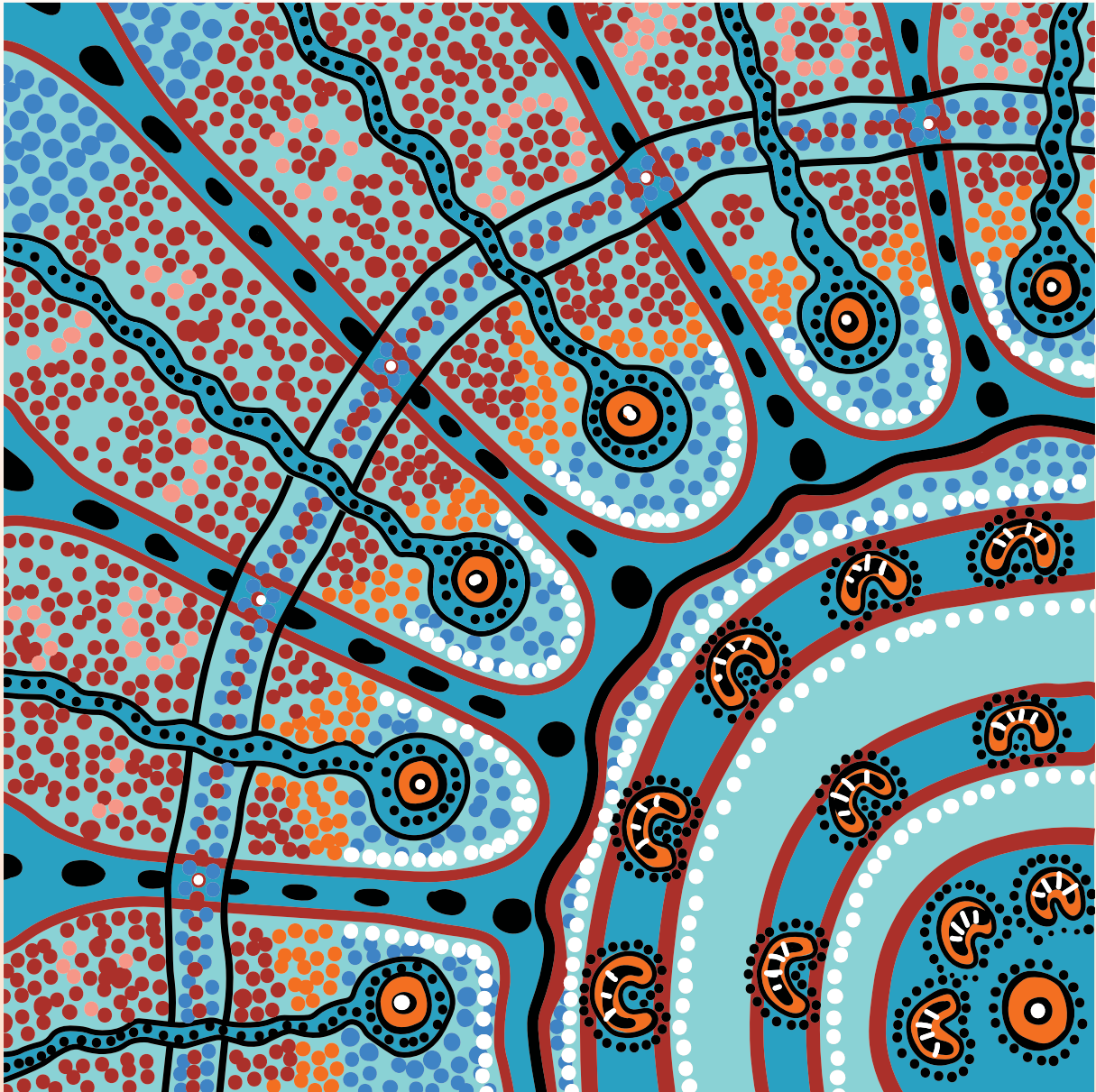
Diagram 1 demonstrates how the Declaration and the Framework and Plan align with and reinforce key activities across a range of sectors and areas to improve SEWB, mental health, and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

<sup>7</sup> National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), 'Gayaa Dhuwi (Proud Spirit) Declaration', 2015, pp. 4-5



Diagram 1: Policy context





*This artwork is a modified version of that used for the Gayaa Dhuwi (Proud Spirit) Declaration and Gayaa Dhuwi (Proud Spirit) Australia. It was painted by Aunty Roma Winmar in 2015.*

*The artist explains the work as “three tiers (starting from the bottom right hand corner) representing different people talking with each other, at various stages, and on state, regional, national levels, about health, wellbeing, empowerment, and leadership. From there, it shows alliances and conversations with international community. It is about people coming together to find ways of understanding and acknowledging problems, and developing pathways and responses that lead to action that is practical, progressive, needs based, relevant to current situations, and that strengthens resilience and builds capacity in the collective: within the structure of the community.”*

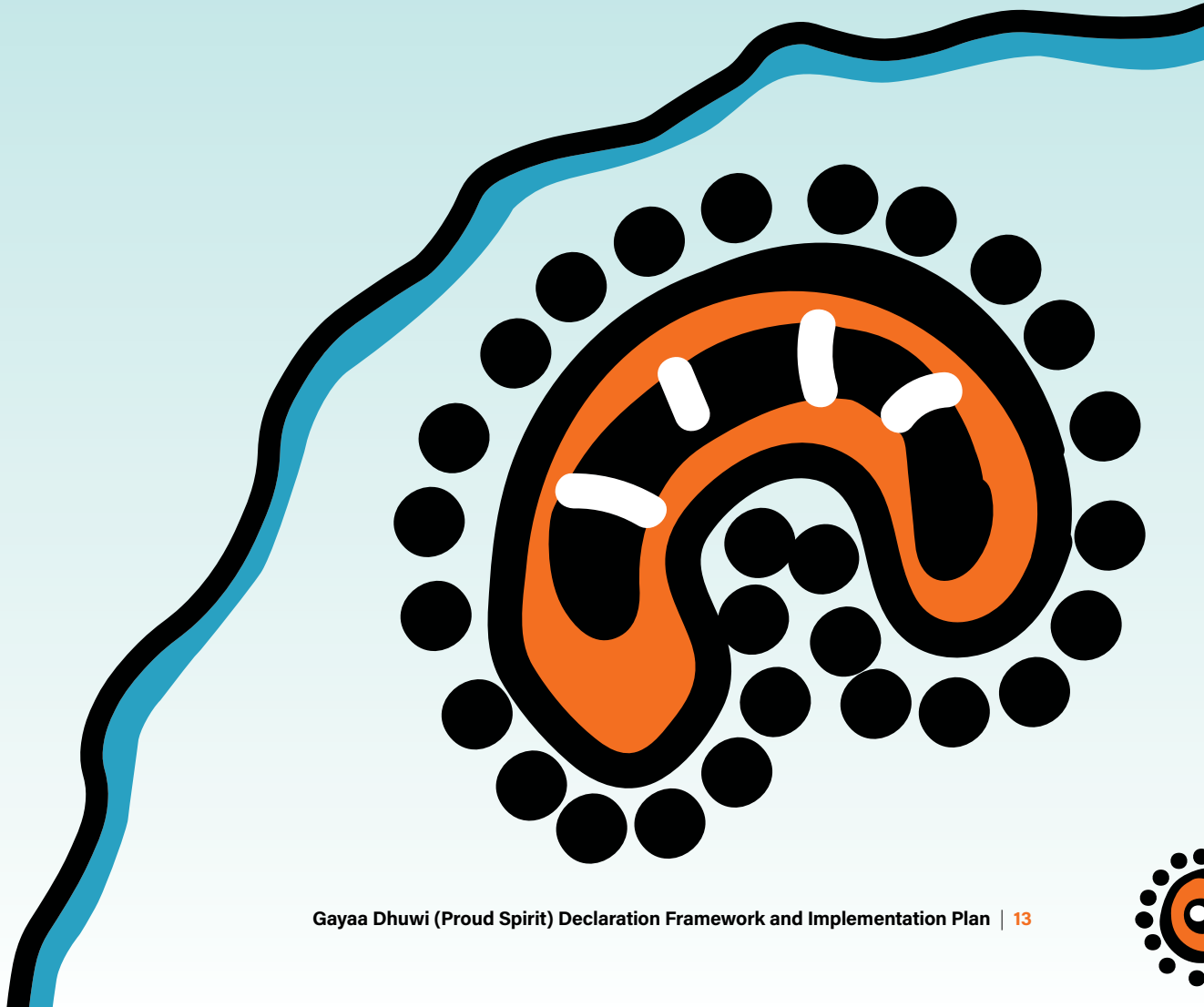
*The colours used in this version are reflective of the Closing the Gap colour scheme, highlighting the partnership and shared decision making that are needed to ensure the success of this Framework and Implementation Plan.*



# FRAMEWORK

The **Framework** describes the goals and strategies for the five themes identified in the Declaration. For each theme, priority actions are included in call out boxes. These are the actions to be implemented during Phase 1 (2025–2026) of the Framework.

Key actors expected to be involved in the delivery of the strategies identified for each theme are listed. These actors are not exhaustive but are intended to demonstrate the breadth of partners required to implement the Declaration. The actors will be determined on commencement of the Framework, using the articulated Partnership Principles.



## Overview of the Framework

The purpose of the Framework is to translate the aspirational picture outlined in the Declaration into tangible actions, which are to be delivered by a range of actors. To do this effectively, Gayaa Dhuwi has developed the Framework and Implementation Plan to ensure that implementation of the Declaration remains flexible to the emerging priorities and needs of Aboriginal and Torres Strait Islander peoples and evolving federal and jurisdictional policies over the course of the next 10 years. To enable this flexible approach, the Framework has been structured into three key phases.

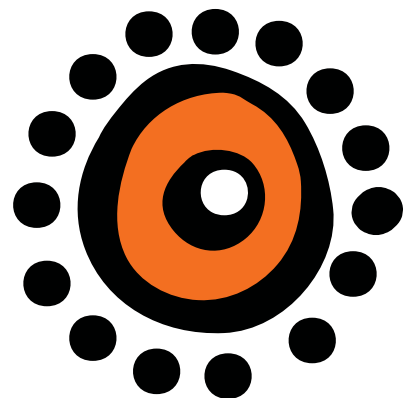
Diagram 2 on the following page overviews the purpose and key outputs of each phase of the Framework.

**Phase 1 (2025–2026): Identify and develop** will involve establishing the key mechanisms and partnerships to support the latter phases of the Framework. Additionally, the key priority actions identified in this document will be delivered. Further key actions will be identified for delivery in Phase 2.

**Phase 2 (2027–2033): Implement** will see the monitoring and evaluation of key priority actions undertaken in Phase 1 and the implementation of key actions identified for Phase 2. Key actions will also be identified for Phase 3 in response to community needs and the changing policy landscape.

**Phase 3 (2034–2035): Finalise implementation, evaluate and future plan** will involve implementing the remaining actions identified, and undertaking a comprehensive evaluation of the Framework's implementation. This phase will involve future planning to ensure the sustained implementation of the Declaration.

Each of these phases will be underpinned by effective governance mechanisms. This will ensure appropriate performance monitoring, collaboration, and accountability across the life of the Framework.





**Diagram 2: The Framework**

PHASE	PHASE 1: Identify and develop (2025-26)	PHASE 2: Implement (2027-33)	PHASE 3: Finalise implementation, evaluate and future plan (2034-35)
<b>PURPOSE</b>	Implement key priority actions	Implement the key actions identified during Phase 1	Finalise implementation of remaining key actions identified during the previous phases
	Identify key actions to be implemented during the latter phases	Identify additional key actions in response to emerging community needs and evolving policy environment	Undertake a comprehensive review of the establishment, implementation and oversight of the Framework
	Build and facilitate relationships with key actors to support implementation of key activities		Undertake future planning for the continuation of the key activities beyond the duration of the Framework
<b>KEY OUTPUTS</b>	Governance mechanism that will provide oversight of the design and implementation of the key actions	Implementation of key actions	Implementation of remaining key actions
	Evaluation framework that articulates the way in which the Framework is to be monitored and evaluated to 2035		Comprehensive evaluation of the Framework
	State and territory implementation plans to accompany the Commonwealth plan articulated in this document		Roadmap for future activities to ensure the continued implementation of the Declaration
	Implementation of key priority actions		
<b>REPORTING</b>	A report on the outcomes of Phase 1 (2027)	A mid-way report on the progress of Phase 2 (2030) and a report on the outcomes of Phase 2 (2031)	A final report including the outcomes of the evaluation and next steps (2035)



## Role of engagement and partnership

The National Agreement heralded a new way for governments to work with Aboriginal and Torres Strait Islander peoples. Given that a cornerstone of this Framework is the importance of genuine partnership with implementation partners, including Commonwealth, state, and territory governments, the Framework proposes that the same tenets that are outlined in the National Agreement will underpin partnership for the implementation of the Declaration.

These tenets include the following:

- When Aboriginal and Torres Strait Islander peoples are included and have a real say in the design and delivery of services that impact them, the outcomes are far better.
- Aboriginal and Torres Strait Islander peoples need to be at the centre of government policy related to services and decisions that affect them.
- Decision-making will be shared between Aboriginal and Torres Strait Islander peoples and Australian Governments.
- Partnerships must be accountable, representative, and founded on mutual trust.
- Formal partnership agreements developed and signed by all parties should be made publicly available and accessible to enable transparency.
- Aboriginal and Torres Strait Islander peoples should be supplied with adequate resources to participate as equal partners.

## Principles underpinning all implementation activities

This Framework is underpinned by nine guiding principles (see Diagram 3 on the following page). These principles were first proposed in the *1989 National Aboriginal Health Strategy* before being expanded in the *1995 Ways Forward report*<sup>8</sup> and have remained relevant and essential over time.

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<sup>8</sup> Swan, P. and Raphael, B. (1995) *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*. Canberra: Australian Government Publishing Service.



### Diagram 3: Framework 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 and sea are central to wellbeing. Crucially, it must be understood that when 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 continues 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, (versus mental ill-health). Human rights relevant to mental illness must be specifically addressed.

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 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.



# Theme one: Cultural strength

## 1

### Description

Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.

The mental health system should value and incorporate Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing as equal to clinical perspectives.

### Context

Aboriginal and Torres Strait Islander peoples retain sophisticated and multidimensional systems of SEWB, mental health, and healing. While these approaches vary between culturally and linguistically diverse Aboriginal and Torres Strait Islander populations, there are common features that differentiate them from the mainstream bio-medical model.<sup>9</sup> These approaches consider an individual in their community context and include a focus on the cultural determinants of health.

The cultural determinants of health acknowledge that stronger connections to culture and Country build resilience, a sense of self-esteem, and stronger individual and collective identities. These, in turn, improve outcomes across the other determinants of health, including education, economic stability, and community safety.<sup>10</sup>

To support the best possible outcomes, Aboriginal and Torres Strait Islander peoples need access to culturally responsive and safe services. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. It speaks to the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours, and power differentials in delivering safe, accessible, and responsive healthcare free of racism.<sup>11</sup>

### Goals (what will be achieved after 10 years):

- The holistic concepts of SEWB, in combination with clinical approaches, guide all Aboriginal and Torres Strait Islander mental health, healing, and suicide prevention policy development, and service and program delivery.
- Aboriginal and Torres Strait Islander peoples can access affordable and safe programs, services, and professionals, free from racism and discrimination.
- Aboriginal and Torres Strait Islander peoples have access to cultural healers and healing methods across their lifespan.

9 Gee, G., Dudgeon, P., Schultz, C., Hart, A. & Kelly, K., 'Social and Emotion Wellbeing and Mental Health: An Aboriginal Perspective' Chapter 4, in Dudgeon, P., Milroy, H. and Walker, R. (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, 2014, 58.

10 Dudgeon, P., Blustein, S., Bray, A., Calma, T., McPhee, R & Ring, I., 'Connection between family, kinship and social and emotional wellbeing' Australian Institute of Health and Wellbeing 2021, 3.

11 Department of Health, 'National Aboriginal and Torres Strait Islander Health Plan, 2021-2031', Australian Government Department of Health 2021, 94



## Strategies (how these goals will be achieved):

1. Embed Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing across all parts of the Australian mental health system.
2. Support initiatives that enable Aboriginal and Torres Strait Islander peoples to access affordable and safe programs, services, and professionals, free from racism and discrimination.
3. Involve Aboriginal and Torres Strait Islander peoples in the development of all policies, services, and programs relevant to our communities.
4. Improve cultural safety to ensure services are culturally responsive, competent, and accessible.
5. Recognise the role of healing services through legislation, funding models, and the protection of cultural intellectual property

## Priority actions (2025–2026)

1. Promote Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing to peak bodies, governments, and service providers.
2. Identify funding streams that enable Aboriginal and Torres Strait Islander peoples to access affordable and safe programs, services, and professionals, free from racism and discrimination.
3. Develop guidance materials on how governments and services can work with Aboriginal and Torres Strait Islander communities and organisations to develop policies, services, and programs.
4. Standardise the measurement of cultural safety for all government-funded services.

## Key actors

All service providers will play an important role in embedding Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing in service models. This includes individual practitioners, such as General Practitioners, to larger government services such as hospitals.

Aboriginal Community Controlled Organisations (**ACCOs**) will be critical to the implementation of the noted strategies. ACCOs deliver SEWB and other multidisciplinary wellbeing services and often partner with other organisations and services to support Aboriginal and Torres Strait Islander peoples. The expertise and partnership of ACCOs will be critical to building the capability of other types of service providers to both understand and support the delivery of Aboriginal and Torres Strait Islander SEWB and healing services.

State and territory governments will play an important role in partnering, and encouraging services to partner with, Aboriginal and Torres Strait Islander peoples, communities, and organisations in developing models of care, services, and programs.



## Theme two: Best practice

### 2

#### Description

Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

#### Context

To improve the mental health and SEWB of Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander peoples' approaches to SEWB, mental health, and healing must exist alongside — and work collaboratively with — clinical perspectives. This means a mental health system that explores the biological and psychological functioning of an individual, and at the same time locates the individual within the broader landscape of their cultural determinants.

#### Goals (what will be achieved after 10 years):

- All parts of the Australian mental health system are guided by Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing in combination with clinical approaches when working to heal and restore the SEWB and mental health of Aboriginal and Torres Strait Islander peoples.
- All health and mental health professionals, professional associations, educational institutions, and standard-setting bodies (including in related fields, such as suicide prevention) to make their practices and/or curriculum culturally responsive and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.

#### Strategies (how these goals will be achieved):

- Centre Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing in health and mental health education and qualifications.
- Enhance culturally safe and responsive performance across the health and mental health sectors to ensure services are inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.




### Priority actions (2025–2026)

1. Integrate Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing into health and mental health education curricula.

### Key actors

Educational institutions and professional associations will play an important role in delivering the strategies of this theme through ensuring mental health qualifications include compulsory units related to Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing. These institutions will also be critical to enhance the cultural capability and responsiveness of future generations of the mental health workforce.

The National Mental Health Commission will be critical through its core ongoing function of independently monitoring the national mental health system and providing recommendations for system performance.



## Theme three: Best evidence

### 3

#### Description

Aboriginal and Torres Strait Islander values based SEWB and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.

#### Context

The evaluation of Aboriginal and Torres Strait Islander peoples' SEWB and overall wellbeing requires culturally informed tools and approaches.<sup>12</sup> Aboriginal and Torres Strait Islander values-based outcomes measures should lead the evaluation of services and programs that are used by Aboriginal and Torres Strait Islander peoples. While there are culturally appropriate tools in existence, the Declaration and this Framework provide direction for the development and uptake of tools to evaluate the SEWB of Aboriginal and Torres Strait Islander peoples.

#### Goals (what will be achieved after 10 years):

- The assessment of Aboriginal and Torres Strait Islander peoples is determined by Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing outcomes measures combined with clinical measures in mental health and suicide prevention programs and services
- The evaluation of programs and services are led by Aboriginal and Torres Strait Islander peoples and includes a combination of Aboriginal and Torres Strait Islander cultural and traditional concepts of SEWB and mental health with mainstream clinical measures.

#### Strategies (how these goals will be achieved):

- Develop SEWB measurement tools, data sets, and reporting mechanisms to support the effective assessment of Aboriginal and Torres Strait Islander mental health and SEWB services.
- Build the capacity of Aboriginal and Torres Strait Islander Community-Controlled Services to evaluate SEWB and mental health activities.

<sup>12</sup> Le Grande, et al. 'Social and emotional wellbeing instruments for use with Indigenous Australians: A critical review' Social science 2017, pg 187





### Priority actions (2025–2026)

1. Develop and promote the uptake and adaptation of SEWB measurement tools.
2. Develop an approach for national monitoring and reporting of Aboriginal and Torres Strait Islander SEWB and mental health outcomes.

### Key actors

Commonwealth, state, and territory funders commission specific mental health or SEWB services and activities as well as the evaluation of those services and activities. Local funders can therefore specify that mental health and SEWB services used by Aboriginal and Torres Strait Islander peoples be evaluated using values-based tools, and by Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander academics and researchers who have developed outcome measurement tools will be valued partners in this theme. Sharing their work and case studies publicly as they already do, provide examples of how others can support and enable Aboriginal and Torres Strait Islander-led evaluation using culturally responsive tools and measures.

At a national level, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics will be important partners through their role in collecting and analysing data related to Aboriginal and Torres Strait Islander peoples.



## Theme four: Aboriginal and Torres Strait Islander presence

### 4

#### Description

Aboriginal and Torres Strait Islander presence are required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of social and emotional wellbeing, mental health, and suicide prevention outcomes.

#### Context

The Declaration and this Framework and Implementation Plan identify that to improve SEWB and mental health outcomes, Aboriginal and Torres Strait Islander peoples should be trained, employed, and valued to work and lead in all parts of the mental health system. This includes people with a Lived or Living Experience of accessing SEWB or mental health services, given the increasing recognition of the unique skill set this experience can provide.<sup>13</sup>

#### Goals (what will be achieved after 10 years):

- Aboriginal and Torres Strait Islander presence across all parts of the Australian mental health system and among the professions that work in that system.
- Aboriginal and Torres Strait Islander peoples are trained, employed, empowered, valued, and culturally safe to work across all parts of the Australian mental health system.

<sup>13</sup> Byrne, L, 'Promoting Lived Experience Perspective: Discussion Paper prepared for the Queensland Mental Health Commission' February 2017




## Strategies (how these goals will be achieved):

- Identify opportunities to employ Aboriginal and Torres Strait Islander peoples (including those with Lived or Living Experience) in mental health services and systems to grow the Aboriginal and Torres Strait Islander mental health workforce.
- Establish workforce advisory groups in existing jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised recruitment and retention plans.
- Develop programs to attract and retain Aboriginal and Torres Strait Islander peoples in the mental health workforce.
- Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce to ensure Aboriginal and Torres Strait Islander workers are appropriately trained, remunerated, and culturally supported.



### Priority actions (2025–2026)

1. Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce.
  2. Establish workforce advisory groups in jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised workforce recruitment and retention plans for Aboriginal and Torres Strait Islander peoples.
- 

### Key actors

Professional workforce bodies play key roles in the development, recruitment, and retention of mental health and healthcare workforce. These include qualifying bodies, and medical colleges, as well as peak bodies such as the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. These organisations will play an important role in sharing expertise on how to build and effectively support Aboriginal and Torres Strait Islander peoples into the mental health workforce.

Educational institutions and other medical training providers will play an important role in implementing actions that attract and retain Aboriginal and Torres Strait Islander students in mental health training.



## Theme five: Aboriginal and Torres Strait Islander leadership and influence

### 5

#### Description

Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

#### Context

Self-determination is critical to improving Aboriginal and Torres Strait Islander SEWB and mental health. This was first identified in the 1989 *National Aboriginal Health Strategy*, where Aboriginal and Torres Strait Islander peoples stated that their health status is linked “to control over their physical environment, of dignity, of community, of self-esteem, and of justice”<sup>14</sup> The Declaration and this Framework and Implementation Plan reinforce the need for self-determination by proposing Aboriginal and Torres Strait Islander leaders be supported to influence and shape the mental health system from policy making to service delivery.

It is critical that the system supports culturally safe and responsive Aboriginal and Torres Strait Islander leadership. Achieving this requires tailored support to current and emerging leaders given the multidimensional features embedded within Aboriginal and Torres Strait Islander leadership.<sup>15</sup>

#### Goals (what will be achieved after 10 years):

- Aboriginal and Torres Strait Islander concepts of leadership are recognised, valued, and supported across the mental health system.
- All parts of the mental health system support Aboriginal and Torres Strait Islander leadership.

#### Strategies (how these goals will be achieved):

- Develop a national leadership framework for Aboriginal and Torres Strait Islander peoples to ensure they are recognised, valued, and supported across all areas of the mental health system.
- Ensure leadership programs are responsive to, and inclusive of, Aboriginal and Torres Strait Islander peoples.
- Establish a professional association of Aboriginal and Torres Strait Islander mental health workers to support networking, knowledge exchange, and self-care.

14 National Aboriginal Health Strategy Working Party, *'A National Aboriginal health strategy'*, National Aboriginal Health Strategy Working Party, 1989, ix.

15 Sones R, Hopkins C, Manson S, Watson R, Durie M, Naquin V, 'Wharerātā Declaration – the development of Indigenous leaders in mental health.' *The International Journal of Leadership in Public Services* Vol 6:1 February 2010



### Priority actions (2025–2026)

1. Identify key partners to consult for the development of a national leadership framework.
2. Identify key partners for the establishment of the professional association.

### Key actors

Professional workforce bodies will play an important role in providing advice and guidance on the establishment of a professional association to support Aboriginal and Torres Strait Islander leadership. Aboriginal and Torres Strait Islander peak bodies and organisations will also be critical in guiding and shaping the national leadership framework and the establishment of a professional association.

Education and training institutions will play a role in effectively and appropriately incorporating concepts of Aboriginal and Torres Strait Islander leadership into their programs and activities.



## Governance, monitoring, and accountability

Partnership and shared accountability amongst all actors are key to the Framework. The iterative structure of this Framework will support partners to monitor and remain flexible to evolving needs, whilst also stipulating clear strategies needed to achieve the Declaration's goals.

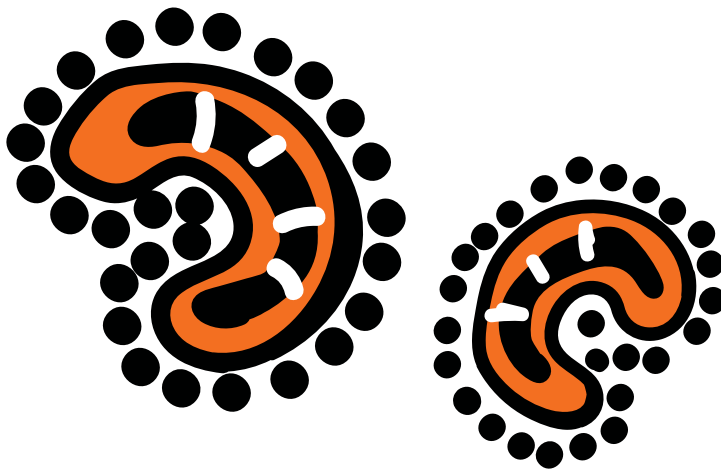
Gayaa Dhuwi will play a lead role in the governance of implementing the Declaration through facilitating and supporting relationships with implementation partners. Gayaa Dhuwi will continue working closely with the Commonwealth Government to implement actions and to monitor and report on progress.

Gayaa Dhuwi will report on the progress of the Framework in line with its three phases (see page 14). The reporting will promote the work of the Declaration, provide opportunity to revise goals and strategies, and show where implementation has supported or reinforced complementary strategies and frameworks. Reporting will work alongside a community engagement strategy to ensure Aboriginal and Torres Strait Islander peoples, who the Declaration aims to support, are engaged in the Framework's progress.

## Evaluation

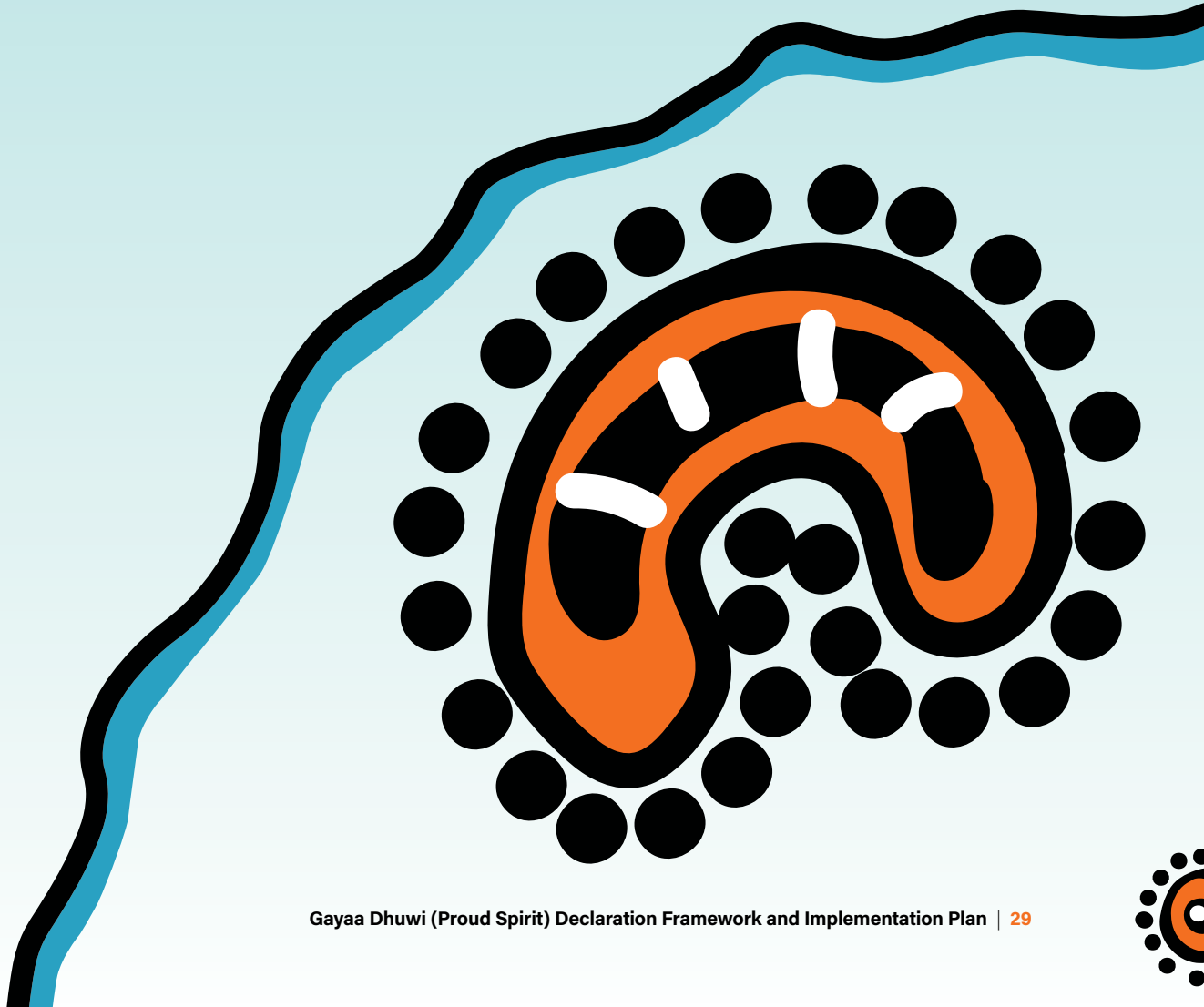
An evaluation framework will be developed in Phase 1 to assess the effectiveness and impact of this Framework. The evaluation framework will include key performance indicators, including the extent to which actions are implemented in line with the tenets of partnership outlined earlier in this document.

The evaluation framework will be developed in line with the principles of data sovereignty. Specifically, that Aboriginal and Torres Strait Islander peoples will be involved in the storage, organisation, and analysis of data.



# IMPLEMENTATION PLAN

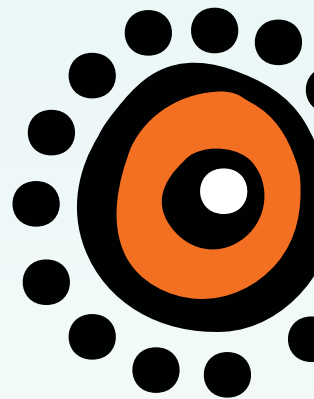
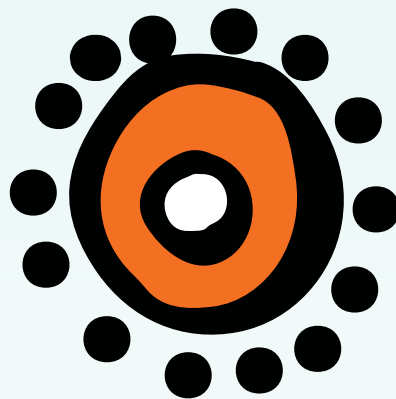
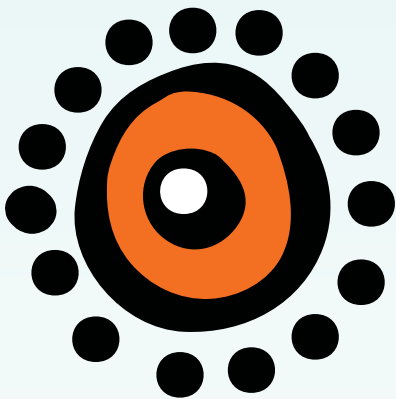
The **Implementation Plan** describes the priority actions, strategies, and goals for the five themes identified in the Declaration to be implemented during Phase 1 of the Framework (being the period 2025–26).



## Actors

A cornerstone of the Framework and Implementation Plan is the importance of genuine partnership with implementation partners, including Commonwealth, state and territory governments. The range of actors expected to be involved are identified under each theme in the Framework. These include all governments, the Aboriginal Community-Controlled Sector, Aboriginal and Torres Strait Islander peak bodies, service providers, and others. The actors will be determined on commencement of the Framework using the articulated Partnership Principles below:

- When Aboriginal and Torres Strait Islander peoples are included and have a real say in the design and delivery of services that impact them, the outcomes are far better.
- Aboriginal and Torres Strait Islander peoples need to be at the centre of government policy related to services and decisions that affect them.
- Decision-making will be shared between Aboriginal and Torres Strait Islander peoples and Australian Governments.
- Partnerships must be accountable, representative, and founded on mutual trust.
- Formal partnership agreements developed and signed by all parties should be made publicly available and accessible to enable transparency.
- Aboriginal and Torres Strait Islander peoples should be supplied with adequate resources to participate as equal partners.





## Theme one: Cultural strength

Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.



### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Promote Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing to peak bodies, governments, and service providers.
- Identify funding streams that enable Aboriginal and Torres Strait Islander peoples to access affordable and safe programs, services, and professionals, free from racism and discrimination.
- Develop guidance materials on how governments and services can work with Aboriginal and Torres Strait Islander communities and organisations to develop policies, services, and programs.
- Standardise the measurement of cultural safety for all government funded services.



### STRATEGIES

What we will do over the next 10 years

- Support initiatives that enable Aboriginal and Torres Strait Islander peoples to access affordable and safe programs, services, and professionals, free from racism and discrimination.
- Involve Aboriginal and Torres Strait Islander peoples in the development of all policies, services, and programs relevant to their communities.
- Improve cultural safety to ensure services are culturally responsive, competent, and accessible.
- Recognise the role of healing services through legislation, funding models, and the protection of cultural intellectual property.



### GOALS

What will be achieved after 10 years

- The holistic concepts of SEWB, in combination with clinical approaches, guide all Aboriginal and Torres Strait Islander mental health, healing, and suicide prevention policy development, and service and program delivery.
- Aboriginal and Torres Strait Islander peoples can access affordable and safe programs, services, and professionals, free from racism and discrimination.
- Aboriginal and Torres Strait Islander peoples have access to cultural healers and healing methods across their lifespan.

## Theme two: Best practice

Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples



### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Integrate Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing into health and mental health education curricula.



### STRATEGIES

What we will do over the next 10 years

- Centre Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing in health and mental health education and qualifications.
- Enhance culturally safe and responsive performance across the health and mental health sectors to ensure services are inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.



### GOALS

What will be achieved after 10 years

- All parts of the Australian mental health system are guided by Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing in combination with clinical approaches when working to heal and restore the SEWB and mental health of Aboriginal and Torres Strait Islander peoples.
- All health and mental health professionals, professional associations, educational institutions, and standard-setting bodies (including in related fields, such as suicide prevention) ensure their practices and/or curriculum are culturally responsive and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.

## Theme three: Best evidence

Aboriginal and Torres Strait Islander values based SEWB and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.



### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Develop and promote the uptake and adaptation of SEWB measurement tools.
- Develop an approach for national monitoring and reporting of Aboriginal and Torres Strait Islander SEWB and mental health outcomes.



### STRATEGIES

What we will do over the next 10 years

- Develop SEWB measurement tools, data sets, and reporting mechanisms to support the effective assessment of Aboriginal and Torres Strait Islander mental health and SEWB services. This strategy will be completed in line with the principles of Aboriginal and Torres Strait Islander data sovereignty and Priority Reform Four of the National Agreement.
- Build the capacity of Aboriginal and Torres Strait Islander Community-Controlled services to evaluate SEWB and mental health activities in line with Priority Reform Two of the National Agreement.



### GOALS

What will be achieved after 10 years

- The assessment of Aboriginal and Torres Strait Islander peoples is determined by Aboriginal and Torres Strait Islander concepts of SEWB, mental health, and healing outcomes measures combined with clinical measures in mental health and suicide prevention programs and services.
- The evaluation of programs and services are led by Aboriginal and Torres Strait Islander peoples and includes a combination of Aboriginal and Torres Strait Islander cultural and traditional concepts of SEWB and mental health with mainstream clinical measures.



## Theme four: Aboriginal and Torres Strait Islander presence

Aboriginal and Torres Strait Islander presence are required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.



### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce.
- Establish workforce advisory groups in jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised workforce recruitment and retention plans for Aboriginal and Torres Strait Islander peoples.



### STRATEGIES

What we will do over the next 10 years

- Identify opportunities to employ Aboriginal and Torres Strait Islander peoples (including those with Lived or Living Experience) in mental health services and systems to grow the Aboriginal and Torres Strait Islander mental health workforce.
- Establish workforce advisory groups in existing jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised recruitment and retention plans.
- Develop programs to attract and retain Aboriginal and Torres Strait peoples in the mental health workforce.
- Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce to ensure Aboriginal and Torres Strait Islander workers are appropriately trained, remunerated, and culturally supported.



### GOALS

What will be achieved after 10 years

- Aboriginal and Torres Strait Islander presence across all parts of the Australian mental health system and among the professions that work in that system.
- Aboriginal and Torres Strait Islander peoples are trained, employed, empowered, valued, and culturally safe to work across all parts of the Australian mental health system.



## Theme five: Aboriginal and Torres Strait Islander leadership and influence

Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.



### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Identify key partners to consult for the development of a national leadership framework.
- Identify key partners for the establishment of the professional association.



### STRATEGIES

What we will do over the next 10 years

- Develop a national leadership framework for Aboriginal and Torres Strait Islander peoples to ensure they are recognised, valued, and supported across all areas of leadership within the mental health system.
- Ensure leadership programs are responsive to, and inclusive of, Aboriginal and Torres Strait Islander peoples.
- Establish a professional association of Aboriginal and Torres Strait Islander mental health workers to support networking, knowledge exchange, and self-care.

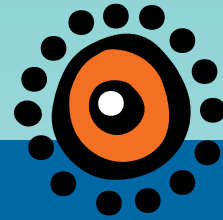


### GOALS

What will be achieved after 10 years

- Aboriginal and Torres Strait Islander leadership is recognised, valued, and supported across the mental health system.
- All parts of the mental health system support Aboriginal and Torres Strait Islander leadership.





## Other

### PRIORITY ACTIONS

What we will do in the next year (2025–2026)

- Establish a Governance Mechanism to govern and oversee the Framework and Implementation Plan.
- Establish an Evaluation Framework and Plan to ensure ongoing reporting, accountability, and evaluation of the Framework and Implementation Plan.

