



NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025





Our Journey: the artwork

Our Journey is about coming together and learning off one another. The journey in the painting details the healthy lifestyle choices we make with evident bush tucker and seafood. Also, the blue circles represent the water holes in which we gather, drink and source supply from as well as continue the teaching with our young ones. The big circle in the middle symbolises a meeting place in which all people come together and meet, learn, teach and grow to achieve better results for our families and communities. The symbol on the top right-hand corner represents our ancestor spirits who watches over our journey and helps guide us.*

The Connections Aboriginal Women's Art Therapy Group supported Aboriginal women who lived with mental illness through art therapy and group work. The Connections artists met once a week in a studio in Redfern to paint, yarn and support each other. The group was supported

by St Vincent's Hospital with the City of Sydney providing the studio space. Kaylene Simon from St Vincent's Health Australia was the group's coordinator, establishing the group in 2002. Many of the women who attended the group were from all over Australia and the arts and crafts were based on their stories.

The Mental Health Branch is authorised to use *Our Journey* artwork image under licence in Aboriginal mental health publications 2017 - 2026.

*The symbol on the top right-hand corner of the artwork represents our ancestor spirits and is indicative of the Kimberley region which may hold cultural sensitivities to the traditional owners of this land.

Cover artwork: *Our Journey* by Connections Aboriginal Women's Art Therapy group ©2017

Acknowledgements

The NSW Ministry of Health acknowledges and respects Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and emerging.

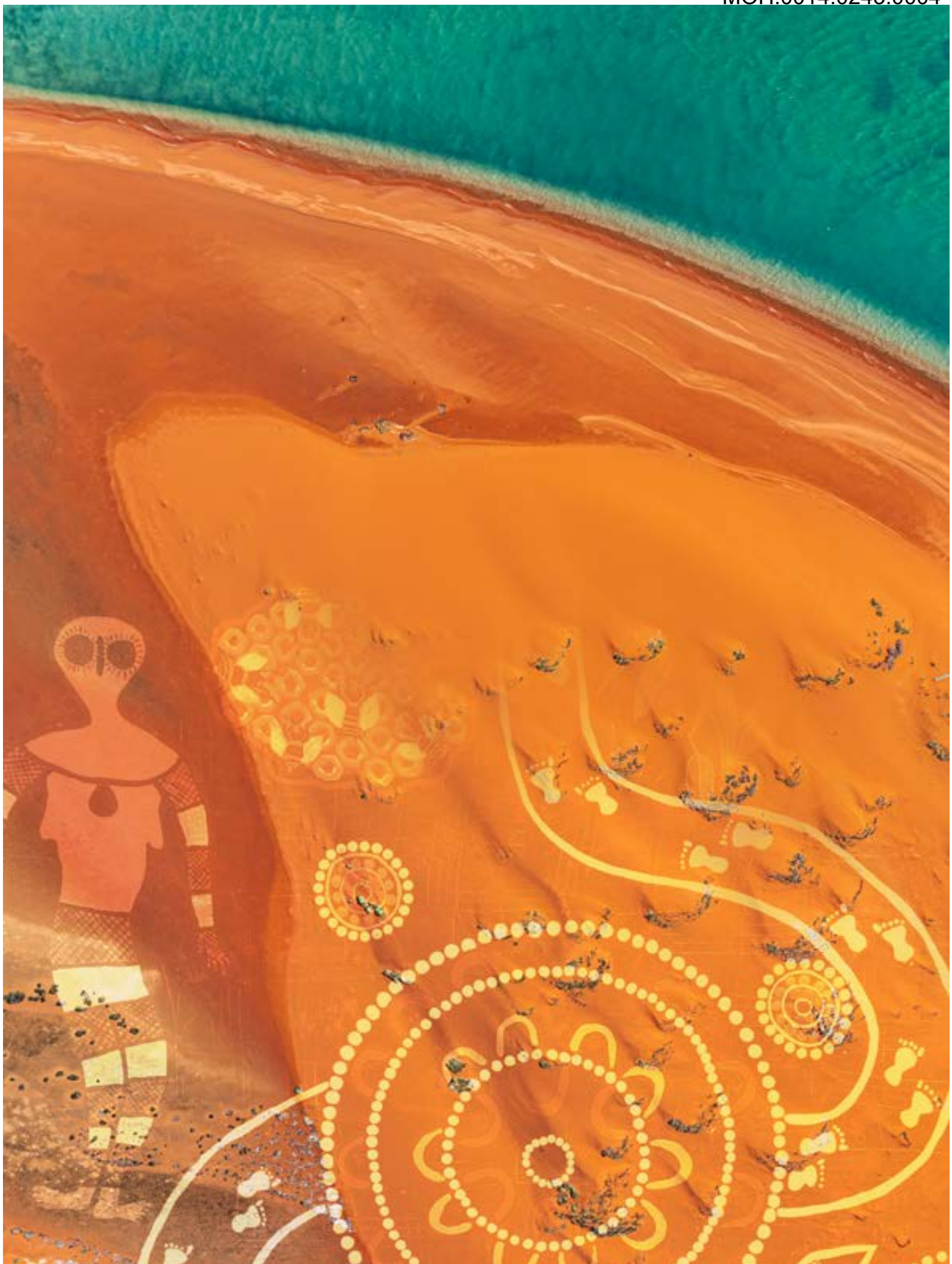
We acknowledge and thank members of the Aboriginal Mental Health Steering Committee and the Aboriginal Expert Advisory Group who have contributed valuable experience, advice, time and guidance. We acknowledge Aboriginal communities, community organisations, mainstream services and government departments from across NSW for their engagement. A full list of the Aboriginal Mental Health Steering Committee members and those who contributed to the consultations can be found at Appendix 1.

We would also like to thank the Aboriginal consultancy agency Cox Inall Ridgeway for its expertise in facilitating consultations that helped inform the development of this Strategy.

Note that within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW.¹

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A message from the Minister

I am pleased to introduce the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*. This document provides important overarching strategies for action for NSW Health services over the next five years. This Strategy sets the scene for a dramatic shift in the way NSW Health engages with Aboriginal staff, services, consumers, carers, families and communities.

Improving the mental health and wellbeing of Aboriginal communities across the state is a priority of the NSW Government. We are committed to ensuring Aboriginal people and families receive the support and attention they need. We respectfully recognise the diverse cultures of Aboriginal people and communities and are determined to work in partnership to make a positive difference in service delivery.

The Strategy will help NSW Health services embed the strategic directions and actions and achieve the goals of holistic, person and family-centred care and healing; culturally safe, trauma-informed, quality care; and connected care.

I encourage you to explore the many resources and spotlights available through the document that have been developed in partnership with Aboriginal people and communities throughout NSW. The resources and spotlights are examples of good practice, highlighting strong cultural ways of working and providing holistic care.

This document is more than a Strategy; it is a valuable resource in leading a culturally safe and valuable service in improving the mental health and wellbeing of Aboriginal people, families and communities.

The NSW Government is committed to an ongoing monitoring of the implementation process, to ensure NSW Health services are accountable for the ongoing care of Aboriginal people and communities who encounter these services.

A handwritten signature in black ink that reads "B. Taylor".

The Hon. Bronnie Taylor, MLC

Minister for Mental Health, Regional Youth and Women

Aboriginal mental health and wellbeing in NSW

Aboriginal people belong to a strong living culture that has continued to thrive for thousands of years.² Along with a history of survival, healing and resilience, Aboriginal people have a proud heritage of commitment to family and community, spirituality, and have strong connections to culture and country. Aboriginal people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and the environment.

The social and emotional wellbeing approach

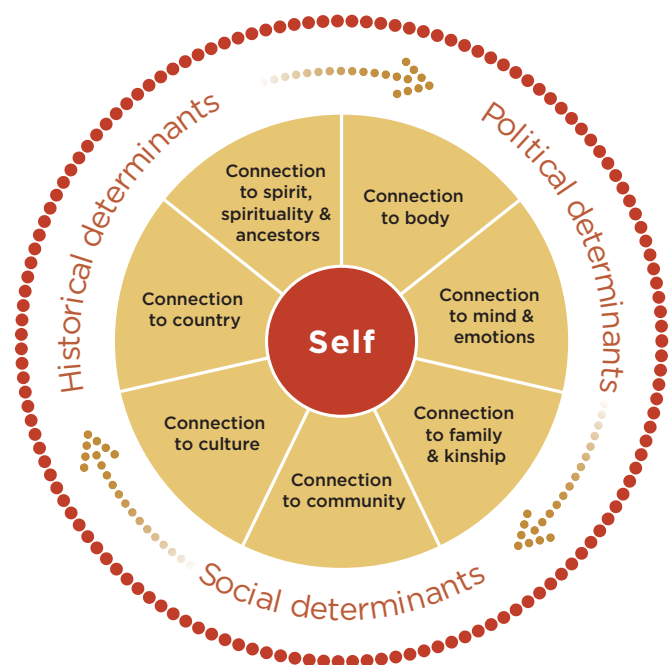
Social and emotional wellbeing is widely understood to be the foundation for Aboriginal people's physical, mental and spiritual wellness.³ Social and emotional wellbeing is a holistic concept that recognises the importance of connection to country, culture, spirituality, ancestry, family and community, and how these affect the individual.⁴ This holistic view incorporates the mental health and physical, social, emotional, and cultural wellbeing of individuals and communities and how they each intertwine.

The Aboriginal social and emotional wellbeing model (**Figure 1**) is a strengths-based approach to working with mental health and wellbeing. It recognises the influence of social, political, historical and cultural factors and can be applied across the continuum of mental health care.

If connections are disrupted, and for many Aboriginal people and families some of these connections have been significantly disrupted from colonisation, it can lead to ill-health. The healing and strengthening of these connections will help increase social and emotional wellbeing for Aboriginal people, families and communities.

Promoting strong connections is about maximising the benefits of the protective factors, while minimising exposure to risk factors and particularly those that are also risk factors for mental health conditions.⁵

Figure 1. A Model of Social and Emotional Wellbeing



© Gee, Dudgeon, Schultz, Hart and Kelly, 2013

As detailed in Table 1, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* recognises these and other risk factors, but also provides examples of protective factors that strengthen mental health and social and emotional wellbeing and build resilience.⁶

Table 1: The Domains of Social and Emotional Wellbeing with Risk and Protective Factors

Domain	Description	Examples of risk factors	Examples of protective factors
Connection to Body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life.	<ul style="list-style-type: none"> Chronic and communicable diseases Poor diet Smoking 	<ul style="list-style-type: none"> Access to good healthy food Exercise Access to culturally safe, culturally competent and effective health services and professionals
Connection to Mind and Emotions	Mental health - ability to manage thoughts and feelings.	<ul style="list-style-type: none"> Developmental/ cognitive impairments and disability Racism Mental illness Unemployment Trauma including childhood trauma 	<ul style="list-style-type: none"> Education Agency: assertiveness, confidence and control over life Strong identity
Connection to Family and Kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.	<ul style="list-style-type: none"> Absence of family members Family violence Child neglect and abuse Children in out-of-home care 	<ul style="list-style-type: none"> Loving, stable, accepting and supportive family Adequate income Culturally appropriate family focused programs and services
Connection to Community	Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other and work together.	<ul style="list-style-type: none"> Family feuding Lateral violence Lack of local services Isolation Disengagement from community Lack of opportunities for employment in community settings 	<ul style="list-style-type: none"> Support networks Community controlled services Self-governance
Connection to Culture	A connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.	<ul style="list-style-type: none"> Elders passing on without full opportunities to transmit culture Services that are not culturally safe Languages under threat 	<ul style="list-style-type: none"> Contemporary expressions of culture Attending national and local cultural events Cultural institutions Cultural education Cultural involvement and participation
Connection to Country	Connection to country helps underpin identity and a sense of belonging.	<ul style="list-style-type: none"> Restrictions on access to country 	<ul style="list-style-type: none"> Time spent on country
Connection to Spirituality and Ancestors	Spirituality provides a sense of purpose and meaning.	<ul style="list-style-type: none"> No connection to the spiritual dimension of life 	<ul style="list-style-type: none"> Opportunities to attend cultural events and ceremonies Contemporary expressions of spirituality

Social and emotional wellbeing may change over the lifespan of an individual. What is important to a child's social and emotional wellbeing may be different to an Elder. Aboriginal people's understanding of social and emotional wellbeing can also vary between different cultural groups and individuals.⁷

Embracing Aboriginal concepts of social and emotional wellbeing can assist policy makers, organisations, clinicians and support staff to enable a strengths-based, 'whole-of-person' healing approach within the broader social, cultural and historical context.



The need for change

In NSW, Aboriginal people fare significantly worse than non-Aboriginal people on every indicator of economic and social disadvantage⁸, and experience multiple stressors that are pre-determinants of mental health problems and substance use.⁹

This has stemmed from the significant impact of colonisation on Aboriginal people, families and communities resulting in intergenerational and vicarious trauma and abuse, grief and loss, violence, removal from family and displacement through the Stolen Generations, substance misuse, family breakdown, cultural and country dislocation, racism and discrimination, exclusion and segregation, loss of control of life, and social disadvantage. These negative impacts also shape the social determinants of health including housing, education, employment status, income, physical environment and social supports.¹⁰

The Commonwealth's *Closing the Gap Report 2019*¹¹ found that the target to close the gap in life expectancy rates for Aboriginal and non-Aboriginal people by 2031 is not on track. Large gaps remain between Aboriginal and non-Aboriginal people's life expectancy estimates.

Suicide and self-harm rates for Aboriginal people are unacceptable, and tragically high and growing. Aboriginal suicide rates in NSW have increased from 11.3 per 100,000 people between 2009-2013 to 17.7 per 100,000 people between 2014-2018.¹²

In 2018-19, the rates of hospitalisations resulting from intentional self-harm are also higher in Aboriginal people (264.6 per 100,000) than non-Aboriginal people (85.6 per 100,000).¹³

Aboriginal people also report higher levels of psychological distress than non-Aboriginal people.¹⁴

Aboriginal people who experience racism are at a greater risk of developing depression and anxiety and this continues to have a significant impact on Aboriginal peoples' decisions about when and why to seek health services and acceptance of, and adherence to treatment.¹⁵



The policy and service delivery environment

The Strategy is the foundation for change that will support a future way of working under the national Agreement for Closing the Gap in Aboriginal Health outcomes.¹⁶

The Strategy also supports the *Fifth National Mental Health and Suicide Prevention Plan*¹⁷, and the NSW Audit Office's *Mental health service planning for Aboriginal people in New South Wales*¹⁸ report.

This Strategy is aligned to existing policies that provide specific directions and support for the public mental health sector in NSW:

- [NSW State Health Plan: Towards 2021](#)
- [NSW Aboriginal Health Plan 2013-2023](#)
- [NSW Health Good Health-Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020](#)
- [Health Professionals Workforce Plan 2012-2022](#)
- [Towards Zero Suicides Premier's Priority](#)
- [NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022](#)
- [Strategic Framework for Suicide Prevention in NSW 2018-2023](#)
- [OCHRE: NSW Government Plan for Aboriginal Education, Employment and Accountability 2011](#)
- [Living Well in Focus 2020-2024: A strategic plan for community recovery, wellbeing and mental health in NSW](#)¹⁹
- [NSW Mental Health Commission Lived Experience Framework](#)

This Strategy is also aligned to key national policies and approaches, including:

- [The Gayaa Dhuwi \(Proud Spirit\) Declaration](#)
- [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#)
- [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013](#)
- [Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health](#)
- [National Safety and Quality Health Service Standards for Aboriginal Health](#)
- [National Disability Insurance Scheme](#)

The Gayaa Dhuwi (Proud Spirit) Declaration promotes the importance for mental health services to recognise Aboriginal concepts of social and emotional wellbeing, mental health and healing in practice, and to strengthen Aboriginal leadership and influence. The National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) group developed the declaration in collaboration with partners including the Mental Health Commission of NSW.

The Strategy recognises the complex service delivery environment in NSW. Mental health and wellbeing services are provided by local health districts (Districts), speciality health networks (Networks), Aboriginal community-controlled health services (ACCHOs), community managed organisations (CMOs), Primary Health Networks (PHNs) and the private sector.

The Strategy also acknowledges the leadership role of the NATSILMH group, the Aboriginal Health & Medical Research Council of NSW, the Centre for Aboriginal Health and the Aboriginal Mental Health Leadership Group.



A new approach for Aboriginal mental health and wellbeing in NSW

The overarching vision of the Strategy is for all Aboriginal people of NSW to have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.

This Strategy is designed to support and assist NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people and communities. It reflects the NSW Government's commitment to closing the health gap between Aboriginal and non-Aboriginal people in NSW.

The Strategy is supported by three **goals**:

Goal 1: Holistic, person and family-centred care and healing

Goal 2: Culturally safe, trauma-informed, quality care

Goal 3: Connected care

These goals are based on the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* and align with the NSW Health vision of a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled.

The Strategy provides clear direction to NSW health services on:

1. Co-designing mental health service planning, delivery and monitoring with Aboriginal services, people and communities
2. Delivery of holistic care that responds to Aboriginal people's mental health and wellbeing.
3. Delivering culturally safe, trauma-informed, and quality public mental health services
4. Building and sustaining the Aboriginal mental health and wellbeing workforce.
5. Creating culturally safe work environments

6. Delivering coordinated mental health services for Aboriginal people and strengthening partnerships with Aboriginal health and community services
7. Implementing what works and building the evidence
8. Strengthening performance monitoring, management and accountability.

We are committed to improving service planning, coordination and delivery of health services to support the social and emotional wellbeing and mental health of Aboriginal people in partnerships with Aboriginal services, people and communities. Each strategic direction and action reflects our commitment to do better, to listen and engage more, and to strive towards the quality care that we know we can provide.

This Strategy recognises that Aboriginal people are experts in Aboriginal communities and needs, and that improvements in the coordination of services and in the quality of service delivery and planning will need to start in genuine co-design processes, led by Aboriginal people. Person centred and culturally safe services acknowledge the strength and resilience of Aboriginal people, families, and communities.

A driving strength of this Strategy is the commitment by Districts and Networks to develop localised, co-designed implementation plans with Aboriginal services, staff, people and communities. The Strategy will help build on current programs and partnerships, and build new relationships to ensure that the care provided to Aboriginal people is designed and led by Aboriginal people. This meaningful and compassionate co-design approach will reflect the needs of individuals and communities on the journey to healing.

The Strategy at a glance

VISION

All Aboriginal people of NSW have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.

GOAL 1

Holistic, person and family-centred care and healing

STRATEGIC DIRECTIONS

1. Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities
2. Deliver holistic care that responds to Aboriginal people's mental health and wellbeing

GOAL 2

Culturally safe, trauma-informed quality care

STRATEGIC DIRECTIONS

3. Deliver culturally safe, trauma-informed, and competent quality public mental health services
4. Build and sustain the Aboriginal mental health and wellbeing workforce
5. Create culturally safe work environments

GOAL 3

Connected care

STRATEGIC DIRECTIONS

6. Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services
7. Implement what works and build the evidence
8. Strengthen performance monitoring, management and accountability

GUIDING PRINCIPLES

1. Trust and cultural respect are fundamental
2. The cultural values and traditions of Aboriginal communities are recognised
3. Aboriginal people's holistic understanding of health encompasses mental, physical, emotional, social, cultural and spiritual health
4. The valuable and unique role of Aboriginal Community Controlled Health Organisations (ACCHOs) is recognised
5. Aboriginal people participate at all levels of health service delivery and management
6. Partnerships with Aboriginal communities through ACCHOs and the Aboriginal Health and Medical Research Council (AH&MRC) are supported
7. The social determinants that lead to health disparities for many Aboriginal people are addressed at an individual and systemic level
8. Practices and policies are respectful, inclusive and culturally safe for Aboriginal consumers, carers and staff
9. Genuine partnerships exist between service providers and Aboriginal consumers, carers and communities to support the design, delivery and evaluation of mental health services.

These principles are adapted from the *NSW Health Aboriginal Health Plan 2013-2023*. This Strategy also recognises and reflects the enduring principles of social and emotional wellbeing as set out in the *Gayaa Dhuwi (Proud Spirit) Declaration*.

Who is this Strategy for?

This Strategy supports NSW Health services to plan and deliver culturally safe, accessible, responsive and flexible mental health and wellbeing care for Aboriginal people and communities in NSW. Please refer to the Aboriginal Nations Map (Appendix 2) for reference to Aboriginal countries where NSW Health provides access to health and mental health services.

This Strategy is designed to assist NSW Health services to support Aboriginal people at all stages of life. The goals and strategic directions within the Strategy have been developed with reference to the differing needs of community members across the promotion, prevention, early intervention, treatment and recovery continuum.

We also recognise that Aboriginal people in the following groups can face more complex barriers to accessing NSW Health mental health and health services:

- Children and young people, including those in out of home care
- Young people in or exiting the justice setting
- Elders and older people
- The Stolen Generations
- People in or exiting custodial settings
- LGBTIQ+ (lesbian, gay, bisexual, transgender/ gender diverse, intersex and queer) people
- People working in mental health settings
- People with co-existing mental health and alcohol and other drug issues
- People with co-existing mental health and physical health issues
- People with disability, including psychosocial and intellectual disability
- People who have experienced family violence
- People who experienced childhood sexual assault
- People who are homeless or living in insecure housing
- People living in rural and remote areas.

This Strategy acknowledges the devastating impact of suicide on Aboriginal people and communities and recognises specific activity underway through the *Strategic Framework for Suicide Prevention in NSW 2018-2023* and the Towards Zero Suicides NSW Premier's Priority.



Shaping the future of Aboriginal mental health and wellbeing in NSW

A number of key themes arose over the course of the Strategy's development that have shaped our goals, strategic directions and actions. We heard from Aboriginal people from a range of organisations and communities who want to partner with us across NSW to develop a genuinely co-designed approach for a strengths-based system of care that is well coordinated, culturally capable and safe, trauma informed, and healing focused. A full list of those who contributed to the consultations can be found at Appendix 1.

Strengths-based, Aboriginal led co-design

Co-design is a collaborative approach that brings consumers, families, carers and support people, and staff together to improve health services. In co-design, the people who use and deliver health services are deliberately engaged to share experiences and collectively imagine and create solutions that innovate, change and improve health services.²⁰

A strengths-based approach to co-design acknowledges the resilience, knowledge and positive practices that are being led by Aboriginal people across NSW and aims to build on and support these in the delivery of health services. Strengths based approaches challenge relationships of power, and support Aboriginal ways of knowing, being and doing.²¹ This approach recognises that the community is a rich source of resources and focuses on the factors and practices that will lead to positive outcomes.²²

Self-determination supports the building of strong communities. Aboriginal people and communities hold a wealth of knowledge about the steps required to improve mental health and wellbeing outcomes.

.....

"Draw upon the strengths already established in Aboriginal and Torres Strait Islander communities."

"Person centred and culturally safe services acknowledge the strengths of Aboriginal people, families, kin and culture, and resilience of Aboriginal communities."

Cultural capability and safety

Cultural capability is a broad term that encompasses cultural awareness, cultural safety and cultural competence. It is the set of behaviours, attitudes, and policies that come together to enable a system, agency, or individuals to work effectively in cross-cultural situations. Developing and embedding cultural capability in health services requires a sustained focus on knowledge, awareness, behaviour, skills, attitudes and flexibility at all levels of service.²³ Cultural capability is not achieved after one training session or at a single endpoint but represents continuous learning that builds over time.

Cultural safety is determined by Aboriginal people, families and communities; and culturally safe service environments are welcoming for Aboriginal people.²⁴ The visible presence of Aboriginal staff has been demonstrated to increase the accessibility of services by contributing to a sense of cultural safety. Cultural safety is a model of practice that respects everyone's identity and human right to responsive, respectful, timely and accessible quality health care.

Cultural safety is also about a workplace that is free from discrimination. Cultural knowledge and ways of working are valued as core strengths, and everyone feels culturally secure, safe and respected.

Cultural safety builds on Aboriginal knowledge and ways of working and recognises the importance of self-determined decision-making, partnership and collaboration in health care. It includes cultural awareness, cultural sensitivity, cultural knowledge, and cultural respect.²⁵

.....

"Cross cultural awareness training for all staff, not just non-Aboriginal. Need to know the past, what older people have dealt with, stolen generation. [...] Involve old people, they have lived through it."

"Workers need to go backwards, learn about the past and why we're here."

Trauma informed holistic healing

For Aboriginal people, healing is a holistic process that addresses mental, physical, emotional and spiritual needs and involves connections to culture, family and country. Holistic healing is a meaningful way to respond to the impact of past policies and practices²⁶, trauma and intergenerational trauma, and restore wellbeing at a community, family and individual level.

Intergenerational trauma can impact a person or communities for many decades and in many ways, including fear and anxiety, feeling sad and hopeless, tired and confused, difficulty with relationships, impulsive behaviour, addiction to alcohol and other drugs, gambling problems and increased contact with the criminal justice system.²⁷

Holistic healing seeks to address underlying trauma and its impacts by taking a strengths-based, trauma-informed and whole of life approach to safety, wellbeing and empowerment. Trauma-informed care is a strengths-based service delivery approach “that creates opportunities [...] to rebuild a sense of control and empowerment.”²⁸ It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatise individuals who already have histories of trauma, and it upholds the importance of co-design in the development, delivery, and evaluation of services.²⁹

Healing works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal people. The *Gayaa Dhuwi (Proud Spirit) Declaration* recognises the important role of self-determination, cultural healers and healing methods in helping to achieve the highest attainable standard of mental health and social and emotional wellbeing for Aboriginal people. Effective healing should build individual and collective resilience and offer hope.

.....

“Putting a focus on a client’s whole context and what other aspects might affect the ability for them to heal – family, living situation, past struggles, level of spirituality etc.”

“Cultural, spiritual and community connections... defining these factors in the realm of mental health and wellbeing and how it fits into the holistic approach”

Supporting and growing the Aboriginal mental health workforce

NSW needs a highly skilled Aboriginal mental health workforce that is supported by the entire health system.

The number of Aboriginal workers across the public mental health system, at all levels, needs to increase to address the social and emotional wellbeing and mental health needs of Aboriginal people, families and communities. The Aboriginal mental health workforce also needs to be equipped with the skills, tools and support to deliver culturally responsive, trauma-informed services across the state.

The NSW Health system needs to be strengthened to enable supportive, safe and functioning workplaces. The Aboriginal mental health workforce can feel isolated and over-stretched; poorly integrated and under-valued; not supported in developing specialist expertise; discouraged and vulnerable.

Ensuring safety extends to supporting the mental health of Aboriginal workers who may be traumatised by exposure to problems and tragedies within their communities. Aboriginal workers must be supported by a system that promotes cultural responsiveness, integration, worker safety and care, collaboration and innovation.

Aboriginal mental health trainees should be supported through the duration of the Bachelor of Health Science (Mental Health) Djirruwang Program and their employment in mental health services. Once the trainee has graduated, the District or Network should support transition into a clinical role.

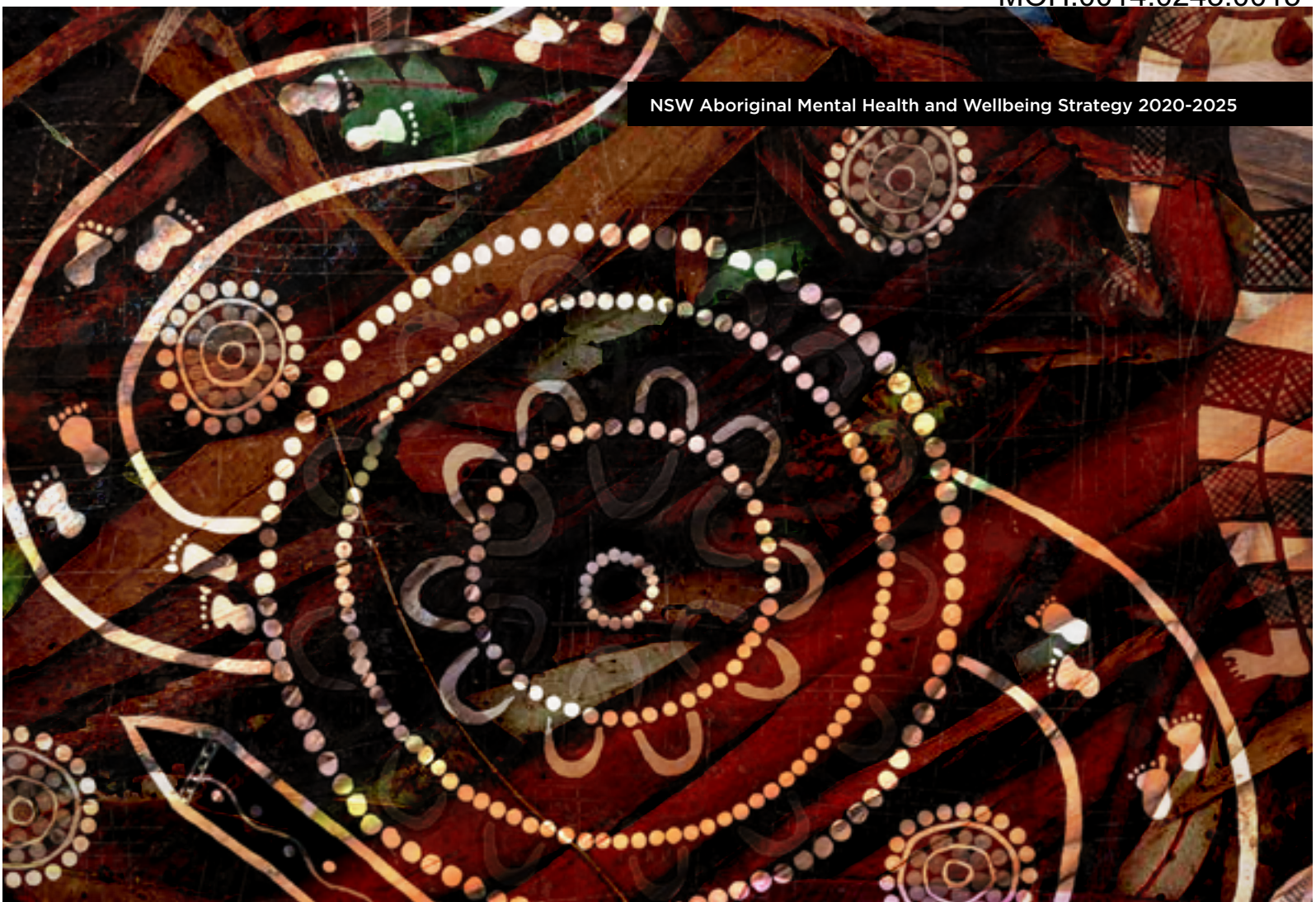
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“Staff wellbeing should be highlighted... along with strategies to support/maintain Aboriginal staff given the impacts on working and living in community.”

“There needs to be more emphasis on the cultural considerations of Aboriginal Mental Health Workers and to better acknowledge the responsibilities that are placed on them in their communities, workplace and home. Some of these workers are working in vicarious trauma on an ongoing basis. This behaviour is often then accepted as normalised. Due to this behaviour being normalised by staff and systems the burnout rates and retention of Aboriginal Workers is problematic.”

“Cultural safety [is needed] for Aboriginal staff too.”

“Improve the cultural safety of the service by sustaining an increase in the Aboriginal Mental Health workforce.”



Access to quality, coordinated and connected care

Services need to be integrated across health, mental health, social and community streams, inpatient and community-based settings, and the lifespan according to need.

Coordinated and connected care is achieved when support available in inpatient and community settings join up in seamless ways. This requires improved communication and information sharing and the development of strong referral pathways.

Services need to recognise that Aboriginal people may move between services depending on factors such as social mobility, trust developed with each service, and according to employment, family and social networks. When care is not coordinated and connected, Aboriginal people face barriers to timely and effective prevention, treatment, and healing.

NSW Health must acknowledge and address the barriers that Aboriginal people face. Stigma and discrimination, cost of health care, cultural safety and geographic isolation are major barriers for Aboriginal people to access care.

Improving partnerships with Aboriginal consumers, those with lived experience of mental illness, communities, ACCHOS, and carers will ensure services provide more coordinated, culturally safe and competent care that is better targeted to the needs of Aboriginal communities.



“To provide a review of the continuity of care between all departments to ensure a wraparound service delivery is consistent and meaningful. This includes empathy, being heard, and understanding of connected care. Including Family, carers and elders.”

“Suicide awareness [...] is a significant problem in rural communities. There is also the need to increase cultural awareness within the sector and for services, especially referral services, to be more responsive and refined.”

“...developing strategies are a must but the follow up care and the referral pathways... needs to be enforced and strongly advocated for.”

Co-designed, local implementation

It is an important feature of this Strategy that all NSW Districts and Networks are required to develop co-designed, local implementation plans by 30 September 2021.

There is an expectation that health services partner and work collaboratively with Aboriginal people with lived experience of a mental health issue as well as carers and families to co-design services and systems of care. These local co-design processes will be based on the five principles identified in the Agency for Clinical Innovation's *A Guide to Build Co-design Capability*.³⁰

1. **Equal partnership** - Consumers, families and staff work together from the beginning with an equal voice and shared ownership and control.
2. **Openness** - Consumers, families and staff work together on a shared goal, trust the process and learn together.
3. **Respect** - Acknowledge and value the views, experiences and diversity of consumers, families and staff.
4. **Empathy** - Practice empathy and maintain an environment which feels safe and brings confidence to everyone.
5. **Design together** - Consumers, families and staff work together to design, implement and evaluate improvements, activities, products and services.

Local implementation plans will provide specific, operational guidance to enable the implementation of the Strategy within the local context. Districts and Networks will co-design local implementation plans with Aboriginal stakeholders including consumers, carers, those with lived experience and families.

These plans may draw on existing regional planning being undertaken in partnership with PHN as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan*.

Although there may be diversity across the Districts and Networks in the implementation approach, there may be some common considerations that could underpin successful realisation of the Strategy's Vision, Goals and Strategic Directions.

These may include consideration of:

- how key deliverables and actions may be embedded in individual or local performance planning
- how the plans complement existing commitments or activities on Aboriginal engagement and co-design
- how public and community accountability can be best achieved and supported, including through local consultation and reporting
- how a co-design and genuine partnership approach can lead to improved planning, delivery, evaluation and coordination of services.

Monitoring and reporting

Monitoring and reporting are vital components of this Strategy. The Ministry will develop and implement a monitoring and reporting framework with a co-design approach to help Districts and Networks measure progress.

The monitoring and reporting framework will help Districts and Networks to provide data on a regular basis. This will help inform future decisions and drive better outcomes.

Where possible, the Ministry will develop performance indicators with Districts and Networks to assess performance against the strategic actions in addition to measures already identified in Service Agreements.



Strategic Directions & Actions

GOAL 1

HOLISTIC, PERSON AND FAMILY-CENTRED CARE AND HEALING

Goal 1 focuses on ensuring that Aboriginal people and communities are central to the planning, delivery and evaluation of mental health services in NSW. Involving Aboriginal people in co-design processes supports the objective to embed holistic healing into mental health supports while strengthening services ability to respond appropriately to Aboriginal people's mental health, social and emotional wellbeing and healing.

It also includes actions to support Aboriginal consumers and families to become central to decision making about their own care. In doing this, the importance of embracing non-traditional mental health practices are highlighted including providing services in non-clinical settings and allowing scope to include cultural healing methods into a care plan.

Two useful resources for models of care were developed by the NSW Mental Health Commission: [*Aboriginal Social and Emotional Wellbeing Models of Care Literature Review*](#)³¹ and the [*Journey of Wellbeing: A Preliminary Aboriginal Model of Care*](#)³².

Holistic health acknowledges the Aboriginal concept of mental health and wellbeing as a harmonious interconnection between mental, physical, emotional, social, cultural and spiritual elements while emphasising the importance of connection to country, family and community.³³

Healing is one of the most common ways of understanding Aboriginal peoples' experience of recovery from trauma and other mental health and social and emotional wellbeing difficulties, including unresolved grief and loss³⁴

Strategic Direction	Strategic Actions	Who is responsible?
1. Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities	1.1 Establish and maintain processes to ensure Aboriginal people with lived experience of mental illness, their carers and communities are included in the co-design of service planning and models of care.	Lead agency Districts, Networks Support agency Ministry
	1.2 Partner with Aboriginal communities, consumers and carers to map services with PHNs, ACCHOs and CMOs to identify service gaps and duplication and plan for the equitable distribution of services.	Lead agency eHealth, Districts, Networks Support agency Ministry
	1.3 Develop processes/systems that are led by Aboriginal people in the identification, monitoring and reporting of holistic approaches to care and share the findings in translatable and practical ways with Aboriginal people and communities.	Lead agency Districts, Networks Support agency Ministry
	1.4 Support the inclusion of carers and families in care and treatment planning.	Lead agency Districts, Networks Support agency Ministry
2. Deliver holistic care that responds to Aboriginal people's mental health and wellbeing and healing	2.1 Ensure policies and services include a definition of social and emotional wellbeing and how this interacts with healing for Aboriginal people and communities.	Lead agency Ministry, Districts, Networks Support agency Pillars
	2.2 Develop and implement strategies and pathways for providing comprehensive and coordinated care across clinical disciplines when Aboriginal people have co-existing mental health and physical health problems or disability.	Lead agency Districts, Networks Support agency Ministry, Pillars
	2.3 Ensure that Aboriginal people with lived experience of mental illness are provided with culturally appropriate ways to lead individual decision making and care planning.	Lead agency Districts, Networks Support agency Ministry, Pillars
	2.4 Develop strategies for providing coordinated care for Aboriginal people who have coexisting mental health and alcohol and other drug issues.	Lead agency Ministry Support agency Districts, Networks

SPOTLIGHT:

Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care

Understanding the significance of culture, family, community and spirituality in the healing journey for Aboriginal people is important. It can assist services in designing, delivering and evaluating care that improves mental health and wellbeing outcomes for Aboriginal children, youth and families. The Ministry has provided online videos and discussion guides to assist services in gaining knowledge and skills in working with Aboriginal people. More information and access to these resources can be found [here](#).

Strategic Direction	Strategic Actions	Who is responsible?
	2.5 Implement organisational health literacy intervention programs to continually improve service responsiveness to Aboriginal people with varying mental health literacy strengths and needs.	Lead agency NSW Mental Health Commission of NSW Support agency Ministry, Pillars, Districts, PHNs
	2.6 Develop and implement strategies for providing services in non-traditional settings and formats that improve access to mental health care for Aboriginal people without them having to leave family, country and community.	Lead agency Districts, Networks Support agency Ministry, Pillars
	2.7 Demonstrate how traditional healing methods have been explored and implemented or incorporated into service design, development and delivery.	Lead agency Districts, Networks Support agency Ministry
	2.8 Co-design healing programs with vulnerable community groups, such as Stolen Generation survivors, that recognise the impact of intergenerational trauma and the importance of healing.	Lead agency Districts, Networks Support agency Ministry, Pillars

SPOTLIGHT:

Red Dust Healing

The program is targeted at Indigenous and non-Indigenous men, women and families, as well as service providers, to address family and community violence, suicide, rejection, addictions, grief and loss and mental health issues.

The program encompasses visual holistic learning modules, linking Indigenous and non-Indigenous cultures, to help participants with individual insights and the journey of personal growth and wellbeing. By individualising and personalising the program through a series of cultural modules targeted at real issues that affect the lives of the participants, it makes it easier for people to engage in the program.

The Red Dust Healing program has been delivered to over 17,000 people in over 400 communities, in Australia and overseas and in 2017 received a United Nations of Australia Award in the field of Human Rights and winner of a 2018 Mental Health Matters Award.

GOAL 2

CULTURALLY SAFE, TRAUMA-INFORMED, QUALITY CARE

Goal 2 focuses on embedding cultural safety into services to increase accessibility for Aboriginal consumers, families and communities. It acknowledges the importance of cultural safety and trauma-informed practice on the delivery of quality care for Aboriginal people.

A highly skilled and supported workforce that includes a variety of Aboriginal identified workers in a diverse range of roles is required to increase the cultural safety of services. It also creates a foundation for mental health services that respond to Aboriginal people and communities' mental health, social and emotional wellbeing and healing needs. In NSW, a key role in mental health services that embrace social and emotional wellbeing models are Aboriginal mental health workers.

Consultations with the Aboriginal mental health workforce highlighted the importance of cultural safety of staff as well as people accessing services. Goal 2 extends the concept of cultural safety to include workplaces to ensure that Aboriginal identified staff are supported for an effective and empowered mental health and social and emotional wellbeing workforce.

In the context of the delivery of mental health and wellbeing services for Aboriginal people in NSW, safe, quality care may not necessarily be in a clinical context.

Culturally safe care respects everyone's identity and human right to responsive, respectful, timely, accessible and high-quality health care that incorporates their community world view.

As part of delivering culturally safe care, service providers working with all population groups who are affected by trauma need to adapt programs to account for the traumatic experiences of clients. The perspectives of trauma experts, service providers and clients suggest that services need to be 'trauma-informed'. Trauma-informed services directly deal with trauma and its effects.³⁵

Strategic Direction	Strategic Actions	Who is responsible?
3. Deliver culturally safe, trauma-informed, quality public mental health services	3.1 Provide access to cultural support (which may include but not be restricted to an Aboriginal mental health worker, Aboriginal peer worker or family) during a mental health admission or episode of care.	Lead agency NSW Ambulance, Districts, Networks Support agency Ministry
	3.2 Continually implement trauma informed care training to NSW mental health employees.	Lead agency Districts, Networks Support agency Ministry
	3.3 Continually review and implement <i>Respecting the Difference</i> training to NSW mental health employees to build the capacity of the workforce to understand Aboriginal culture and the specific health needs of Aboriginal people and communities in mental health services.	Lead agency NSW Ambulance, Districts, Networks Support agency Ministry
	3.4 Improve the cultural safety of mental health service environments through the inclusion of culturally appropriate language, behaviours, artworks, brochures and service information, and décor.	Lead agency Districts, Networks Support agency Ministry, Pillars
	3.5 Promote and support Aboriginal community-led initiatives that facilitate connection to culture, country and community within public mental health services.	Lead agency Districts, Networks Support agency Ministry, SCU AMHWP
	3.6 Introduce and strengthen Aboriginal consumer, carer, community and staff feedback mechanisms to support improved service planning and delivery.	Lead agency NSW Ambulance, Ministry, Districts, Networks Support agency Pillars
	3.7 Promote culturally appropriate mental health literacy training (for example, Aboriginal Mental Health First Aid) to Aboriginal community workers and organisations.	Lead agency Districts, Networks Support agency Ministry
	3.8 Develop strategies to ensure that Aboriginal LGBTIQ+ people have access to culturally safe care.	Lead agency Districts, Networks Support agency Ministry

SPOTLIGHT:**Building on Aboriginal Communities' Resilience - An Initiative of the Premiers Priority 'Toward Zero Suicides'**

The NSW Ministry of Health has funded 12 Aboriginal Community Controlled Health Organisations across the State to increase access to culturally responsive suicide prevention activities for Aboriginal communities. Suicide is the fifth leading cause of death for Aboriginal and Torres Strait Islander people in Australia but the second leading cause of death for Aboriginal and Torres Strait Islander men in Australia.

The programs are community run across eight local health districts, with participation and input from Elders and local communities. A growing body of evidence in Aboriginal communities' points to the healing power of culture in mental health and suicide prevention. This program is all about empowering local communities to come together to tackle the specific needs of that community. Each program will focus on building identity and connection to community as well as helping people to access specialist mental health support when it is required.

Strategic Direction	Strategic Actions	Who is responsible?
4. Build and sustain the Aboriginal mental health and wellbeing workforce	4.1 Increase the number and type of Aboriginal workers across all levels and positions in the mental health workforce (including Aboriginal mental health clinical leaders and trainees, management, nursing, allied health and medical, clinical leadership, clinical service delivery and peer support roles).	Lead agency Districts, Networks Support agency Ministry, HETI, Pillars, SCU AMHWP
	4.2 Partner on reciprocal arrangements between public mental health services and ACCHOs for staff secondment and rotations.	Lead agency Districts, Networks Support agency HETI, Ministry
	4.3 Identify factors, including workplace culture, and implement strategies to improve recruitment and retention of Aboriginal mental health staff.	Lead agency Districts, Networks Baselines and targets to be developed as part of District and Network implementation plans and reporting. Support agency HETI, Ministry, Pillars, SCU AMHWP
	4.4 Promote and enable clinical placements for Aboriginal mental health trainees in a variety of mental health settings including subspecialty streams such as child and youth, perinatal and older persons' settings.	Lead agency Districts, Networks Support agency HETI, SCU AMHWP, Ministry, Pillars
	4.5 Demonstrate how the NSW Aboriginal Mental Health Workforce Program (traineeship model) is used to increase the Aboriginal mental health workforce.xx	Lead agency District, Networks Support agency SCU AMHWP, Ministry
	4.6 Build and support the Aboriginal peer workforce through the development and implementation of the NSW Peer Workforce Framework.	Lead agency Ministry, Districts, Networks Support agency HETI
	4.7 Demonstrate how mental health services provide a social and emotional wellbeing workforce to enhance the cultural safety to Aboriginal consumers, families and communities.	Lead agency District, Networks Support agency Ministry
	4.8 Districts and Networks utilise the NSW Aboriginal Mental Health Workforce Program document "Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW" as the framework for implementation and management of trainees.	Lead agency Districts, Networks Support agency SCU AMHWP, Ministry

SPOTLIGHT:**NSW Aboriginal Mental Health Workforce Program (traineeship model)**

The NSW Aboriginal Mental Health Workforce Program is a key initiative of NSW Health. The program was established in 2006 and provides full-time mental health trainee positions for Aboriginal people across all Districts and the Justice Health and Forensic Mental Health Network. Trainees undergo supervised workplace training and clinical placements over three years, while concurrently completing a Bachelor of Health Science (Mental Health) through the Djirruwang Program at Charles Sturt University. Once completed, trainees are able to work in clinical roles supporting Aboriginal and non-Aboriginal people with their mental health and wellbeing needs.

The program supports the provision of accessible, culturally appropriate mental health services for Aboriginal people by increasing the number of qualified Aboriginal mental health workers in the workforce and developing the knowledge of mental health service staff about the health beliefs and needs of Aboriginal people. Since 2006, 90 trainees have completed the program with a number going on to take up. The program has a strong evidence base with two evaluations highlighting the contribution of the initiative to building and sustaining the Aboriginal mental health and wellbeing workforce.



Strategic Direction	Strategic Actions	Who is responsible?
5. Create culturally safe work environments	5.1 Provide all members of the Aboriginal mental health workforce across disciplines with individually targeted, flexible and ongoing appropriate clinical and cultural supervision and mentoring. Supervision should include strategies to deal with community expectations, for which Aboriginal staff are often held accountable.	Lead agency Districts, Networks. Local strategies to be included in District Implementation Plans and reported on in Implementation Plan reporting. Support agency HETI, Ministry, SCU AMHWP
	5.2 Investigate the need for a new feedback, mentoring and support mechanism for all members of the Aboriginal mental health workforce and implement new mechanisms as required.	Lead agency Ministry Support agency HETI, SCU AMHWP, Districts, Networks

SPOTLIGHT:
Aboriginal Mental Health Clinical Leadership

Aboriginal Mental Health Clinical Leader or District Coordinator positions have been established in most Districts and the Justice Health and Forensic Mental Health Network. These positions play a vital role in supporting the developing Aboriginal Mental Health Workforce and the training program implementation. They promote mental health service access by Aboriginal people and may provide consultation in complex cases. Clinical leaders contribute to Aboriginal mental health planning, provide training and clinical supervision to Aboriginal workers and assist mental health services to be culturally responsive. In 2018, eight of these roles were occupied by people previously employed as Aboriginal mental health trainees, after having accrued significant clinical work experience.

SPOTLIGHT:
Wiyiliin ta Nubalin ta (Talking & Learning)

Wiyiliin ta Nubaliin ta (Talking and Learning) is a culturally led multi-disciplinary clinical service for Aboriginal and Torres Strait Islander children and young people aged 2-18 years. The service model is built on the core principles of culturally respectful care, collaborative practice and partnerships. Culturally respectful care involves the inclusion of Aboriginal clinicians in all aspects of clinical care and a strong focus on cultural principles including avoidant and complementary (Men’s and Women’s business and Kinship) relationships and a strong integration of Aboriginal cultural beliefs alongside evidence based practice. The service models an effective collaboration between Aboriginal and non-Aboriginal clinicians which is considered an essential element of the services success. Importantly, it actively contributes to the aim of reconciliation within mental health services and the broader community. The service values a partnership approach to improving the social and emotional wellbeing of Aboriginal children and young people. Partnerships with Aboriginal community controlled organisations, government services and non-government organisations are an integral component of the services model of care.

GOAL 3

CONNECTED CARE

Goal 3 focuses on supporting services to deliver effective, efficient and seamless care across multiple platforms to enable the best outcome for the person. In a truly connected and holistic model of health care, the coordination of physical, mental and social services is essential. When people are provided the opportunity to lead their care it is also likely that they will choose to access a few different providers, including Aboriginal health services.

Strengthening partnerships across the health sector will lead to improved pathways to care and navigation between services. Improving data collection and data sharing across a variety of health settings will also support improved individual outcomes while building knowledge critical for informed service planning and evaluation.

Embedding strong monitoring and performance mechanisms into connected care pathways will support accountability across services and increase the evidence base for what works to improve mental health outcomes for Aboriginal people, carers and communities.

Connected Care is achieved when systems are organised and joined up in ways that deliver effective, efficient and seamless care.

Strategic Direction	Strategic Actions	Who is responsible?
6.Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services	6.1 Support ACCHOs, general practitioners and other frontline services to identify Aboriginal people at risk of mental health distress and make appropriate referrals.	Lead agency Ministry, eHealth, Districts, Networks Support agency Pillars
	6.2 Develop formal partnerships with ACCHOs to identify areas where mental health services and ACCHOs can integrate policy and processes, for example, referral and intake procedures.	Lead agency Ministry, Districts, Networks Support agency Pillars
	6.3 Develop strategies to increase services for Aboriginal people requiring high levels of clinical support in the community.	Lead agency Ministry, eHealth, Districts, Networks Support agency Ministry
	6.4 Clarify the roles and responsibilities of mental health case management to ensure accountability and continuity of patient care across different service providers and service types.	Lead agency Ministry, Districts, Networks Support agency Pillars
	6.5 Improve referral pathways to psychosocial support services including HASI, HASI Plus, CLS and the NDIS.	Lead agency Districts, Networks Support agency Ministry
	6.6 Co-design a culturally appropriate targeted Aboriginal mental health promotion strategy and communication plan with Aboriginal services, consumers, carers and community. The communication plan will be designed to improve mental health literacy and destigmatise mental illness, and to improve the visibility and priority of mental health care across the mental health sector.	Lead agency Districts, Networks Support agency Ministry
	6.7 Strengthen partnerships between mental health services and the Aboriginal mental health and wellbeing workforce to promote culturally safe and appropriate provision of care for older people.	Lead agency Ministry Support agency Districts, Networks

Strategic Direction	Strategic Actions	Who is responsible?
	6.8 Develop partnerships between key stakeholders to ensure culturally supported and safe provision of care by child and adolescent mental health services.	Lead agency Ministry Support agency Districts, Networks
	6.9 Strengthen the involvement of Aboriginal people in all governance arrangements for the planning and provision of mental health services so that Aboriginal people inform, shape and lead decision making across services.	Lead agency Districts, Networks Support agency Ministry
7. Implement what works and build the evidence	7.1 Build the evidence base for effective, culturally appropriate quality models of care and service delivery for public mental health services.	Lead agency Districts, Networks Support agency Ministry, Pillars
8. Strengthen performance monitoring, management and accountability	8.1 Collect detailed information and data about Aboriginal people's service use and service demand by location.	Lead agency Districts, Networks, eHealth, Ministry Support agency SCU AMHWP, Ministry, Pillars
	8.2 Use Aboriginal people experience of service data from the YES survey and other data capture systems to inform service improvements.	Lead agency Districts, Networks Support agency Ministry
	8.3 Develop feedback mechanisms on the effectiveness of partnership arrangements between Districts, Networks and ACCHOs.	Lead agency Districts, Networks Support agency Ministry, Pillars
	8.4 Develop new key performance indicators that monitors referrals and follow up of Aboriginal people to community based mental health services.	Lead agency Districts, Networks eHealth, Ministry Support agency Pillars
	8.5 Develop, implement and regularly review strategies to ensure follow up actions to support mental health patients on release from prison so that they receive fourteen days of medication, referrals and discharge summaries.	Lead agency Districts, Networks, eHealth, Ministry Support agency Pillars
	8.6 Co-design a Strategy monitoring and reporting framework that measures the progress of the goals and strategic actions and provides data to inform implementation decisions.	Lead agency Ministry Support agency Districts, Networks

SPOTLIGHT:**Maruung Maruung Yarn Up Feel Deadly App**

Wandakaluwa, Minyang Welcome, Yaama, Anikanya Hello, and Dhanggana, How are you?

We hope the app is helpful to you and your mob/family/friends Download it now it's free on [Apple](#).

Maruung maruung Yarn up Feel Deadly app includes a number of culturally considerate resources, powerful personal video testimonials, information regarding mental health conditions, treatments and medications and also details and information of upcoming community events. While the culturally appropriate app is designed to target Aboriginal communities, the content and links will benefit and be of interest to all. The app is a co-designed mental health initiative that has films/testimonials of Aboriginal mental health professional trainees and Aboriginal peer workers experiences as a trainee or worker or their own lived experience as well as people with lived experiences yarning about experiences, and staff and community yarning about what we offer as a service. The app this year has won two mental health awards, Hunter New England Local Health District MHS CTG initiative of the year and one for Hunter New England Local Health District Excellence Awards. The app also won the WayAhead social and emotional wellbeing (SEWB) award in 2020. The app demonstrates the provision of holistic, person centred care; safe, high quality care; and connected care to Hunter New England Local Health District. The app is person centred and shows films of culturally safe strengths of Aboriginal people, families, kinship, culture, and resilience of Aboriginal communities.

SPOTLIGHT:**Aboriginal mental health outreach in South Western Sydney**

Macarthur Community Mental Health Service in South Western Sydney Local Health District and the Tharawal Aboriginal Medical Service (AMS) have joined forces to establish a collaborative service model. A psychologist (fortnightly) and a psychiatrist (monthly) from the Community Mental Health team provide mental health assessment, review and treatment planning services at Tharawal AMS.

This collaboration has increased access to mental health services for Aboriginal people in a culturally safe environment, and the service has high usage rates.

This model of outreach has also allowed for joint case management of clients accessing services from Tharawal AMS, Community Mental Health and Drug Health services to ensure coordinated service provision and consumer engagement in care planning.

SPOTLIGHT:**Connected, culturally safe care, Hunter New England Local Health District**

The Coledale Drop in clinic was implemented in 2011 to provide culturally appropriate assessments, ongoing treatment and support for consumers and their family to facilitate recovery on a fortnightly basis located in an Aboriginal community situated in Tamworth. This is a model that is breaking new ground in improving accessibility of mental health services for Aboriginal people and families, as well as being a transferable model.

A local Aboriginal mental professional traineeship model of care was adapted from the state wide *Walk Together, Learn Together, Work Together Practical Guide for the Training of Aboriginal Mental Health professionals in NSW*. The model of care enables cultural support in learning and effective professional development as an undergraduate Aboriginal mental health professional trainee while providing culturally appropriate mental health services to the Aboriginal and non-Aboriginal communities within the Hunter New England catchment area. The model of care is underpinned by the Gayaa Dhuwi (Proud Spirit) Declaration.

The Gayaa Dhuwi Cultural Supervision Framework 2017 in the traineeship for cultural clinical supervision where trainees are able to take paid leave of four hrs from the workplace each month to engage in cultural practices to maintain their wellbeing. This has been added to the clinical supervision policy for trainees and Aboriginal mental health staff who are Aboriginal consultants.

SPOTLIGHT:**Hunter New England and Central Coast Primary Health Network Commissioning Process**

Commissioning processes are not always fair or equitable for all services trying to obtain access to funding or opportunities. A lot of Aboriginal providers are locked out of processes due to lack of internal capacity and capability compared to larger NGOs who could fund and readily support grant writers. It was also evident to Aboriginal organisations that larger mainstream non-government organisations did not engage in community consultation or represent local issues and funds were sometimes issued based purely on written forms and previous experiences. ACCHOS expressed the process was unfair, so a new commissioning process was developed by Hunter New England and Central Coast PHN.

Commissioning processes now include additional steps to a writing component, including video presentations and face to face meetings. This partly recognised that understanding comes from oral traditions, so incorporating this into the commissioning process was crucial. Changes to the process also involved developing criteria and questions to address consistency for applicants so the submissions can be equitably graded.

This process demonstrates to non-government organisations that grant applications with no understanding or consultation with community will not be considered and places cultural endorsement and safety at the fore for both community and service providers.

Glossary

Aboriginal Community Controlled Health Organisation

is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

Community managed organisations are a key provider of mental health, community support and disability support services to people with a lived experience. Services include supported accommodation, daily living support, recovery programs, community connection and suicide prevention or postvention (aftercare).

Consumer is a person that uses NSW Health services.

Healing is one of the most common ways of understanding Aboriginal peoples' experience of recovery from trauma and other mental health and social and emotional wellbeing difficulties, including unresolved grief and loss.

Holistic health acknowledges the Aboriginal concept of mental health and wellbeing as a harmonious interconnection between mental, physical, emotional, social, cultural and spiritual elements while emphasising the importance of connection to country, family and community. When the harmony of these elements is disrupted, ill health may arise and/or persist.³³

Drug and alcohol services may be offered by NSW Health as well as CMOs. These include some residential rehabilitation services, some of which target Aboriginal people.

Pillars refer to the Clinical Excellence Commission, Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute.

Primary Health Networks undertake planning and coordination and commission some primary health and suicide prevention and aftercare services from other providers.

Specialty Health Network refers to Justice Health and Forensic Mental Health, Sydney Children's Hospitals Networks and St Vincent's Health Network.

Trauma informed care is a form of service delivery that recognises a client's traumatic experiences and provides support in a way that does not re-traumatise or blame victims for their efforts to manage their traumatic reactions. Such services need to:

- understand trauma and its impact on individuals (including children, families and communal groups)
- create environments in which everyone feels physically and emotionally safe
- employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds
- support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey
- share power and governance, including involving community members in the design and evaluation of programs
- integrate and coordinate care to meet their holistic needs
- support safe relationship building as a means of promoting healing and recovery.

Acronyms

ACCHOs	Aboriginal Community Controlled Health Organisations
AH&MRC	Aboriginal Health and Medical Research Council
CAH	Centre for Aboriginal Health
CLS	Community Living Supports
CMO	Community managed organisation
District	Local Health District
HASI	Housing and Accommodation Support Initiative
HETI	Health Education and Training Institute
MHB	Mental Health Branch
Ministry	NSW Ministry of Health
Network	Specialty Health Network
PHN	Primary Health Network
Strategy	<i>NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025</i>
SCU AMHWP	Statewide Coordination Unit, Aboriginal Mental Health Workforce Program (traineeship model)

Appendix 1 – How was the Strategy developed?

The Strategy was developed under the guidance of the NSW Aboriginal Mental Health and Wellbeing Strategy Steering Committee. Members included representatives from:

- Mental Health Branch, NSW Ministry of Health
- Centre for Aboriginal Health, NSW Ministry of Health
- Workforce Planning and Talent Development Branch, NSW Ministry of Health
- Statewide Coordination Unit, Aboriginal Mental Health Workforce Program and Program Reference Group NSW Health
- Aboriginal Mental Health Clinical Leaders and District Coordinators
- Aboriginal Health and Medical Research Council.

The two-stage consultation process was facilitated by the Aboriginal consultancy agency (Cox Inall Ridgeway). The consultation process was developed with the aim of obtaining crucial feedback and experiences from Aboriginal consumers of mental health and health services, families, health organisations and branches in front-line service delivery, policy and sector experts.

These consultations were vital in providing an opportunity for Aboriginal people to shape the directions and goals of the Strategy.

We would like to thank the organisations and individuals who so generously provide written feedback and verbal feedback.

We heard from:

- Aboriginal people with lived experience
- Aboriginal consumers
- Aboriginal carers
- Aboriginal families
- Aboriginal kinship groups
- Aboriginal communities
- Aboriginal staff in NSW Health
- Stolen Generation Organisations
- Aboriginal Community Controlled Organisations
- Aboriginal Health and Medical Research Centre
- Aboriginal Strategic Leadership Group, Centre for

Aboriginal Health

- Statewide Coordination Unit Aboriginal Mental Health Workforce Program, Program Reference Group
- NSW Mental Health Commission
- Clinical Excellence Commission
- Agency for Clinical Innovation
- Cancer Institute NSW
- Pathology NSW
- Bureau of Health Information
- eHealth
- Health Education and Training Institute
- Ambulance NSW
- HealthShare NSW
- NSW Ministry of Health Branches
- Far West NSW Local Health District
- Western NSW Local Health District
- Murrumbidgee Local Health District
- Southern NSW Local Health District
- Illawarra Shoalhaven Local Health District
- Central Coast Local Health District
- Nepean Blue Mountains Local Health District
- Sydney Local Health District
- South Western Sydney Local Health District
- Western Sydney Local Health District
- Mid North Coast Local Health District
- Northern NSW Local Health District
- Justice and Forensic Mental Health Network
- St Vincent's Hospital Network
- Sydney Children's Hospital Network
- Mental Health Coordinating Council
- Mental Health Carers NSW
- Mental Health Review Tribunal
- Centre for Rural and Remote Mental Health
- Official Visitors Program
- Western Sydney University
- St John of God Healthcare
- ACON

As a high-level Strategy, it is recognised that the Strategy may not have been able to capture all the valuable suggestions received through the consultation process. It is intended that consultation input will be used to inform the development of local, co-designed implementation plans.

Appendix 2 - Aboriginal Nations Map³⁴



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Produced by: Mental Health Branch

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SHPN (MH) 200840
ISBN 978-1-76081-555-4

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December 2020

