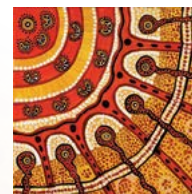


National Aboriginal and Torres Strait Islander
Leadership in Mental Health
Together we are strong



Gayaa Dhuwi (Proud Spirit) Declaration

**A companion declaration to the Wharerātā Declaration
for use by Aboriginal and Torres Strait Islander peoples**



Introduction

The Wharerātā Group of Indigenous mental health leaders from Canada, the United States, Australia, Samoa and New Zealand developed the *Wharerātā Declaration* in 2010.¹ It comprises five themes on the importance of Indigenous leadership in addressing the common mental health challenges faced by Indigenous peoples around the world. Member countries of the International Initiative for Mental Health Leadership endorsed the *Wharerātā Declaration* in 2010 and now promote it as a key part of their work.²

Through the March 2013 *Sydney Declaration*,³ the *Wharerātā Declaration* was endorsed in Australia by key government mental health agencies including the National Mental Health Commission, the Mental Health Commission of New South Wales, and the Government of Western Australia Mental Health Commission. The Queensland Mental Health Commission, forming later, also supports the *Wharerātā Declaration*.

This endorsement underpinned the formation of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) in 2013–2014. Guided by the *Wharerātā Declaration*, NATSILMH is an independent entity that is supported by the four Australian mental health commissions to provide national leadership in Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention.

In December 2014, NATSILMH undertook to develop a companion declaration to the *Wharerātā Declaration* for use by Aboriginal and Torres Strait Islander peoples. After the release of a discussion paper and a consultation process, the *Gayaa Dhuwi (Proud Spirit) Declaration* was launched on the 27th of August 2015.

The Name of the Declaration

'Gayaa' means happy, pleased and proud, and 'Dhuwi' means spirit in the Yuwaalaraay and Gamilaraay languages of north-west New South Wales.

NATSILMH thanks the Dharriwaa Elders Group and Virginia Robinson for their agreement to use these words to name the Declaration. NATSILMH also acknowledges the late Mr George Rose OAM, the founding Chairperson of the Dharriwaa Elders Group, for helping to preserve the Yuwaalaraay and Gamilaraay languages to the present day.

NATSILMH was directed to the Dharriwaa Elders Group by Ms Pat Delaney (nee Swan) to seek a name for the Declaration. NATSILMH acknowledges her important contributions to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing as co-author of the landmark 1995 *Ways Forward* report with Professor Beverley Raphael.⁴ The principles from that report are adopted by and appended to the *Gayaa Dhuwi (Proud Spirit) Declaration*.

Gayaa Dhuwi is the official name of this Declaration. In adopting these words, it is acknowledged that different meanings might be attached to these words in another Aboriginal and Torres Strait Islander language. The members of that language group should use other local words that reflect the spirit of the Declaration.

The Gayaa Dhuwi (Proud Spirit) Declaration

On Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples

Preamble

- Aboriginal and Torres Strait Islander peoples belong to the oldest living cultures on Earth. These cultures sustained Aboriginal and Torres Strait Islander people, families and communities for tens of thousands of years, and remain a source of pride, strength and wellbeing in the present.
- In common with Indigenous peoples in many countries, Aboriginal and Torres Strait Islander peoples connect their mental health to strong Indigenous identities, to participation in their cultures, families and communities, and to their relationship to their lands and seas, ancestors, and the spiritual dimension of existence. This holistic concept of health that includes mental health is referred to as social and emotional wellbeing.
- Key principles of social and emotional wellbeing were identified in the 1989 National Aboriginal Health Strategy,⁵ expanded in the 1995 *Ways Forward report*,⁶ and summarised in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009*.⁷ These enduring principles are adopted by this Declaration and appended to it.
- Aboriginal and Torres Strait Islander peoples have also maintained their cultural healers and healing methods that address wellbeing and mental health problems.
- In common with Indigenous peoples in many countries, Aboriginal and Torres Strait Islander peoples are subject to the profound impacts of colonisation, racism, social exclusion and other negative historical and social determinants on their wellbeing and mental health.
- Aboriginal and Torres Strait Islander peoples experience significantly higher rates of mental health problems and suicide than other Australians. Impacts are felt in all areas of life: physical health, employment, education, family life, community life, and cultural life.
- The Australian mental health system includes, but is not limited to, public and/or privately operated promotion and prevention programs, primary services, specialist services, and support services that provide care to patients. All parts of this system should be accountable and responsive to Aboriginal and Torres Strait Islander peoples for improved mental health and suicide prevention outcomes as they transition across it.
- Across their lifespan, many Aboriginal and Torres Strait Islander people are unable to access the mental health services and professionals they need because of the distance to services, the cost of services, and cultural, language and other barriers within those services. Such barriers must continue to be addressed if Aboriginal and Torres Strait Islander mental health is to improve.

Leadership strong together Gayaa Dhuwi outcomes proud spirit Declaration National mental health Aboriginal and Torres Strait Islander

- Aboriginal and Torres Strait Islander people with mental health problems were historically subject to the dominance of imposed non-Indigenous mental health paradigms, a lack of cultural competence of mainstream mental health professionals, and a lack of cultural safety in services and programs. Such professionals, services and programs were often ineffective. While the situation has improved, there is still a need to be vigilant.
- The Australian mental health system is yet to universally accept the important role of cultural healers and healing methods in helping to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander peoples are under-represented in the mental health professions, services and programs that should be accountable and responsive to them. Historically, these professions, services and programs have excluded Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander peoples require healing and restoration to wellbeing and mental health both individually and on collective levels.
- Human rights, including the rights in the *United Nations Declaration on the Rights of Indigenous Peoples*,⁸ provide a framework for restoring the wellbeing and mental health of Aboriginal and Torres Strait Islander peoples. Important rights in this context include their right to:
 - the highest attainable standard of mental health;
 - self-determination, and to lead in partnership in decision-making that affects their mental health and wellbeing in addition to all other areas of their lives;
 - access cultural healers and healing methods for treating wellbeing and mental health problems; and
 - accessible, affordable, appropriate, and culturally safe and competent mental health programs, services and professionals without direct or indirect discrimination, and across their lifespan.
- It is not credible to suggest that Australia, one of the world's wealthiest nations, cannot solve a mental health crisis affecting three percent of its citizens.⁹ The high rates of Aboriginal and Torres Strait Islander mental health problems and suicide are a social justice and human rights issue in this context.

Acknowledging this, and in order for all parts of the Australian mental health system to adapt and be accountable to Aboriginal and Torres Strait Islander peoples for achieving the highest attainable standard of mental health and suicide prevention outcomes, we make the following Declaration



Artwork © Roma Winmar 2015

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

The Gayaa Dhuwi (Proud Spirit) Declaration

On Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples

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

- The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development and service and program delivery.
- Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must¹⁰ have access to cultural healers and healing methods.
- Across their lifespan, Aboriginal and Torres Strait Islander people should have access to affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination.

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

- All parts of the Australian mental health system should be guided by Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing in combination with clinical approaches when working to heal and restore the wellbeing and mental health of Aboriginal and Torres Strait Islander people.
- It is the responsibility of all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples, as outlined in this Declaration.

3: Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.

- Led by Aboriginal and Torres Strait Islander peoples, all parts of the Australian mental health system should use Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical measures when developing evaluation frameworks for Aboriginal and Torres Strait Islander mental health and suicide prevention services and programs. This also applies to the development of an evidence base for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention.

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- Led by Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system.

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

- Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
- Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead in all areas of government activity in Australia that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people.

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

- All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership.
- All parts of the Australian mental health system should support and value the presence and visibility of Aboriginal leaders across all parts of that system, and further support them to be influential in all parts of it.
- All parts of the Australian mental health system should support Aboriginal and Torres Strait Islander leaders to exercise self-care, and to meet and to support each other, and to further develop and articulate Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing.
- All parts of the Australian mental health system should support the accountability of Aboriginal and Torres Strait Islander leaders to their communities and to the wider Aboriginal and Torres Strait Islander population, including by allowing them the time required to meet and listen to their communities and wider constituents and exercise culturally informed leadership among them.

Appendix:

Nine Principles of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

These principles have remained relevant over time. First proposed in the 1989 *National Aboriginal Health Strategy*,¹¹ they were expanded in the 1995 *Ways Forward* report,¹² and summarised in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009*¹³ in the form below. They are adopted as a part of the *Gayaa Dhuwi (Proud Spirit) Declaration*.

This Framework's Guiding Principles are:

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land and sea* is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist.
2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.**
3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems, in particular.
4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.
5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill-health). Human rights relevant to mental illness must be specifically addressed.
6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.
9. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

Aboriginal and Torres Strait Islander peoples have different cultures and histories and in many instances different needs. Nevertheless, both groups are affected by the problems that face them as Indigenous peoples of Australia. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.

For further information about, or to contact, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) please visit our website: <http://natsilmh.org.au>

NATSILMH thanks the National Mental Health Commission, the Mental Health Commission of New South Wales, the Government of Western Australia Mental Health Commission, and the Queensland Mental Health Commission for their support in developing the *Gayaa Dhuwi (Proud Spirit) Declaration*. NATSILMH also thanks all who have contributed to the consultation process.

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* The original principle referred only to land. Contemporary understandings of this principle include 'sea' with land in acknowledgement of the importance of the connections to the sea to some Aboriginal and Torres Strait Islander peoples.

** These are now known as Aboriginal Community Controlled Health Organisations.

1 Sones R, Hopkins C, Manson S, et al, "The Whararata Declaration – the development of indigenous leaders in mental health", *International Journal of Leadership in Public Services*, Vol. 6, Issue 1, 2010, pp.53-63.

2 For further information about the International Initiative for Mental Health Leadership see: www.iimhl.com.

3 The Sydney Declaration was issued at a meeting of Australian mental health commissions and international mental health leaders on the 11th and 12th of March 2013 Sydney, Australia. See: <http://nswmentalhealthcommission.com.au/sites/default/files/assets/File/Sydney%20Declaration%20Communique.pdf>.

4 Swan P, Raphael B, *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report*, Department of Health and Ageing, Canberra, 1995.

5 National Aboriginal Health Strategy Working Party, *A National Aboriginal Health Strategy*, NAHSWP, Canberra, 1989.

6 See fn 4.

7 Social Health Reference Group, *Social and Emotional Well Being Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004–2009*, Australian Government Printing Service, Canberra, 2004, p.6.

8 UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: resolution/adopted by the General Assembly*, 2 October 2007, A/RES/61/295. See: www.refworld.org/docid/471355a82.html.

9 This phrase was adapted from: Calma T (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, Sydney 2005, Chapter 2, 'Achieving Aboriginal and Torres Strait Islander health equality within a generation – A human rights based approach'. See: www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-report-6.

10 The use of the word 'must' in this context aligns the Declaration with the wording in ss.50, 81, 189 of the *Mental Health Act 2014 (WA)*. For example:

s50: Assessment of person of Aboriginal or Torres Strait Islander descent

To the extent that it is practicable and appropriate to do so, the assessment of a person who is of Aboriginal or Torres Strait Islander descent must be conducted in collaboration with –

(a) Aboriginal or Torres Strait Islander mental health workers; and

(b) significant members of the person's community, including elders and traditional healers.

11 See fn 5.

12 See fn 4.

13 See fn 7.