



**Mental Health  
Australia**

**Mr Tom Brideson**

CEO

Gayaa Dhuwi (Proud Spirit) Australia

Via: [declaration@gayaadhuwi.org.au](mailto:declaration@gayaadhuwi.org.au)

**18 July 2022**

Dear Mr Brideson,

**Re: Submission on the Draft Implementation Plan for the Gayaa Dhuwi Declaration**

Congratulations on the development of this Implementation Plan to progress the call of the Gayaa Dhuwi (Proud Spirit) Declaration, and the significant consultation that has already informed this important work.

Mental Health Australia looks forward to working with Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) to support enactment of this Implementation Plan and to improve access to culturally safe mental health services. Mental Health Australia is eager to work with GDPSA to promote Aboriginal and Torres Strait Islander leadership and support the integration of social and emotional wellbeing approaches across the whole of the mental health system.

Thank you for the opportunity to provide feedback on the draft Implementation Plan. Please find below suggestions for your consideration to further strengthen this already significant Plan.

I look forward to future opportunities to work with GDPSA to enact this Implementation Plan and improve mental health and suicide prevention outcomes for First Nations peoples.

Yours sincerely

**Dr Leanne Beagley**

CEO

Mental Health Australia



## Response to Discussion Questions: Draft Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan 2022 – 2032

### **Question 1: Do you believe that the appropriate partners have been identified (and suitably described) to support the Implementation Plan?**

#### **Non-government community mental health services are key partners**

As outlined in the draft Implementation Plan (pages 13-15), genuine partnerships across a range of organisations and actors are needed to achieve the actions of the Plan. Mainstream community mental health services are a crucial partner in promoting First Nations leadership and approaches to social and emotional wellbeing across all parts of the mental health system. However, non-government mental health services are not included in the description of mainstream mental health services in the draft Plan (p14), which focuses on hospital (in and out-patient), residential and private sector services.

Mental Health Australia has many members who are non-government organisations (NGOs) providing mental health support in the community. Mainstream mental health services should be thought of as including psychosocial recovery support services, prevention and early intervention, care planning and coordination, and other mental health services funded by governments and delivered by NGOs. Many of these organisations are also working to provide integrated services across social determinants of mental health – including housing, employment, disability and other social services which First Nations people facing mental health challenges also access. Further background and an outline of community mental health services can be found in Mental Health Australia’s submission to the Productivity Commission Inquiry into Mental Health Draft Report.<sup>1</sup>

### **Q.5 Are there other actions needed to deliver the best of SEWB and clinical perspectives?**

#### **Integrate with existing standards and frameworks**

The draft Implementation Plan includes an action to “Develop a National Mental Health Performance Framework to mandate reporting on culturally safe performance and quality for all mental health services” (page 27, Action 7). It may be more appropriate to specify this relates to developing a sub-dimension of the existing [National Mental Health Performance Framework](#) to drive reporting in this specific area.

### **Q7. Are the actors listed in the responsibility column the right ones?**

#### **The AMHOCN and State and Territory governments should also support outcomes measurement**

The [Australian Mental Health Outcomes and Classification Network](#) (AMHOCN) provides leadership for the mental health sector in implementing national mental health outcomes

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<sup>1</sup> Mental Health Australia, *Productivity Commission Inquiry into Mental Health Draft Report Submission* (2020), 36-37, [https://mhaustralia.org/sites/default/files/docs/mental\\_health\\_australia\\_response\\_to\\_productivity\\_commission\\_inquiry\\_draft\\_report\\_-\\_jan\\_2020\\_-\\_final.pdf](https://mhaustralia.org/sites/default/files/docs/mental_health_australia_response_to_productivity_commission_inquiry_draft_report_-_jan_2020_-_final.pdf)



measures. In addition to the Commonwealth Government agencies listed (pp29-30), AMHOCN could be another key stakeholder in supporting integration of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health outcomes measurement with existing measures, and supporting consistent implementation across the mental health sector.

The draft Implementation Plan lists only the Australian government as responsible for “Providing transparent annual reporting on agreed data and outcomes measurement for Aboriginal and Torres Strait Islander SEWB and mental health” and “Increasing the utilisation of the agreed national Aboriginal and Torres Strait Islander SEWB and mental health outcomes measurements” (p30). Depending on the intended nature of these actions, State and Territory governments should also be responsible for the provision of the data and increasing utilisation of Aboriginal and Torres Strait Islander specific outcomes measures across the mental health services they fund. Through the National Mental Health and Suicide Prevention Agreement, the Australian and State and Territory governments have expressly committed to “continue collaborating to build the data and systems needed” to “Progress against the National Agreement on Closing the Gap commitments, including Outcome 14 (Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing), and Target 14 (significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards zero).”<sup>2</sup>

## **Q10. Are there other actions needed to support Aboriginal and Torres Strait Islander workers in the mental health system?**

### **Accountability for action on social determinants of health through non-government representative committee members and clear outcomes measurement**

Action 14 calls for the establishment of “interdepartmental committees across agencies and portfolios that affect the mental health of Aboriginal and Torres Strait Islander peoples to improve SEWB and cultural safety” (p34). In order to drive collaboration and accountability to ensure such interdepartmental committees are effective, they should include First Nations and lived experience representatives, and have measures linked to the Closing the Gap and/or the national Aboriginal and Torres Strait Islander SEWB and mental health outcomes measures to be developed through enactment of the Implementation Plan.

## **Q14. Are the accountability and monitoring mechanisms described below sufficient?**

### **Necessity of clear accountability and collaboration structures**

As the accountability framework for the Implementation Plan is still to be developed by GDPSA and the Australian Government, there is not sufficient detail in the draft Plan to comment on. In Mental Health Australia’s experience, clear responsibility and accountability structures between the Australian and State and Territory Governments with regular reporting to key stakeholders are essential to ensure delivery of actions outlined in the Implementation Plan.

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<sup>2</sup> National Mental Health and Suicide Prevention Agreement (2022), 19, <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>