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The Evolving Policy Context in Mental Health and Wellbeing

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OVERVIEW

This chapter outlines the role of policy in setting directions for, and achieving change in, Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing (SEWB). Key national policies, frameworks and reports addressing mental health and SEWB up until mid 2013 are presented. Historical milestones surrounding key policies together with their effects on individual and community health and mental health outcomes and circumstances are described. These include the specific aims of key policies or reports; why they were developed and by whom; what they intended to achieve; and whether any programs, services, practices or processes were implemented and/or influenced. Policy development and implementation can be a piecemeal and at times ad hoc 'action-response-action' process to address a perceived issue or need, lacking any coherent strategic purpose. Changes in policies tend to be underpinned by assumptions regarding the policy process and the reasons for success or failure in policy or program implementation. This chapter focuses on the policies intended to specifically address mental health and SEWB as well as the relevant reports and commissioned inquiries that influenced these policies. As policies and priorities are determined by Australian, state and territory governments of the day, those identifed in this chapter may not necessarily reflect the policy direction of current governments.

THE CHANGING POLICY CONTEXT

In the last 15 years there has been a growing focus on Aboriginal and Torres Strait Islander SEWB as evident in several key policy documents discussed in this chapter. Increasingly, it is recognised that policy areas relevant to SEWB extend well beyond the influence of health and mental health systems to encompass education, law and justice, human rights, Native Title, and families and communities. Thus, coordinating policy inputs across multiple sectors to guide planning and services to address mental health and encourage interagency collaboration remains a complex and daunting task.

In addition, the term 'mental health' has proved particularly problematic in the Aboriginal context. Most mainstream mental health services tend to focus primarily on treating mental illness and/or psychiatric care. Efforts to broaden community understanding about the promotion of mentally healthy behaviour and the prevention of mental illness, are limited by negative connotations and stigma about mental illness, psychiatric treatment and people needing mental health care.[1] It is not surprising then that attempts to transpose current mental health practices into Aboriginal health services have been widely resisted.

Over the last 15 years, Aboriginal people have advocated for a more culturally appropriate, holistic policy position and program implementation governing SEWB and mental health. This

has resulted in recognition of a definition of mental health that more appropriately reflects such philosophies and views. During the same period the mental health system has undergone a sustained process of reform, with a greater focus on prevention and promotion in mental health policy. There is now a greater recognition in mainstream policies of positive mental health—as opposed to mental illness—that is more in accord with an Aboriginal emphasis on SEWB. A current definition of mental health is:

> *A state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities. Mental health is not just the absence of mental illness.*[2(pp7-8)]

The concept of mental health comes more from an illness or clinical perspective and its focus is more on the individual and their level of functioning in their environment. The following definition better reflects the Aboriginal perceptions of SEWB described below:

> *This definition is about being well and being able to grow and develop within the context of family, community, culture and broader society to achieve optimal potential and balance in life. From the Aboriginal and Torres Strait Islander view, it must also incorporate a strengths approach, recognising the importance of connection to land, culture, spirituality, ancestry, family and community. Also, acknowledging the inherent resilience in surviving profound and ongoing adversity—yet retaining a sense of integrity, commitment to family, humour, compassion and respect for humanity.*[3(p8)]

SEWB covers a broad range of factors that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage. This definition encompasses a range of determinants influencing Aboriginal SEWB and mental health. For further discussion of SEWB, see Chapter 4 (Gee and colleagues) and Chapter 6 (Zubrick and colleagues).

POLICY INITIATIVES AND FRAMEWORKS

Policy developed by the Council of Australian Governments (COAG) provides the context for both Aboriginal and Torres Strait Islander-specific and general population mental health policy at the commonwealth, state and territory levels. It is at this level that shifts in international thinking around Indigenous and human rights, mental health and recovery approaches shapes domestic policy.

National COAG Policy Initiatives

Key developments at the COAG level include:

- The *National Mental Health Strategy 1992*, revised in 1998, and a succession of four national mental health plans;
- The *National Suicide Prevention Strategy 1999* with four components including the *Living is for Everyone, a Framework for the Prevention of Suicide in Australia* (2007);
- The *National Action Plan on Mental Health 2006–2011* is a multi-billion dollar COAG mental health package initiative increasing the role of Medicare and general practitioners within the mental health system;
- The *Fourth National Mental Health Plan 2009-2014* which sets an agenda for collaborative government action in mental health;
- The *National Mental Health Workforce Strategy 2011*. The Australian Health Ministers' Advisory Council (AHMAC), Mental Health Standing Committee (MHSC),
- The *COAG Roadmap for National Mental Health Reform 2012–2022*.

Aboriginal and Torres Strait Islander-specific Initiatives

COAG provides the context for Aboriginal policy at all levels of government. Key developments include:

- The COAG *Reconciliation* Framework (2000);
- The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013*. Key Result Area (KRA) four addresses mental health and SEWB;
- The *COAG Indigenous Reform Agenda* in which *Closing the Gap* is a national priority (2008);
- *The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015)* prepared for AHMAC by its Aboriginal and Torres Strait Islander Health Workforce Working Group.

Commonwealth Government Mental Health Related Initiatives

In addition to driving reform through COAG, the Commonwealth has increased its involvement in the mental health and related spaces in other ways:

- The establishment of the Health and Hospitals Network built, in part, around Medicare Locals, to oversee the delivery of some mental health services—particularly those delivered by, or through, General Practitioners (such as the Access to Allied Psychological Services (ATAPS) Program) and support programs within their jurisdictions (2010);
- The appointment of a National Mental Health Commission (NMHC) and a National Mental Health Consumer and Carer Forum (NMHCCF) in 2012;
- A *National Anti-Racism Strategy* (2012);
- The Disability Care Australia (2013) (formerly known as the National Disability Insurance Scheme (NDIS)).

Despite the Commonwealth's increasing profile in this space, the primary responsibility for funding, policy development and delivering mental health services still rests with the states and territories. New South Wales (NSW) and Western Australia (WA) have established mental health commissions and several jurisdictions have appointed ministers for mental health.

Commonwealth Government and Aboriginal Mental Health Initiatives

The key Aboriginal-specific health and mental health policies and initiatives are:

- *The National Aboriginal Health Strategy (1989)*;
- *The Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996)*;
- *Ways Forward*: *National Aboriginal and Torres Strait Islander Mental Health Policy (1995);*
- *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006*;
- The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–13*;
- The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009*. A renewed Framework is currently in development.
- The Commonwealth's Northern Territory (NT) Emergency Response to the *Ampe Akelyernemane Meke Mekarle 'Little Children are Sacred'* report (2007);
- National Apology to Australia's Indigenous peoples ('National Apology' February 2008);
- The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (May 2013)*;
- The *National Aboriginal and Torres Strait Islander Health Plan (July 2013).*

Two initiatives of significance to the Aboriginal social and emotional wellbeing policy arena include the establishment of Aboriginal Community Controlled Health Organisations (ACCHOs) and the National Apology to Australia's Indigenous people.

Since the 1970's the Commonwealth has funded ACCHOs to deliver primary health care services. These services initiated by Aboriginal peoples in response to market and government failure to meet their health needs are operated by local Aboriginal communities to deliver holistic, culturally appropriate care. There are approximately 150 ACCHOs across Australia providing SEWB and drug and alcohol services. The National Aboriginal Community Controlled Health Organisation (NACCHO) is the peak body representing these Aboriginal controlled services.[4]

On 13 February 2008, the Prime Minister, the Hon. Kevin Rudd MP, apologised to the Aboriginal and Torres Strait Islander Stolen Generations and their families on behalf of the Australian Government and the parliament. The significance of the apology and the use of the word 'sorry' to Stolen Generations survivors cannot be underestimated in the healing process. This landmark event has great significance for the SEWB of all Aboriginal people. In September 2008, approximately 60 delegates including Aboriginal practitioners and organisations working in healing and key government agencies met in Canberra to discuss strategic policy directions to address issues identified by the Stolen Generations. They recommended the establishment of a Healing Foundation, an initiative which has subsequently proved effective in supporting Stolen Generations.

State and Territory Initiatives

Aboriginal-specific mental health services, policies and bodies at state/territory levels include:

- The *NSW Aboriginal Mental Health and Wellbeing Plan 2006–2010* and the NSW Aboriginal Mental Health Worker Training Program;
- The WA Statewide Specialist Aboriginal Mental Health Service (2010);
- *Victorian Aboriginal Suicide Prevention and Response Action Plan 2010–2015;*
- State and territory health plans and frameworks. For example, the *Victorian Indigenous Affairs Framework 2013–2018* addresses psychological distress.

THE ESTABLISHMENT OF NATIONAL ABORIGINAL ADVISORY BODIES

Since 2007, Aboriginal service providers and advisory and representative bodies have played an important role in driving policy reform at the national level. These include:

- The National Indigenous Drug and Alcohol Committee (NIDAC) to the Australian National Council on Drugs, established in 1998;
- The Australian Indigenous Psychologists Association (AIPA) (2008);
- The National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC), an advisory body to the Commonwealth Minister for Indigenous Health (2008);
- The National Aboriginal and Torres Strait Islander Healing Foundation (Healing Foundation)—to support culturally strong, community-led programs and fund education and research on healing (2009);
- The National Congress of Australia's First Peoples (NCAFP)—to provide a platform for the National Heath Leadership Forum (NHLF) to speak on health and mental health and SEWB. The NHLF comprises representatives of the health professional bodies listed above and was established in 2011;
- The First Peoples' Disability Network (FPDN)Australia in 2012;
- The establishment of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) in 2013 reporting to the then Commonwealth Ministers for Mental Health and Indigenous Health.

REPORTS AND INQUIRIES

As described by Dudgeon and colleagues in Chapter 1, the policies and actions since colonisation have had a profound and enduring impact on the lives of Aboriginal and Torres Islanders individually and collectively. Many previous policies have had a detrimental effect on the health, SEWB and survival of Aboriginal peoples, and have limited their capacity to control and direct their future development. Several important inquiries have examined the impact of past polices on Aboriginal people and these have influenced the policy response to the stark health and mental health disparities and social circumstances between Aboriginal peoples and other Australians. These reports include:

- *The Royal Commission into Aboriginal Deaths in Custody Report (RCIADIC)*(1991);[5]
- *Human Rights and Mental Illness: Report of the National Inquiry into Human Rights and Mental Illness* (the Burdekin Report) (1993);[6]
- *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* (1995);[9]
- *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (1995) and the subsequent *Bringing Them Home* Report (1997).[7]

Royal Commission into Aboriginal Deaths in Custody Report (1991)

The RCIADIC was a landmark report that has had a significant influence on Aboriginal mental health policy in the last 20 years. The report highlighted the urgent need to address Aboriginal mental health, given its links to overrepresentation in the criminal justice system and suicides in custody. The RCIADIC argued that approaches to mental health needed to acknowledge and be respectful and sensitive to the legacy of Australia's colonial history. The report stressed the importance of law reform and changes in policing strategies.[5] Importantly, the report made a number of recommendations that have been a major milestone in addressing Aboriginal mental health issues.

The Burdekin Report (1993)

In 1992, the National Mental Health Strategy was initiated by all Australian Governments as part of a reform of treatment for people with mental illness. *The Human Rights and Mental Illness: Report of the National Inquiry into Human Rights and Mental Illness* known as the 'Burdekin Report',[6] (1993) 'exposed the devastating personal consequences of inadequate mental health and welfare services'. This report resulted in major changes to mental health policy in Australia in line with changing views globally, including deinstitutionalisation and protection of rights of those with a mental illness. The report identified widespread ignorance in the community regarding the nature and prevalence of mental illness and the extent to which people with a mental illness are dangerous. There was widespread misconception that few people with mental illness recover. While the report resulted in sweeping reforms, a Human Rights and Equal Opportunities Commission (HREOC)[11] Submission to the *Senate Inquiry on Mental Health* in 2005 found that many of the goals have not yet been met.

Ways Forward: National Consultancy Report (1995)

Throughout 1994 and 1995, Swan and Raphael consulted widely with Aboriginal people and key stakeholders and reviewed all previous relevant reports. Their *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*[9] was the first national analysis to report specifically on Aboriginal and Torres Strait Islander mental health and to generate a specific plan of action.[9] The report confirmed previous findings—that the devastating impact of forced removal of children from their families, the dispossession from land, and continuing social and economic disadvantage have contributed to widespread SEWB and mental health problems. Noting the connection between historical factors and

contemporary social issues, the report stated:

> *Any delineation of mental health problems and disorders must encompass a recognition of the historical and socio-political context of Aboriginal mental health including the impact of colonisation; trauma, loss and grief; separation of families and children; the taking away of land; and the loss of culture and identity; plus the impact of social inequity, stigma, racism and ongoing losses.*[9(p2)]

Importantly, the findings highlighted the need for:

- greater understanding among health professionals about the influences upon, and extent of, mental illness among Aboriginal people;
- mental health services to address the underlying grief and emotional distress experienced by Aboriginal people;
- greater cultural competence within mainstream services and among mental health professionals to overcome misdiagnosis and inappropriate treatment;
- priority to be given to training Aboriginal Health Workers (AHWs) and other Mental Health Workers (MHWs); and
- tertiary courses for health professionals (particularly psychiatrists and nurses) that include material on Aboriginal history and contemporary Aboriginal society.[9]

This seminal wide-reaching *Ways Forward* report emphasised the need for mental health policy, planning and program delivery to be developed in *consultation* with Aboriginal people. Sixteen key policy elements were identified reinforcing the importance of self determination and holistic approaches to Aboriginal mental health . Some of the elements such as suicide and self harm and alcohol and drugs have their own policy frameworks. Some of the other elements highlight the need for mechanisms for effective implementation including research and evaluation, data and information systems, intersectoral programs and personnel development.

Bringing Them Home Report (1997)

Another landmark report, *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, has been equally influential in the evolution of Aboriginal mental health and SEWB policy.[7] It provides a comprehensive review of the testimonies of Aboriginal people removed under government forced removal policies, and discusses their effects and the actions needed to commence healing for survivors and their families. The report confirms the links between past government policies of forced removal, human rights abuses and current social and health concerns for Aboriginal people.[1]

In particular, the findings highlighted the mental health consequences of child removal policies and the inaccessibility and inadequacy of existing mental health services to deal with these issues. Further, the report found that racial discrimination, cultural incompetence and the inability to recognise or understand the complex causes for mental health among Aboriginal people remain a predominant concern among practitioners and the wider society. It described the impact of forcible removal of children and the continuing effects on thousands of Stolen Generations survivors today. It set out 54 recommendations which have not yet been fully implemented.[7]

Nevertheless, there have been significant symbolic and practical responses to the report. On a practical level, government have provided funding for a range of programs and services to support Stolen Generations survivors, most of which are still funded. On a symbolic level, on 26 May 1998, the anniversary of the *Bringing Them Home* report saw the inaugural Sorry Day introduced as a national day of recognition and reconciliation.[7] The National Apology was was one of the 54 recommendations outlined in the report. A National Sorry Day Committee (NSDC) was established to organise a range of activities across Australia.[8] The majority of Stolen Generations survivors are now Elders and senior citizens. The NSDC coordinates the National Sorry Day events which, for 2013, is *Still Living on Borrowed Time!* The National Stolen Generations Alliance (NSGA) was formed with three basic principles as the foundations for its work—Truth, Justice and Healing. The NSGA believes that all Australians can respect these principles and many individuals, community and government organisations made a commitment to honour these principles in some way already.

The 2011 Australian Government budget consolidated existing counselling, family tracing and reunion support services into a flexible model of service delivery and workforce support supplemented by national coordination and delivered through the *Social and Emotional Wellbeing Program*. The program is implemented through: a network of eight *Link-Up* services across Australia; SEWB and counselling services prioritising members of the Stolen Generations; SEWB and counselling staff in over 90 ACCHOs; and workforce support and training; and Workforce Support Units (WSUs) and Indigenous Registered Training Organisations (RTOs) nationally.

POLICY FRAMEWORKS AND ACTION PLANS

Although it has taken considerable time for the recommendations from both the *Bringing Them Home* report and the *Ways Forward* report to be implemented, the findings and guiding principles continue to influence contemporary policy initiatives, frameworks and action plans, with a stronger focus on partnership rather than consultation as oulined in the section below.

Emotional and Social Wellbeing Action Plan 1996–2000

The *Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan 1996–2000* was a response to findings and recommendations of the *Ways Forward* report (1995), the RCIADIC (1991) and the Burdekin Report. Reporting on deaths in custody, youth suicide, transgenerational loss and trauma, these documents highlighted the need for culturally appropriate and accessible Aboriginal mental health services to address these critical issues.[10] The Action Plan aimed to provide an integrated and consistent approach to mental health that acknowledged and acted upon Aboriginal perspectives outlined in these key reports.

The Action Plan was informed by nine guiding principles (detailed on page xxiv).

Nine Guiding Principles of the Action Plan 1996–2000

1. Holistic health, encompassing mental health, physical, cultural and spiritual health;
2. Self-determination;
3. Culturally valid understandings;
4. Recognition that the experiences of trauma and loss have intergenerational effects;
5. Recognition and respect of human rights;
6. Racism, stigma, environmental adversity and social disadvantage have negative impacts;
7. The centrality of family and kinship and the bonds of reciprocal affection, responsibility and sharing;
8. Recognition of individual and community diversity;
9. Great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

PART 1

The Action Plan was the first national initiative to recognise and address the SEWB of Aboriginal people. It set out priority areas for Commonwealth expenditure for mental health initiatives as well as creating a policy framework that aimed to ensure a coordinated approach to service delivery between the Australian and state/territory governments. It proposed to establish a Framework Agreement as:

> *a mechanism to inform policy development, planning and priority setting. State and territory forums will also be established under the Agreements, which will be encouraged to set and achieve targets for access by Aboriginal and Torres Strait Islander peoples to mental health services.*[11]

The key goals and intended outcomes of the Action Plan were to:

- enhance the appropriateness and effectiveness of both mainstream mental health organisations and culturally-specific primary health care services for Aboriginal people with mental health needs;
- improve access to culturally appropriate, high-quality health care and improve mental health outcomes; and
- reduce the rate of suicide by young people by ensuring the availability of culturally appropriate and high-quality mental health services and support mechanisms.

The Action Plan priority areas discussed in this and other chapters within this book include:

- youth suicide;
- trauma and grief counselling;
- communications;
- development of a range of culturally appropriate mental health case models;
- intersectoral activity;
- specialist regional centres in mental health training and service delivery;
- data collection;
- research and evaluation;
- funding.

Other Aboriginal-led Innovative Initiatives

The Action Plan also led to a range of innovative initiatives being developed by Aboriginal -led initiatives including the development of culturally appropriate mental health models and therapies such as the We Al-li Indigenous Therapies in Lismore; and the establishment of Social Health Teams in ACCHOs to provide SEWB counselling. Many of these innovative, culturally appropriate programs have proven to be sustainable best practice. Examples include: Wuchopperen Health Service in Cairns; Gallang Place in Brisbane; Nunkuwarrin Yunti in Adelaide; Biripi Aboriginal Corporation in Taree; and the Koori Kids program at the Victorian Aboriginal Health Service Cooperative. Other projects include theatre and storytelling as counselling, such as HEATworks/Kimberley Aboriginal Medical Services Centre, and the establishment of *Deadly Vibe Magazine.* The Action Plan helped to consolidate and elevate the importance of SEWB for Aboriginal Australians that had previously been neglected or underestimated by government.

National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013

In 2003 the *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments (The Framework)* was developed for the delivery of health services to Aboriginal people. The Australian, state and territory governments subsequently developed implementation plans for the strategic action areas outlined in the *Framework* which identifies SEWB as one of the nine Key Result Areas (KRAs) for government action. In particular, mental health, suicide, alcohol and substance misuse, family violence issues including child abuse, and male health were targeted as priority areas.[12]

Australian Government Implementation Plan 2007–2013

The *Australian Government Implementation Plan 2007–2013 (the Implementation Plan)*[13] was developed by the previous Department of Health and Ageing (DoHA) in consultation with all relevant Australian Government agencies and the National Aboriginal and Torres Strait Islander Health Council (NATSIHC). It emphasises a whole-of-government approach to address the key priorities identified; is consistent with the *National Strategic Framework's Goal, Aims and Priorities;* and retains the same structure of nine Key Result Areas.

Key Result Area Four: 'Social and Emotional Wellbeing' of the implementation plan is relevant here.

Key Result Area Four: Social and Emotional Wellbeing

Objectives

Social justice and across-government approaches

- Reduced intergenerational effects of past policies, social disadvantage, racism and stigma on the SEWB of Aboriginal and Torres Strait Islander people;
- Increased resilience and stronger SEWB in Aboriginal and Torres Strait Islander people, families and communities.

Population health approaches

- Promotion and prevention approaches that enhance social, emotional and cultural wellbeing for Aboriginal and Torres Strait Islander people including families and communities;
- Reduced prevalence and impact of harmful alcohol, drug and substance use on Aboriginal and Torres Strait Islander individuals, families and communities.

Service access and appropriateness

- Accessible mainstream services that meet the SEWB needs of Aboriginal and Torres Strait Islander people, particularly those living with severe mental illness and chronic substance use;
- Coordination of policy, planning and program development between mental health, SEWB and drug and alcohol agencies that provide services to individuals and families with specific attention to individuals and families with mental health conditions and comorbidities to ensure care planning, provision of coordinated services and referral to services as required.

Workforce

- A workforce that is resourced, skilled and supported to address mental health, SEWB and substance use issues for children, adults, families and communities across all Aboriginal and Torres Strait Islander settings.

Quality improvement

- Improved data collection, data quality and research to inform an evaluation framework for continued improvement in services, policy and program review, and the development/promotion of best practice.

Reporting against these action items occurs through qualitative reporting against the Implementation Plan and quantitative reporting through the *Aboriginal and Torres Strait Islander Health Performance Framework (HPF)*.[14] KRA four contains actions that align with the *Overcoming Indigenous Disadvantage (OID) Framework's* 'Substance use and misuse' and 'Functional and resilient families and communities' strategic areas for action in the 2007 OID Report[16] and *Healthy lives* in the 2009 OID report.[15]

Social and Emotional Wellbeing Framework 2004–2009

The *Social and Emotional Wellbeing Framework: a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009*[3] (the *Framework)* endorsed by AHMAC in 2004 complements the National Mental Health Plan and the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 and the Australian Government Implementation Plan 2007–2013.[13]

Part One of the *Framework* sets out the guiding principles and policy thinking underpinning the concept of SEWB.

Part Two sets out Strategic Directions in five key areas:

1. Focus on children, young people, families and communities.
2. Strengthen Aboriginal community-controlled health services.
3. Improve access and responsiveness of mental health care.
4. Coordinate resources, programs, initiatives and planning.
5. Improve quality, data and research.

The Key Strategic Directions aim to achieve three fundamental elements of care for each Aboriginal and Torres Strait Islander community:

1. Action across all sectors to recognise and build on existing resilience and strength to enhance SEWB, to promote mental health, and to reduce risk.
2. Access to primary health care services providing expert SEWB and mental health primary care, including Social Health Teams.
3. Responsive and accessible mental health services with access to cultural expertise.

Part Three sets out roles, responsibilities and timeframes for the implementation, monitoring and evaluation of the *Framework*.

Overall, the *Framework 2004–2009*[3] has provided an important reference point informing the development of policy and programs in both the government and community sector, including the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013* and the *Australian Government Implementation Plan 2007–2013*.[13] The SEWB Framework is currently being revised.

RELATED POLICY DEVELOPMENTS

A number of related policy developments in Aboriginal and Torres Strait Islander affairs over the last 20 years continue to shape the evolution of Aboriginal mental health policy:

The COAG Reconciliation Framework 2000

The *COAG Reconciliation Framework* acknowledges Government's responsibility for addressing social and economic disadvantage and for improving the way agencies do business with communities to get better outcomes; provides the basis for governments to work together and become more responsive in addressing the needs of Aboriginal people through community partnerships; provides governments with a solid foundation for measuring any improvements and ensuring that changes are structurally based and sustainable.[17] As Zubrick et al, point out the Government endorsed three priority areas to improve health and wellbeing outcomes:

1. *Investing in community leadership and governance issues;*
2. *Reviewing and re-engineering programs and services to ensure they deliver practical measures that support families, children and young people; and measures for tackling family violence, drug and alcohol dependency and other symptoms of community dysfunction;*
3. *Forging greater links between the business sector and Aboriginal communities to help promote economic independence.*[18 (p564)]

The COAG Steering Committee for the Review of Commonwealth/State Service Provision released its report whichoutlined a vision of an Australia where *Indigenous people will one day enjoy the same overall standard of living as other Australians. They will be as healthy, live as long and participate as fully in the social and economic life of the nation.*[19 (p1.1-1.2)] The endorsement of the report marks the commitment of Australian governments to tackle the root causes of Aboriginal disadvantage and to systematically monitor the outcomes across jurisdictional and portfolio boundaries.

The 'Close the Gap' Campaign

In 2005, the Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, proposed aligning Australian governments' responses to Aboriginal health inequality with the international human rights framework (and the right to health in particular). He proposed a national effort to achieve health and life expectancy equality for Aboriginal and Torres Strait Islander peoples by 2030. This effort included the adoption of ambitious, yet realistic targets and a partnership approach in which Aboriginal people and their representatives worked as **equal partners** with Australian governments in planning and implementation. These two elements became the hallmarks of the subsequent *Close the Gap Campaign* whose Steering Committee comprised a leadership group including the Healing Foundation, NACCHO, NIDA,CAIPA and the major general population peak health and professional bodies.

The Close the Gap Campaign Steering Committee hosted a *National Indigenous Health Equality Summit* in March 2008. It culminated in the Prime Minister, the Minister for Health and Ageing, the Minister for Families, Housing, Community Services and Indigenous Affairs (FAHCSIA), and the Federal Opposition Leader signing the *Close the Gap Statement of Intent* with Aboriginal health leaders. The Governments and Oppositions of WA, Queensland (Qld), Victoria, the Australian Capital Territory (ACT), NSW and South Australia (SA) have since signed a commitment to partnership and planning for health equality by 2030.

The COAG 'Closing the Gap' National Reform Agenda

In 2007, there was bipartisan support for *Close the Gap Campaign* and, after the election with a new government, 'closing the gap' entered the policy lexicon. In December 2007, COAG adopted a *Closing the Gap* target to achieve life expectancy equality for Aboriginal people within a generation.

By mid-2009, six long-term 'Closing the Gap' targets on life expectancy, health, early childhood development, education, housing, and economic outcomes had been agreed through a National Indigenous Reform Agreement (NIRA).[20] The NIRA also provided the overarching framework for achieving the targets, as well as key performance indicators and benchmarks that the COAG Reform Council used to monitor progress through annual public reporting and analysis.

The NIRA recognises that a multifaceted and sustained approach addressing factors, both within and beyond the health system, is required to address Aboriginal disadvantage and inequality. It identifies seven 'building blocks' which integrates policy reforms and implementation to comprehensively address Aboriginal disadvantage. They include: healthy homes; safe communities; health; early childhood; schooling; economic participation; governance and leadership.[20]

Six National Partnership Agreements, are the 'engine' that drives COAG's *Closing the Gap* Agenda. The *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (2009–2013) (approximately $1.6 billion funding) and *National Partnership Agreement for Indigenous Early Childhood Development* ($550 million) are most relevant to mental health and SEWB. Through the former, for example, the WA Statewide Specialist Aboriginal Mental Health Service has been established, and it is expected that the renewal of the agreements (taking place at the time of writing) will reflect a growing understanding of the importance of mental health and SEWB to increased life expectancy. Aside from its generative role in COAG'S *Closing the Gap* Agenda, two major outcomes of the *Close the Gap* Campaign are a partnership vehicle for achieving health equality and the development of the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023.*

SOURCES OF DATA, MONITORING AND ACCOUNTABILITY

Zubrick et al. confirm the need to collect data related to the mental health morbidity and mental health care of the Aboriginal and Torres Strait Islander population.[18] However, they are critical that the existing indicators of mental health and SEWB tend to focus on the measurement of severe mental health outcomes—rates of hospitalisation for anxiety, depression, self harm and child abuse substantiations.[18(p564)] The emphasis on these aspects can inadvertently limit the funding and development of programs and services that focus on more holistic approaches to Aboriginal SEWB including mental health, which encompasses social justice, self-determination, sense of connectedness with culture, family and country (see Chapter 4, Gee and colleagues).

Primary Sources

The first national survey of Aboriginal and Torres Strait Islander peoples was conducted in 1994[21], in response to the RCIADIC(1991)[5] recommendations. The survey included questions on health and other determinants. Since then the quantity, timeliness and quality of information relevant to the health and SEWB of Aboriginal and Torres Strait Islander populations has improved considerably. Both the *National Health Surveys* (NHSs)and *National Aboriginal and Torres Strait Islander Social Surveys* (NATSISSs) contain valuable information about Aboriginal mental health and SEWB, and Stolen Generations survivors and experiences of racism and other stressors. The appropriateness of SEWB indicators used in these surveys, in relation to cultural participation, is the subject of ongoing review and debate. The five-yearly Census of Population and Housing also reports on housing, income, education and other health and mental health determinants for Aboriginal and Torres Strait Islander peoples.

Additionally, *Footprints in Time: the Longitudinal Study of Indigenous Children*, funded by the Australian government, provides the first comprehensive longitudinal data on the development of Australian Aboriginal children. This survey, along with the *Western Australian Aboriginal Child Health Survey (WAACHS)*,[18] represents significant milestones in gathering data for and about Aboriginal people. The findings and recommendations of these studies continue to inform actions and initiatives to address the difficulties experienced by Aboriginal people.

The *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF)[14] is a foundation document for informing COAG performance indicators as well as the data sources and development requirements for them and many Indigenous-specific agreements relating to health. It presents information gathered from a number of different administrative data sets and surveys, including information relevant to SEWB. The substantial HPF data development work is informing the data sources and development requirements for the COAG performance indicators. The HPF biennial report is critical for measuring progress towards the COAG *Close the Gap* agenda. It is designed to inform policy analysis, planning and program implementation by providing a ready reference to verified data and research. The data in the HPF is compiled from approximately 50 data sets and is reported against biennially, for 71 measures in three domains:

1. Health status and outcomes (including social and emotional wellbeing).
2. Determinants of health including socioeconomic and behaviours factors.
3. Health system performance.

Each of these domains encompass determinants that influence mental health and wellbeing. In Chapter 4 (Gee and colleagues) and Chapter 6 (Zubrick and colleagues) the main underlying determinants of SEWB and ways to modify their effects are described.

Reporting on Health Care Services

The Australian Government produce an annual report on Primary Health Care Services that includes the ACCHOs. This contains information about SEWB and drug and alcohol services provided by this sector. The National Health Performance Authority (NHPA) was established in 2011 to provide nationally consistent information on the performance of health care organisations and health systems. The NHPA, when fully operational, will draw on nearly 50 indicators agreed by COAG to measure the performance of hospitals, and health and mental health services.

Mental Health Reports and Summaries

The NMHC published its first report on the mental health system in October 2012. It includes a dedicated chapter on mental health of Aboriginal people. The report calls for mental health and SEWB to be prioritised within the COAG *Closing the Gap* Agenda, including the adoption of a mental health target.

The COAG Reform Council provides an annual report on progress against the COAG *Closing the Gap* Targets based on existing data sources and since 2009, the Prime Minister has provided an annual report on this to Parliament in its opening session. The *Close the Gap* Campaign Steering Committee produce an annual *shadow report* that provides an independent evaluation.

Biennial summary reports on the health and welfare of Aboriginal Australians that draw on many of the above sources are produced by the Australian Institute of Health and Welfare (AIHW). The Productivity Commission also produces a biennial report against the OID Indicators drawing on existing data sources. In 2010, the indicators were aligned to the COAG *Closing the Gap* targets.

RECENT NATIONAL MENTAL HEALTH POLICY REFORM INITIATIVES

Over the past three years a number of national health reform initiatives have resulted in allocations of significant resources to improve mental health services for Aboriginal and Torres Strait Islander peoples and the wider population.

COAG National Action Plan on Mental Health 2006–2011

In February 2006, COAG committed to $1.9 billion to improve mental health services nationally. It involves a five-year action plan and a series of measures by both state and Australian governments to improve services to people with a mental illness. The Australian Government provides funds to support:

- a major increase in clinical and health services available in the community and new team work arrangements for psychiatrists, general medical practitioners, psychologists and mental health nurses;
- new non-clinical and respite services for people with mental illness and their families and carers;
- an increase in the mental health workforce; and
- new programs for community awareness.

States and territories will be enhancing services in their key areas of responsibility, including the provision of emergency and crisis responses; mental health treatment services by public hospitals and community-based teams; mental health services for people in contact with the justice system; and supported accommodation.

In addition, the Commonwealth, states and territories have invested in areas of common action including:

- promotion and prevention programs including suicide prevention;
- school-based early intervention programs targeting children and young people;
- community-based mental health treatment services, particularly for people with mental illness and drug and alcohol issues;
- mental health services in rural and remote areas;
- support for people with more severe mental illness to gain living skills and work readiness;
- clinical rehabilitation services;
- telephone counselling and advisory services, for example through the National Health Call Centre Network; and
- support for families and carers such as respite care.

Each government has signed Individual Implementation Plans that set out the additional investment they will make to achieve the outcomes and policy directions.

Aboriginal and Torres Strait Islander Initiatives

Initiatives delivered through the COAG National Action Plan on Mental Health 2006–2011 included $20.8 million Commonwealth funding for '*Improving the Capacity of Workers in Indigenous Communities'* program. This included a mental health training program targeting 840 AHWs, and a culturally appropriate mental health first aid (MHFA) training program for 350 transport and administration workers in Aboriginal-specific health services. AHWs, counsellors and clinic staff were trained to identify and address mental illness and associated substance use issues in Aboriginal communities, to recognise the early signs of mental illness and make referrals for treatment where appropriate. Specific projects to enhance Aboriginal mental health included:

- a training program to recognise and address mental illness;
- provision of MHFA training to increase mental health literacy;
- ten new mental health worker positions and associated infrastructure;
- a mental health toolkit;
- the development of the first edition of this mental health textbook; and
- culturally appropriate mental health assessment tools.

Mental health reform is a long term, cumulative and evolutionary process that requires continued government commitment and renewal beyond the expiry of The Action Plan in 2011. Recognition of this is evident in the agreement by Ministers to a new National Mental Health Policy 2008 in December 2008, and the Fourth National Mental Health Plan 2009–14 in November 2009 through which many of the programs in *The Action Plan* are extended beyond 2011. In turn, the programs in these documents are extended by the *The Roadmap for National Mental Health Reform 2012–22* discussed above to further guide whole-of-government mental health reform over the next 10 years.

National Mental Health Policy 2008

In December 2008, a new *National Mental Health Policy* was endorsed by Australian Health Ministers. The Policy provides an overarching vision and intent for the mental health system in Australia and embeds a whole-of-government approach to mental health. The Policy represents a renewed commitment to the continual improvement of Australia's mental health system to ensure that it detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment and community supports to enable them to participate fully in the community. The Policy aims to:

- promote the mental health and wellbeing of the Australian community and, where possible, prevent the development of mental health problems and mental illness;
- reduce the impact of mental health problems and mental illness, including the effects of stigma, on individuals, families and community;
- promote recovery from mental health problems and mental illness; and
- ensure the rights of people with mental health problems and mental illness, and enable them to participate meaningfully in society.

The Policy recognises that certain groups in the community, including Aboriginal and Torres Strait Islander peoples, homeless and disadvantaged people, those exposed to traumatic events, and those with serious or chronic health problems are at heightened risk of mental health problems and mental illness.

Fourth National Mental Health Plan 2009–2014

The *Fourth National Mental Health Plan: An Agenda for Collaborative Government Action in Mental Health 2009–2014* has been developed to further guide reform and identify key actions that can make meaningful progress towards fulfilling the vision of the Policy.[21] The Plan has five priority areas for government action in mental health:

1. Social inclusion and recovery
2. Prevention and early intervention
3. Service access, coordination and continuity of care
4. Quality improvement and innovation
5. Accountability - measuring and reporting progress.

The Plan takes a whole-of-government, intersectoral partnership approach to achieve the best mental health outcomes. It is envisaged that the *Fourth Mental Health Plan* will provide a basis for governments to include mental health responsibilities in policy and practice in a more integrated way, recognising that many sectors can contribute to better outcomes for people living with mental illness.

The COAG Roadmap for National Mental Health Reform 2012–22

The COAG Roadmap was developed as a part of a $2.2 billion mental health package announced by the Commonwealth over the 2010–11 and 2011–12 Federal Budgets.[23] It is intended to provide a framework for the renewal of the *National Mental Health Policy* and the *Fifth National Mental Health Plan*. The COAG Roadmap contains six priorities:

1. Promote person-centred approaches.
2. Improve the mental health and SEWB of all Australians.
3. Prevent mental illness.
4. Focus on early detection and intervention.
5. Improve access to high quality services and supports.
6. Improve the social and economic participation of people with mental illness.

Forty-five strategies are proposed to achieve these priorities. In the development of the Roadmap there were calls for a seventh priority specifically to address Aboriginal and Torres Strait Islander mental health. While this did not occur, 10 of the 45 strategies are '*Targeted strategies for Aboriginal and Torres Strait Islander peoples*.

Table 5.1: COAG Roadmap: 10 Targeted Strategies

1. Increase the involvement of Aboriginal and Torres Strait Islander peoples and their families, carers and service providers in developing culturally appropriate mental health and social and emotional wellbeing programs (***Strategy 5***).
2. Renew and implement the *National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework* ***(Strategy 11).***
3. Complete and implement the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (***Strategy 12).***
4. Support the implementation of community led healing programs (***Strategy 13).***
5. Recognise and address the impact that trauma, grief and loss related to past government policies, including the removal of children from their parents, can have on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples ***(Strategy 18)***
6. Strengthen the cultural competency of frontline professionals, including police, education and early childhood providers and health care professionals to detect and appropriately intervene in mental health concerns for Aboriginal and Torres Strait Islander peoples (***Strategy 25)***.
7. Enhance the cultural competence and training of those providing mental health services and supports to Aboriginal and Torres Strait Islander peoples ***(Strategy 36)***.
8. Establish protocols for service providers working with interpreters for Aboriginal and Torres Strait Islander peoples ***(Strategy 37)***.
9. Increase and promote employment opportunities for Aboriginal and Torres Strait Islander peoples in mental health and social and emotional wellbeing service areas ***(Strategy 38)***.
10. Expand the availability, and ensure a range, of high quality and culturally appropriate mental health services and supports for Aboriginal and Torres Strait Islander peoples with a mental health issue to enable their participation in education, employment and their community ***(Strategy 45)***.

The Roadmap also contains preliminary indicators and targets to measure progress.

The National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023

The National Aboriginal and Torres Strait Islander Health Plan (the Health Plan) is an evidence-based policy framework to guide policies and programs to improve Aboriginal health access, care and outcomes over the next 10 years. A supporting Companion Document outlines Commonwealth activity in Aboriginal health and the social determinants of health, as at 1 July 2013.

The Health Plan addresses strategic points of intersection between health, mental health and social and emotional wellbeing (SEWB), and provides a patient-centred platform for different agencies, organisations, government, stakeholders including communities to work together to plan and deliver better coordinated and focused programs.

The Health Plan adopts an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing and environmental health, and spiritual healing communities and individuals to be empowered and to translate their knowledge, skills, understanding and experiences into action. Improvements in Aboriginal health and mental health require effective strategies that address environmental, economic and social inequalities to achieve health equality.

Furthermore, implementing a whole-of-life perspective recognises the different stages in life, highlights key transition periods for individuals and provides strategic points of intersection between health and mental health and SEWB to help overcome health inequalities.

Principles

The new Health Plan is underpinned by the following principles:

Health Equality and a Human Rights Approach

The principles of the United Nations Declaration on the Rights of Indigenous Peoples and other human rights instruments support Aboriginal and Torres Strait Islander people in attaining the highest standard of physical and mental and social health.

Aboriginal and Torres Strait Islander Community Control and Engagement

There is a full and ongoing participation by Aboriginal and Torres Strait Islander people and organisations in all levels of decision-making affecting their health needs.

Partnership

Partnership and shared ownership between Aboriginal and Torres Strait Islander people, governments and service providers at all levels of health planning and delivery.

Accountability

Structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works.

Goals

Goals to ensure Aboriginal and Torres Strait Islander people have the best possible mental health and social and emotional wellbeing are included in the plan and strategies are integrated in all health care service delivery and health promotion strategies.

Mental health and social and emotional wellbeing

The Health Plan recognises that social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other. People with good social and emotional wellbeing people can still experience mental illness, and people with a mental health issues can experience social and emotional wellbeing with adequate support.

The Health Plan encompasses a definition of Social and Emotional Wellbeing that is consistent with the approach as outlined in the book. SEWB is defined as a holistic concept which recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. It also acknowledges the influence of the social determinants on SEWB including: homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse, violence; removal from family and cultural

dislocation; substance misuse; racism and discrimination and social disadvantage. Culture and cultural identity, individual and community control, dignity and self-esteem, and respect for Indigenous rights and a perception of just and fair treatment is also important to social and emotional wellbeing. These issues are discussed in individual chapters throughout the book.

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013

Australia's first national *Aboriginal and Torres Strait Islander Suicide Prevention Strategy (the Strategy)* has been informed by an extensive national community consultation and guided by the ATSISPAG. As with other recent policy initiatives the Strategy is informed by a holistic view of health that encompasses mental, physical, cultural and spiritual health. Community consultations reaffirmed the need for community-focused, holistic and integrated approaches to suicide prevention with an emphasis on 'upstream' efforts to build community, family and individual resilience and on restoring SEWB.

Strategy Objective and Goals

The overarching objective of the Strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities.

Six goals underpin this objective:

1. Reduce the incidence and impact of suicide and suicidal behaviour in the Aboriginal and Torres Strait Islander population and in specific communities affected by suicide.
2. Ensure that Aboriginal and Torres Strait Islander communities and populations are supported within available resources to respond to high levels of suicide and/or self-harming behaviour with effective prevention strategies.
3. Implement effective activities that reduce the presence and impact of risk factors that contribute to suicide outcomes in the short, medium and long term and across the lifespan.
4. Build the participation of Aboriginal and Torres Strait Islander peoples in the workforce in fields related to suicide prevention, early intervention and social and emotional wellbeing through the provision of training, skills and professional qualifications at all levels.
5. Build the evidence base to support effective action and to evaluate the outcomes of suicide prevention activity at local, regional and national levels.
6. Make high quality resources, information and methods to support suicide prevention for Aboriginal and Torres Strait Islander peoples available across all contexts and circumstances.

Action areas

Action area 1: Building strengths and capacity in Aboriginal and Torres Strait Islander communities.

This action area focuses on strategies to support community leadership, action and responsibility for suicide prevention; and the development, implementation and improvement of preventive services and interventions for communities and their members.

Action area 2: Building strengths and resilience in individuals and families.

This action area focuses on work with universal services—child and family services, schools, health services—to help build strengths and competencies and to protect against sources of risk and adversity later life. The focus is also on activities directly with families or with children in schools to develop the social and emotional competencies to promote resilience across the lifespan.

Action area 3: Targeted suicide prevention services.

This action area focuses on targeted services for individuals and families at a higher level of risk including those with mental illness, a prior history of self-harm, alcohol and drug abuse or domestic violence, neglect and abuse; people in, or discharged from, custody. Services need to coordinated and culturally appropriate and linked with culturally competent community-based preventive services

Action area 4: Coordinating approaches to prevention.

This action area relates to the importance of coordinated action across all government sectors and departments—health, schools, justice, child and family services, child protection and housing—and ensure capacity within local Aboriginal organisations to provide preventive services.

Action area 5: Building the evidence base and disseminating information.

This area focuses on developing a body of research and obtaining adequate data on self-harm and suicide in communities as a high priority.

Action area 6: Standards and quality in suicide prevention.

This action area focuses on strategies to ensure consistency in standards of practice and high quality service delivery through: 1) Aboriginal participation in the workforce; 2) Quality controls to strengthen preventive activity in primary health care and other service sectors; and 3) Evaluation to support quality implementation of programs and to evaluate their outcomes.

Community Generated Policy and Initiatives

Since the 1970s, with placement of restrictions on the sale, possession and consumption of alcohol, Aboriginal and Torres Strait Islander communities have developed community level policy as part of their right to self-determination, self-governance, and cultural maintenance. In some cases, these are now reflected in national policy developments—such as the minimum standards in relation to alcohol restrictions in the Commonwealth's Stronger Futures Legislation (with impact in the NT). The work in the Fitzroy Valley in the Kimberley to tackle alcohol misuse and prevent suicide. See Chapter 20 (Hayes and colleagues) for further discussion.

Other community-generated initiatives include the National Empowerment Project which grew out of the Kimberley empowerment project, (Hear Our Voices project). This initiative confirms that, to be effective, programs and services addressing Aboriginal mental health and wellbeing need to be culturally-based and incorporate cultural elements. For further dicussion of this project see Chapter 25 (Dudgeon and colleagues).

CONCLUSION

This chapter has mapped the policy developments relating to Aboriginal and Torres Strait Islander mental health and SEWB. Different ways of approaching the policy formulation and implementation process have influenced several successive policy reforms over the past 25 years.

These policy reforms have been shaped firstly, by national mental health policy and a relatively small component of the $1.6 billion commitment to Australia's mental health; secondly, by a broader Aboriginal health movement that evolved in the 1960s with the founding of the first ACCHOs to the current *Close the Gap* Campaign. Throughout this time, Aboriginal people have asserted the need for Aboriginal leadership and genuine partnership in policy making which is reflected in the new Aboriginal and Torres Strait Islander health policy 2013-2023.

Equally importantly, policies have also been shaped by the need to address the unique factors of mental health and continuing impacts of colonisation and past practices—notably those that led to the Stolen Generations. Critically, all of these factors has led to the the development of a

culturally specific mental health and social and emotional wellbeing policy—acknowledging the holistic concept of Aboriginal health and the assertion of an Indigenous conception of SEWB and the need for more culturally appropriate service delivery and an increase in the Aboriginal mental health workforce. Working in partnership with Australian governments, future Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing policy is now being guided and developed by these movements and the advisory groups associated with them.

REFLECTIVE EXERCISES

1. In what ways are Aboriginal and Torres Strait Islander peoples and their representatives and communities contributing to the development of mental health policy in Australia? Why is this important?
2. Select one of the policy initiatives in the chapter to answer the **questions** below:

   What has influenced the development of the policy?

   What are the key aims of the policy?

   What are the issues it aims to address, i.e. suicide, depression, drugs and alcohol?

   What initiatives have been successful?

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