

# Balit Murrup

Aboriginal social and emotional  
wellbeing framework  
2017–2027

# Acknowledgement of Aboriginal Victoria

**The Victorian Government proudly acknowledges Victoria's Aboriginal community and its rich culture and pays respect to its Elders past and present. We acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of outcomes and ensuring equitable voice.**

Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories pre- and post-invasion. The impacts of colonisation, while having devastating effects on traditional life of Aboriginal nations, have not diminished Aboriginal peoples' connection to country, culture and community. Aboriginal Nations continue to strengthen and grow with the resurgence of language, lore and cultural knowledge. These rich and varied histories need to be understood and acknowledged by all Victorians, to truly understand the resilience and strength of previous generations, as well as the history of the fight for survival, justice and country that has taken place across and around Australia.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the Victorian Government acknowledges the invaluable contributions of generations of Aboriginal warriors that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination, and we are now honoured to be part of that vision.

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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when it is part of the title of a report, program or quotation.

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# Balit Murrup

***Balit Murrup* means 'Strong Spirit' in the Woi-wurrung language. This is spoken by members of four Koorie clans that lived in adjoining estates in the Port Phillip region.**

Permission to use *Balit Murrup* for this policy was provided by the Wurundjeri Tribe Land Council.

## *Korin Korin Balit-Djak* Artwork



Artist – Dixon Patten

*The artwork for Balit Murrup uses a section of the artwork from Korin Korin Balit-Djak, the Aboriginal health, wellbeing and safety strategic plan (2017-2027). It has been adapted with the artists permission and depicts the Aboriginal community and our connection to culture and each other.*

*Within the detailed circles, Department of Health and Human Services and community work together to help with system reform across the health and human services sector with the ultimate goal of physical, social and emotional wellbeing for all Aboriginal people. The ripples represent the positive impact on community that this work will have and that Aboriginal culture and community is a priority.*

*The hands represent individuals, couples and families. The white circles represent various tribes/families/ regions. The various paths with the footprints depict our life journeys and transference of knowledge, history and culture.*

Dixon Patten was commissioned by the Department of Health and Human Services to produce the artwork for *Korin Korin Balit-Djak*.



## Aunty Louise – my story

**Mental illness, alcohol and drugs, and a stretched and culturally unsafe service system unable to help my daughter have left me heartbroken.**

As carer for my granddaughters, 'case manager' and service system navigator and volunteer advocate for other members of my community, I know all about mental illness and its impact.

With the exception of the police however, I feel no one hears or responds to my concerns or provides the appropriate assistance to my daughter – from urgent psychiatric responses, to ongoing therapy and support, including any form of daytime activities that might enable my daughter to recover and make meaning in her life ... and there is never any respite for me ... not ever.

Rarely do I see a black face or an Aboriginal service where past and present trauma, and the need to heal and connect with culture and community, is recognised. My daughter, family and community need an Aboriginal and mainstream mental health system that listens, engages and responds to our needs and works together with us to find what works best over the long term.

Aunty Louise

**My beautiful daughter will never be the person she once was.**

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# Minister's foreword



*Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework* is part of the Victorian Government's commitment to doing just that – providing a long-term vision to improve the social and emotional wellbeing and mental health outcomes for Aboriginal communities. It aligns with *Victoria's 10-year mental health plan (2015)*, which aims to support all Victorians to achieve their best mental health; and *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027*, which articulates a vision for self-determining Aboriginal communities supported by an integrated culturally responsive service system.

*Balit Murrup* has been developed with the shared knowledge and wisdom of leaders and experts in Aboriginal social and emotional wellbeing and mental illness, Aboriginal community-controlled organisations and other service providers.

**Closing the gap in life expectancy between Aboriginal and non-Aboriginal Victorians is as much about improving the social and emotional wellbeing, resilience and mental health of Aboriginal people, families and communities as it is about addressing the physical health factors.**

I thank them for their invaluable contribution, leadership and guidance. I would like to thank in particular the Aboriginal Social and Emotional Wellbeing Reference Group, established in August 2016.

Although many Aboriginal people living in Victoria enjoy excellent social and emotional wellbeing, many do not. The impacts of colonisation, trans-generational trauma, racism, discrimination, marginalisation and disadvantage have resulted in poor mental health outcomes. Because of this, we need whole-of-system reform; informed by Aboriginal-led solutions based on the concept of social and emotional wellbeing.

The integration of healing, trauma-informed care and recovery-oriented approaches across the spectrum of prevention and intervention strategies is the cornerstone of *Balit Murrup* – along with the aim of intervening early before serious mental illness occurs. And, where Aboriginal Victorians experience ongoing and severe mental illness, we will build the capacity of the system to support recovery and prevent relapse. The First People of Australia deserve nothing less.

The Victorian Government is providing investment into a number of strategic priorities including the funding of three

innovative demonstration projects – *Improving mental health treatment outcomes for Aboriginal and Torres Strait Islander people with moderate to severe mental illness* – that focus on reducing the impacts of unaddressed mental health conditions.

Further investment has been made in trials of suicide prevention initiatives to improve care following a suicide attempt and to help local communities prevent suicide, with Aboriginal people a priority target group. The Victorian Government is also expanding the number of Aboriginal mental health and drug and alcohol positions as a key investment in workforce and service system reform to support services to be more culturally responsive.

We will continue to work closely with Aboriginal organisations and communities to build on existing knowledge and best practice in order to implement a whole-of-government approach to Aboriginal social and emotional wellbeing that works.

A handwritten signature in black ink, appearing to read 'Martin Foley'.

**Martin Foley MP**  
Minister for Mental Health

# The Aboriginal Social and Emotional Wellbeing Reference Group

***Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework* has been built through the leadership, experience, expertise and wisdom of the Aboriginal Social and Emotional Reference Group.**

The reference group is made up of Aboriginal people with support from non-Aboriginal representatives from across local and statewide Aboriginal community-controlled organisations, mental health services and government. They have supported, challenged and worked with the Victorian Government to shape a shared vision and approach for working together to improve the social and emotional wellbeing and mental health outcomes for Aboriginal people, families and communities across Victoria.

Improving the social and emotional wellbeing and mental health outcomes for Aboriginal people cannot be achieved by any one agency or sector, or by Aboriginal people alone. It will need to be shaped and led through Aboriginal self-determination with support from government and the mainstream service system, in particular mental health and other services. The leadership, co-design and collaborative process fostered through the Aboriginal Social and Emotional Wellbeing Reference Group in shaping *Balit Murrup* is an important first step in the journey. It establishes an important foundation for the critical partnership and collaboration required to achieve the vision and aspirations set out in *Balit Murrup*.

## Reference group members 2016–2017

Belinda Stevens, Chairperson (Victorian Aboriginal Community Controlled Organisation), Annette Vickery (Victorian Aboriginal Legal Service), Daphne Yarram (Yoowinna Wurnalung Healing Service), Gary Hamen (Barwon Health), Gillie Freeman (Ngwala Drug and Alcohol Service), Indi Clarke (Koori Youth Council), Michael Bell (Winda Mara Aboriginal Corporation), Salina Bernard and Joanne Dwyer (Victorian Aboriginal Health Service), Sue Anne Hunter (Victorian Aboriginal Child Care Agency), Tania Dalton (Australian Indigenous Psychologists Association), Jamie Waring (Wadamba Wilam), Alasdair Vance (Royal Children's Hospital) and the late Michelle Hannon (Northern Hospital).

Department of Health and Human Service representatives: Helen Kennedy, Sally Rose, Michelle Smith, Christian Coulahan, Anne Frost, Robyn Humphries and Lorraine Langley.

We would like to acknowledge the inspiring contribution made by Michelle Hannon who worked every day with Aboriginal people at the Northern Area Mental Health Service to improve their social and emotional wellbeing and mental health. Michelle was passionate about the need for workforce expansion and a 'different way' to support healing and recovery. Michelle passed away suddenly in April 2017.



**Belinda Stevens**  
Chairperson, Aboriginal Social Emotional Wellbeing Reference Group

# The framework

**Vision:** Victorian Aboriginal people, families and communities achieve and sustain the highest attainable standards of social emotional wellbeing and mental health.

**Objective:** The health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced.

## Strong communities, strong culture

Victoria's First Peoples draw on a shared culture that extends tens of thousands of years into the past, and continues to be practised now, despite disruptions since colonisation. The history of Aboriginal Victorians is also a history of resistance, reclamation of rights, and community and personal resilience. It is a history that seeks to re-establish self-determination in all aspects of community including the ways in which Aboriginal people and communities access and interact with government. Victoria's First Peoples also share a more recent history of colonisation, dispossession and cultural dislocation and separation from family and community through removal and denial of political power.

## Principles

### Self-determination and community control

Self-determination is recognised as essential to overcome the disadvantage that Aboriginal people experience. Government and services will support the leadership role of Aboriginal communities and organisations in the planning, delivery, evaluation and measurement of services delivered to Aboriginal people, including social and emotional wellbeing, mental health and healing and recovery services.

### Embedding healing and protective factors

Connection to culture, family, community and country are built into all approaches across the promotion, early prevention, early intervention, treatment and recovery continuum.

### Culturally capable services

Cultural perspectives are embedded into clinical and therapeutic practice and services respect the rights, views and expectations of individuals and families.

### Person-centred care

Mental health and alcohol and other drug services for Aboriginal Victorians are designed around the needs and expectations of individuals, families and communities rather than service providers.

### Community engagement

Aboriginal communities self-determine and participate in the co-design and delivery of social and emotional wellbeing and mental health services and programs.

### Partnerships

Integrated partnerships between all health service providers and Aboriginal communities will provide the best opportunity to improve mental health outcomes and optimise social and emotional wellbeing and will foster trust, connectivity, and appropriate care.

### Supporting and investing in evidence-based interventions and service models that achieve sustainable health outcomes and contribute to closing the health gap.



## Healing

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.

## Social and emotional wellbeing

- Connection to spirit, spirituality and ancestors
- Connection to land
- Connection to culture
- Connection to community
- Connection to family and kinship
- Connection to mind and emotions
- Connection to body.

## Holistic health

The concept of Aboriginal health and wellbeing is different to the universal concept as it is regarded and recognised as a more holistic and whole-of-life view. It encompasses the social, emotional and cultural wellbeing of not only the individual, but the wider community thereby bringing about the total wellbeing of community.' ACCO submission *Korin Korin Balit-Djak*.

# Domains

### Improving access to culturally responsive services

Strengthening access to culturally responsive social and emotional wellbeing and mental health services

More Aboriginal people accessing culturally appropriate treatment and care

### Supporting resilience, healing and trauma recovery

Aboriginal-led health promotion and prevention initiatives

Recognition of the integral importance of traditional and contemporary healing approaches

Promotion of trauma-informed services models and clinical practice

### Building a strong, skilled and supported workforce

New Aboriginal social and emotional wellbeing and mental health workforce training program

Expansion of Aboriginal social and emotional wellbeing, mental health and alcohol and drug workforce in Aboriginal and mainstream services

Supporting new multi-disciplinary social and emotional wellbeing teams

### Integrated and seamless service delivery

Exploration of new services models and integrated continuity of care

Promotion of partnerships for prevention and recovery

# Executive summary

**Many Victorian Aboriginal people and communities are thriving and enjoy excellent social and emotional wellbeing and mental health. Through connections to culture, community, country and family they are resilient and able to deal successfully with life's difficulties and challenges. But too many are not.**

The impacts of colonisation, trans-generational trauma, racism, discrimination, marginalisation and disadvantage have resulted in poor mental health outcomes.

Aboriginal people and communities are more likely than the general population to face risk factors for poor mental health and barriers to emotional and social wellbeing. This includes mental illness; drug and alcohol abuse; family violence; self-harm and suicide; all of which are experienced by Aboriginal Victorians at significantly higher rates than non-Aboriginal Victorians. For Aboriginal Victorians with a disability – physical, intellectual or cognitive – the challenges to social and emotional wellbeing can be multiplied.

By improving the social and emotional wellbeing and mental health of Aboriginal people, families and communities, we can make a significant contribution to reducing the incidence, severity and duration of mental illness and suicide.

The development of *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework* is a key commitment under *Victoria's 10-year mental health plan*. It is also a companion document to *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027*. *Korin Korin Balit-Djak* provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians by providing high-level strategic actions to reform the health and human services sector in order to advance Aboriginal self-determination in health, wellbeing and safety.

*Balit Murrup* is underpinned by a comprehensive analysis of the case for change.

## What is social and emotional wellbeing?

**The Aboriginal concept of social and emotional wellbeing is an inclusive term that enables concepts of mental health to be recognised as part of a holistic and interconnected Aboriginal view of health which embraces social, emotional, physical, cultural and spiritual dimensions of wellbeing.**

While acknowledging mental health as a critical area of wellbeing, social and emotional wellbeing emphasises the importance of individual, family and community strengths and resilience, feelings of cultural safety and connection to culture, and the importance of realising aspirations, and experiencing satisfaction and purpose in life. Importantly, social and emotional wellbeing is a source of resilience which can help protect against the worst impacts of stressful life events for Aboriginal people and provide a buffer to mitigate risks of poor mental health.

In *Balit Murrup*, mental health and related services for Aboriginal people need to be designed and delivered incorporating Aboriginal concepts of social and emotional wellbeing, and supported by Aboriginal leadership.

The strategic directions of *Balit Murrup* have been informed and underpinned by a consultation process. Aboriginal people have emphasised that improving resilience, wellbeing and mental health requires:

- Action across the health promotion, early intervention, treatment and recovery continuum.
- Aboriginal experiences of trauma and concepts of social and emotional wellbeing, healing and resilience to inform all service models.
- Improved access to timely, integrated, local and culturally responsive mental health and alcohol and drug services with a skilled and expanded Aboriginal workforce across mainstream and Aboriginal community-controlled organisations (ACCOs).
- Concentrated effort on improving mental health outcomes for individuals, families and population groups who may be at risk and vulnerable.

- Improved treatment and recovery responses for Aboriginal people and their families living with acute, episodic and chronic mental illness.
- Recognition and investment in best practice approaches and research, including the sharing and expansion of programs delivering effective outcomes.
- An increased focus on suicide prevention.
- All Aboriginal community-controlled organisations to inform or deliver mental health services and social and emotional wellbeing solutions and initiatives.

The key focus of *Balit Murrup* is to improve the social and emotional wellbeing and mental health of Aboriginal people, families and communities. This includes carers. *Balit Murrup* commits to action on delivering locally-designed community responses that underpin and inform the building of a more culturally responsive service system with an expanded skilled Aboriginal workforce.

Key aims of *Balit Murrup* include:

- Building the resilience, engagement, skills and self-determination of Aboriginal people.
- Enabling Aboriginal people to be heard, to make decisions, and to plan and shape their own journeys of care, recovery and healing.
- Supporting the planning and delivery of culturally appropriate care for the clinical, cultural and social and emotional wellbeing needs of Aboriginal people across all service systems.
- Supporting and investing in local Aboriginal community-led initiatives and strategies.

*Balit Murrup* identifies four key domain areas as set out on the following page. Each domain has a number of strategic priorities which are underpinned by a set of immediate actions and longer-term deliverables. Taken together, they are the building blocks for improving the social and emotional wellbeing of Aboriginal Victorians.

# Key domains

## Improving access to culturally responsive services

We will work with health services to build their capacity to provide culturally safe and appropriate mental health care and treatment free of racism for Aboriginal people of all ages. We will work to ensure that more Aboriginal people with a mental illness who need support are engaged in appropriate treatment and care and that Aboriginal people, families and communities are engaged in service design and review.

## Supporting resilience, healing and trauma recovery

Aboriginal people will lead and co-design health promotion and prevention focused on building resilience and wellbeing. This includes:

- safe and secure housing
- individual and community safety
- family and community connections
- connecting with country
- access to information, services and resources.

We will develop mental health literacy, acknowledge past, current and intergenerational trauma, enable opportunities for people to heal and recover, and adopt approaches that include whole-of-person and whole-of-community strategies. This includes traditional and contemporary Aboriginal healing approaches as well as the importance of trauma-informed, family-centred therapeutic practices that build on protective factors and supports recovery, resilience and healing.

## Building a strong, skilled and supported workforce

We will grow and sustain Aboriginal mental health and social and emotional wellbeing workforces across Aboriginal community-controlled organisations and mainstream mental health services. Planning and supporting the development of this workforce will respond to the growing Aboriginal population and impacts of trauma within the Aboriginal community. Multidisciplinary mental health and social and emotional wellbeing teams will be supported across Victoria.

## Integrated and seamless service delivery

We will explore new service models with Aboriginal communities and mental health consumers that facilitate access, focuses on outcomes and provides clear pathways and transition support to ensure continuity and service integration. We will work collaboratively across governments to support the development of joined-up approaches to social and emotional wellbeing support, mental health, suicide prevention, and alcohol and drug services. This will be underpinned by recognising the importance of holistic and integrated services to Aboriginal people. Particular emphasis will be placed on building partnerships between mainstream clinical mental health services, Aboriginal community controlled health organisations and other primary and community health providers to support the continuity of care for Aboriginal people entering and leaving hospital.

# New investments supporting Balit Murrup

New investments have been made to ensure that the strategic priorities linked with each of the four *Balit Murrup* domains are translated into initiatives that will make a tangible difference to the social and emotional wellbeing outcomes of Aboriginal people.

## Improving Mental Health Treatment Outcomes for Aboriginal and Torres Strait Islander People with Moderate to Severe Mental Illness demonstrations sites

Funding of \$7.7 million has been allocated across three demonstration projects to test new service models for Aboriginal Victorians with moderate to severe mental illness, trauma and other complex health and social support needs who often fall through the gap between primary and tertiary mental health services. Each site will provide culturally responsive mental health care, treatment, counselling and care coordination. Evidence emerging on successful practices will be used to inform the development of future Aboriginal social and emotional wellbeing and mental health models and resources.

## Expanded workforce – Aboriginal social and emotional wellbeing, mental health and alcohol and drug treatment

The Victorian Budget 2017–18 provided an additional \$22 million as initial investment in an expanded Aboriginal mental health and drug and alcohol workforce:

- Ten Aboriginal-specific clinical and therapeutic positions will be established in ACCOs to ensure that ACCOs can respond to increased demand for social and emotional wellbeing and mental health services.
- An Aboriginal Mental Health Workforce Training Program will be established to address entry barriers. This program will help build a workforce that can respond to the needs of Aboriginal Victorians. Fifteen initial trainee positions will be created with pathways into a bachelor degree.

- An additional 24 Aboriginal drug and alcohol positions will provide specialist counselling and treatment for Aboriginal Victorians facing alcohol and other drug addiction.

## Victorian suicide prevention

The Victorian Budget 2016–17 provided \$27 million over four years to deliver the *Victorian suicide prevention framework*. A key initiative is underway, in partnership with Primary Health Networks, to support twelve local communities to develop proactive suicide prevention strategies through place-based pilots. An important focus of this work is seeking Aboriginal input into culturally appropriate and safe suicide prevention approaches for Aboriginal communities.

Growing strong  
in culture, Victorian  
Aboriginal Child  
Care Agency

## Aboriginal youth mentoring

The government will provide \$1.8 million to extend the Aboriginal youth mentoring program, delivered by Aboriginal community controlled organisations. This program will be continued to ensure that young Aboriginal people are connected to protective factors including culture, family and social support systems.

## Self-determination and treaty

The Victorian Budget 2017–18 includes \$68 million to support self-determination and to create a better relationship between government and Aboriginal Victorians so that both can deliver better outcomes, empower communities and develop a strong culture. This allocation will fund treaty negotiations and make sure that Aboriginal communities remain at the heart of these discussions. It will also be used to create an Aboriginal Community Infrastructure Fund for significant innovative community infrastructure projects.

## Initiatives to support Marrung: Aboriginal education plan 2016–26 – establishing the foundations for better outcomes

**The Victorian Government will provide funding to support the delivery of Marrung: Aboriginal education plan 2016– 2026.**

Initiatives include:

- Koorie Families as First Educators
- Koorie Supported Playgroups to provide high-quality and culturally-responsive parenting support
- the piloting of an accredited Aboriginal languages program for Aboriginal community members to support the delivery of language programs in schools and kindergartens.

These initiatives are in addition to the 2016–17 Marrung investment which includes:

- Children’s Koori Court Liaison Officers: to support young Aboriginal people appearing before the Children’s Koori Court and the Children’s Court in selected regional locations to re-engage or remain engaged in education
- delivery of cultural understanding and safety training to all government schools
- expanding the Koorie Academy of Excellence from one to four locations: this will build secondary students’ aspirations to complete year 12 and pursue further pathways through a focus on culture, leadership and academia.

## More support for Aboriginal prisoners – strengthening cultural connections and reducing recidivism

The Victorian Budget 2016–17 has committed \$2.5 million to support the development of culturally appropriate Aboriginal rehabilitation programs that have a focus on cultural strengthening, healing, family violence, parenting and women’s programs.

An additional \$710,000 has also been allocated to support a ‘Continuity of Aboriginal Health Care’ pilot, led by Justice Health to ensure post-release access to healthcare services in the community, including mental health. The Continuity of Aboriginal Health Care pilot will be delivered by three Aboriginal community controlled organisations.

## More support for Koori kids and families

The government is committed to implementing recommendations aimed at improving the cultural connections of Koori children and young people who are unable to live with their families – and providing better help for families earlier.

This commitment is a response to a landmark report examining the circumstances of 1,000 Aboriginal children and young people in out-of-home care. A key government response is to implement Section 18 of the *Children, Youth and Families Act 2005* which provides for Aboriginal organisations to assume responsibility for Aboriginal children on child protection orders.

This support includes a focus on promoting healing and culturally responsive counselling and wrap-around services for the growing number of children, their families and carers who have been victims of trauma, family violence and sexual abuse.

## Better support for youth justice and forensic mental health

The Victorian Government has committed \$83 million to implement priority initiatives as part of the *Forensic mental health implementation plan*, under *Victoria’s 10-year mental health plan*. The *Forensic mental health implementation plan* is a framework to reform Victoria’s forensic mental health system over the next ten years and delivers on the commitment to address the over-representation of people with a mental illness in Victoria’s criminal justice system, including Aboriginal and Torres Strait Islander people.

The *Forensic mental health implementation plan* will expand mental health support for those who are in (or at risk of entering) the criminal justice system with a focus on preventing offending in the first place. The funding will mean more forensic mental health beds, more specialist treatment and create a range of community, prison and court programs.

Six new forensic mental health programs will be supported to provide culturally safe partnerships between the programs and Aboriginal community-controlled organisations for those on community corrections orders with a mental health illness.

## Supporting Healing Models and Therapeutic Responses

- The Victorian Government has allocated \$22.87 million to work in partnership with Aboriginal communities to develop and provide holistic and healing therapeutic responses for survivors of family violence including child survivors.
- A further \$17 million has been allocated for specialist family violence advisors in major mental health and alcohol and other drug services to identify and respond to alcohol, drug and mental health issues.

## Key facts about Aboriginal social and emotional wellbeing

32%

One in three Aboriginal people experience high or very high levels of **PSYCHOLOGICAL DISTRESS**. That is nearly three times the non-Aboriginal rate. (AATSIHS 2012-13)

55%

The number of **ABORIGINAL MENTAL HEALTH-RELATED PRESENTATIONS** to Victorian Hospital Emergency departments had increased by 55 per cent between 2012-13 and 2015-16 (VEMD)

34.8%

34.8 per cent of Aboriginal Victorians experience medically-diagnosed **DEPRESSION AND ANXIETY** compared with 19.6 per cent of non-Aboriginal Victorians. (VPHS 2008)

47.1%

Over 47 per cent of Aboriginal people **HAVE A RELATIVE WHO WAS FORCIBLY REMOVED** from their family due to **STOLEN GENERATIONS POLICIES** in Victoria. Transgenerational trauma continues to affect Aboriginal people in Victoria. (DHHS 2015)

22%

**MENTAL HEALTH AND RELATED CONDITIONS** have been estimated to account for as much as 22 per cent of the **HEALTH GAP** (12 per cent mental health conditions, 6 per cent alcohol and substance abuse and 4 per cent suicide). Mental health problems, self-harm and suicide have been reported at double the rate of non-Aboriginal people for at least a decade. (Burden of Disease 2003 p.2)

As a result of the level of social and emotional wellbeing and mental health problems in Victorian Aboriginal communities; the following impacts are apparent:

12x  
more likely

In Victoria, the average placement rate into **OUT-OF-HOME CARE** for Aboriginal children in care is 87.4 per thousand, which greatly exceeds the placement rate of six per thousand for non-Aboriginal children. (ROGS 2017)

60%

Family violence, parental mental illness and alcohol and drug issues are the most significant contributing factors in the placement of Aboriginal children in out-of-home care. **MENTAL HEALTH WAS A DRIVER INTO CARE** in more than 60 per cent of cases, and was also the reason many children could not be returned (Commission for Children and Young People 2016)



# The case for change

**Despite having greater need, Aboriginal people experience barriers in accessing mental health services and professionals. Aboriginal people have historically not accessed mainstream mental health services at levels appropriate to their needs. Contact is mostly limited to acute episodes of illness, and often following presentation at an Aboriginal community controlled health organisation.**

In 2012–2013, the most common Closing the Gap service deficits reported by Aboriginal community controlled health organisations were around mental health and social and emotional wellbeing services.

Aboriginal people with high or very high levels of psychological distress have poorer general health outcomes and are more likely to:

- self-report poor or fair health
- smoke
- drink at chronic or risky levels
- use illicit substances
- be a victim of violence.

This is compounded by experiences of racism across health and human service settings and the broader community. Racism continues to have a significant impact on Aboriginal peoples' decisions about when and why they seek health services, their acceptance of and adherence to treatment (DOH 2015). Stigma and discrimination are strongly correlated with poorer health and wellbeing outcomes (ABS 2016; Ferdinand, Paradies & Kelaher 2012).

## Suicide

Suicides were the fifth leading cause of death among Indigenous Australians in 2014, approximately twice as high as the non-Indigenous rate. The most vulnerable age group of Indigenous Australians is 15–24 years where suicide is over five times more prevalent than in non-Indigenous Australians of the same age (Dudgeon, et al. 2016).

With suicide rates among Aboriginal people rising, Victorian Aboriginal families and community members are experiencing greater distress and profound grief. Aboriginal young people, lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) people are particularly at risk of suicide and self-harm, as are prisoners immediately following release.

## Aboriginal children and young people

Childhood experiences of social and emotional wellbeing issues are also more extreme for Aboriginal children than non-Aboriginal children:

- The average placement rate into out-of-home care for Aboriginal children in Victoria is 87.4 per thousand children, far greater than the 6.1 per thousand children in non-Aboriginal family situations.
- Family violence, parental mental illness and alcohol and other drug issues are the most significant factors leading to the placement of Aboriginal children in out-of-home care with two-thirds (60 per cent) of children unable return to their families.
- There is continued overrepresentation of Victorian Aboriginal young people subject to youth justice supervision and detention, with Aboriginal young people more likely to offend earlier (age 14 for Aboriginal people compared with age 19 for non-Aboriginal people).

## High levels of trauma

Research conducted by the Victorian Aboriginal Health Service investigated the extent of trauma exposure among Aboriginal clients attending family counselling services. The number of traumatic events clients reported experiencing in a lifetime was very high, with levels of trauma exposure comparable to that of refugee populations who had experienced large-scale collective trauma (Mollica, et al. 2014; Sabin, et al. 2002). Of further concern, 91 per cent of the clients interviewed reported having experienced family violence, with 40 per cent reporting trauma symptoms consistent with post-traumatic stress disorder (Gee 2016).

## The current service system is unable to meet the needs of Aboriginal Victorians

About half of the Aboriginal population in Australia uses mainstream services because an Aboriginal service they need is not available or accessible, or they prefer mainstream services. Although culturally safe mainstream services are important, we know from community feedback that many people would use Aboriginal services if a more extensive suite of services were available, including counsellors and clinicians.

Overall, the mental health and primary health service systems have been largely ineffective in responding to the high rates of psychological distress experienced within Aboriginal communities. Much of the service system has been unable to embrace Aboriginal concepts of health and wellbeing and has failed to understand the historical context and pervasiveness of racial oppression and social disadvantage. This can contribute to poorer outcomes for clients and increasing client dissatisfaction and distrust, which then discourages future access and perpetuates the cycle.

Although Aboriginal people experience greater levels of psycho-social problems compared with the general population, they are under-represented in the service system because of:

- historical fear and distrust of mainstream and government services due to past policies and practices of removing

children, discrimination, racism and negative staff attitudes

- relatively few Aboriginal people working in the mental health system resulting in Aboriginal people being less likely to access health services or 'return' for follow-up treatment
- inflexible models of service delivery, including the use of inappropriate assessment and diagnostic tools
- lack of service coordination and integration between primary mental health and specialist clinical services (NMHC 2014)
- poor investment in Aboriginal mental health and Aboriginal-led mainstream models
- the relative poverty of Aboriginal people affecting their capacity to access services
- limited 'mental health literacy' and awareness identifying and responding to social and emotional wellbeing problems in Aboriginal communities (NSW Government 2007).

These barriers result in infrequent contact with primary health and early intervention services, leading to increased engagement with more complex tertiary services. If not treated early, acute, episodic and chronic mental illness can lead to major disruption for individuals and their families across all areas of their lives.

Improving access to mental health services and treatment outcomes for clients requires addressing:

- the barriers of entry to mainstream services
- ensuring Aboriginal community controlled health organisations are appropriately resourced and trained to respond to increased demand to provide primary mental health care.

## Priority groups

### Children and young people


While many Aboriginal children and young people live in loving connected families, others do not. Too many Aboriginal children experience stressful, traumatic life events. Social and economic disadvantage (often intergenerational) places Aboriginal children at greater risk of behavioural and environmental harm including exposure to racism, family violence, or poor-quality parenting. The impact of this is an often undetected, underestimated and misunderstood determinant of mental health.

Because of under-recognition of mental health impacts, only one in four Aboriginal children experiencing traumatic life events are accessing appropriate services – compounding displacement and trauma impacts (Sawyer et al. 2000).

Culturally safe, Aboriginal-led, social and emotional wellbeing approaches and programs targeted across education, health, housing, child welfare and the youth justice system are necessary to prevent the escalation of social and emotional wellbeing and mental health issues immediately and in later years.

### Young people in the justice system

A snapshot of the characteristics of young offenders in custody, inclusive of Aboriginal young people, showed 33 per cent presented with mental health issues, and 23 per cent had a history of self-harm or suicidal ideation. Further to this, 22 per cent were registered with Disability Services; 19 per cent had a current child protection order, with 62 per cent being victims of abuse, trauma or neglect; and 60 per cent of young people presenting with a history of alcohol and drug misuse. According to the Victorian Youth Parole Board, 'effective treatment of mental health concerns is crucial to improve recovery, health and social outcomes, and reduce the likelihood of further offending'. (DHHS *Youth Parole Board Annual Report 2014*).



Building resilience,  
Victorian Aboriginal  
Child Care Agency

**Our experience has shown us that identity, culture and being connected to community and culture are powerful underpinnings of resilience for children in their development, especially those who have experienced trauma in their lives.**

(Victorian Aboriginal Child Care Agency, Healing Centre Report)

## Elders and older people

Many older people, community Elders and members of the Stolen Generations are burdened with grief, loss and trauma. Removal of children, the erosion of family and community structures, high rates of incarceration and frequent deaths affect all members of extended kinship structures. Older Aboriginal people are often also carers for their extended families, particularly grandchildren where parents are unable to care for their children. Mental health services need to recognise the diversity of roles and burdens on Elders as well as the importance of engaging with Elders to inform and co-design effective mental health responses for their families and communities.

## The Stolen Generations

Many Aboriginal children were forcibly removed from their families as a result of various government policies between 1910–1970. The generations of children removed under these policies became known as the Stolen Generations. These policies of child removal have left a legacy of trauma and loss that continues to affect Aboriginal communities, families and individuals. Many

of the stolen generations were psychologically, physically and sexually abused while in care or with their adoptive families. This trauma impacts their lives directly as well as those of their children, grandchildren, great-grandchildren and beyond.

## Aboriginal prisoners

Increased rates of incarceration, harsh prison environments, marginalisation, poor health outcomes and lost employment opportunities have profound negative impacts for individuals, families and communities. A study into Victorian Aboriginal prisoner mental health and cognitive function found that across their lives Aboriginal prisoners, particularly female prisoners, are exposed to high rates of social adversity, trauma and health problems. The study found that 72 per cent of men and 92 per cent of women had received a lifetime diagnosis of mental illness, compared with a lifetime prevalence of 45 per cent in the general population (Ogloff, Patterson, Cutajar, Adams, Thomas and Halacas, 2013). For both males and females, the most prevalent illnesses included major depressive episodes and post-traumatic stress disorder.

## Lesbian, gay, bisexual, transgender and intersex community (LGBTI)

Aboriginal LGBTI Victorians are more likely to experience poorer physical and mental health outcomes due to the compounding effects of marginalisation and discrimination. Better understanding the experience of Aboriginal people who belong to LGBTI communities is critical to reducing the impacts of depression, alcohol and drug use, self-harm and suicidal behaviour. Discrimination on the basis of sexual orientation or gender identity and reduced access to culturally responsive healthcare can affect these poorer health and wellbeing outcomes.

## Aboriginal people misusing alcohol and other drugs

Alcohol use alone causes eight per cent of the preventable burden of disease for Aboriginal people. This high need is reflected in the over-representation of Aboriginal people as clients in Victoria's alcohol and other drug treatment system, and in further unmet need highlighted by the Aboriginal community. In 2015–16, seven per cent (or 2,056 clients) of alcohol and drug service clients were Aboriginal. This rose to nine percent (699 clients) of clients aged 25 years or under and 10 per cent (590 clients) of forensic clients, who access treatment as a result of contact with the criminal justice system.

Sistagiril Brotherboy



## Long-term unemployed

Aboriginal people have an unemployment rate three times higher than non-Aboriginal people. The resulting low socioeconomic status is associated with poor health and increased exposure to health risk factors (ABS 2009). Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control create social and emotional wellbeing risks that can lead to poor mental health and premature death (Wilkinson & Marmot 2003).

## People who have experienced family violence

**Family violence can be both a cause and outcome of mental illness.** Aboriginal women are 25 times more likely to be killed or injured than non-Aboriginal women as a result of family violence. Eighty-eight per cent of children in out-of-home care have experienced family violence.

For many victim-survivors speaking through the Victorian Royal Commission into Family Violence 'navigating ... confusing systems' was a major barrier. New Support and Safety Hubs with skilled case managers and service navigators will '*support women and children from crisis through to recovery working in collaboration across Aboriginal, primary and mental services*'. (State Government of Victoria 2016)

**Their forced removal led to psychological and emotional damage which has been inherited by today's Aboriginal and Torres Strait Islander children.**

Justice McClellan 2016

## People who experienced childhood sexual assault

Psychological and emotional trauma as an impact of early childhood sexual assault is experienced by many Aboriginal people. Sexual assault is often the reason for the removal and placement of Aboriginal children in out-of-home care. The intergenerational impacts of sexual assault in institutions or foster family placements for the Stolen Generation are documented in the *Bringing them home report* (HREOC 1997) and the Royal Commission into Institutional Responses to Sexual Abuse (Australian Government 2017).

## People who are homeless or living in insecure housing

Aboriginal people experience homelessness at four times the rate of non-Aboriginal Australians (AIHW 2011). Homelessness and housing instability are outcomes and causes of poor mental health.

Coordinating culturally safe responses across housing, homelessness and mental health sectors is critical. The Victorian Government recognises the successful outcomes being achieved by Wadamba Wilam in inner city Melbourne, which provides a model of care that is culturally responsive, with integrated support for Aboriginal people who are homeless and have poor mental health.

## Joe's story – Thomas Embling

**Joe\* is a proud Yorta Yorta man who identifies strongly with his culture, mob, and family.**

Joe is on a community treatment order. At his first meeting with his case manager Will, he appeared disinterested and disengaged. Will wondered if Joe might be feeling uncomfortable and shamed. He invited Joe to walk to the hospital courtyard and yarn under a spreading gumtree. Joe began to engage. Will asked Joe about his culture, family and community, sharing some of his own story.

At their second meeting, Joe began talking about his mental health issues and profound fears of talking with 'mainstream' health providers because of their past lack of understanding of him and his culture. As a result, Joe's cultural needs were recognised in his planning and clinical setting – also linking him to Aboriginal-specific supports and services. With his cultural connection and identity recognised and respected, Joe was able to positively engage with treatment and support.

\*not his real name

# Policy and reform context

***Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework* is one of the first three priorities in *Victoria's 10-year mental health plan*, which outlines a long-term vision to improve mental health services and outcomes for Victorians with a mental illness. *Victoria's 10-year mental health plan* is also supported by the Victorian suicide prevention framework 2016–25, the Mental Health Workforce Strategy and new initiatives to strengthen and expand clinical mental health services and undertake reforms under the Forensic mental health implementation plan. Importantly, it is a companion document to *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan*. Key plans and frameworks that support this framework are provided below.**

## Victorian Government

***Victorian Aboriginal affairs framework 2013–2018*** – the Victorian Government's overarching framework that defines the narrative for a long-term approach to Aboriginal affairs. The Victorian Aboriginal Affairs Framework commits to improving outcomes for Victorian Aboriginal people through focused and integrated strategic action areas, headline indicators and targets which are measured on an ongoing basis through the annual Victorian Aboriginal affairs report.

***Ending family violence:*** Victoria's plan for change – the Indigenous Family Violence Partnership Forum is working with the Victorian Government to strengthen family violence reforms in an Aboriginal context. This includes the development of a complementary Aboriginal 10-year plan. This work is framed by the Victorian Government's response to the Royal Commission into Family Violence.

***Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan*** – provides an overarching framework for action to advance Aboriginal self-determination and improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years. Coordinating efforts across the department, the plan sets strategic directions for reform across the health and human services system to achieve the vision of 'self-determining, healthy and safe Aboriginal people and communities'.

***Aboriginal governance and accountability framework*** – will strengthen the department's accountability to community through planning, policy development, service implementation and decision-making in consultation with the Aboriginal community and Aboriginal community-controlled organisations.

***Roadmap for Reform: Strong families, safe children*** – focuses on prevention, early intervention, and creating services that are coordinated and work together to meet the needs of vulnerable families and children.

Another corresponding critical document under development is the ***Aboriginal children and families agreement and strategic action plan*** – designed to improve outcomes for Aboriginal children and families in Victoria. *Balit Murrup* is also informed by ***Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria*** (2016).

***Victorian public health and wellbeing plan 2015–2019*** – outlines the government's key priorities to improve the health and wellbeing of Victorians, with a particular focus on addressing inequities in health outcomes. The release of the Victorian public health and wellbeing outcomes framework provides a new approach to monitoring and reporting on our collective efforts to improve health and wellbeing over the long term.

***Absolutely everyone: State disability plan 2017–2020*** – is the way the government is taking a lead on promoting the inclusion of Victorians with a disability.

**Marrung: Aboriginal education plan 2016–2026** – sets out a 10-year vision for delivering on the ‘Education State’ to Aboriginal Victorians. It is underpinned by the principle of self-determination and delivers on Victoria’s commitment to ensuring Aboriginal people, at every stage of their learning and development journey, achieve their potential, succeed in life, and feel strong in their cultural identity.

**Aboriginal Justice Agreement** – a formal agreement between the Victorian Government and the Koori community to work together to improve Koori justice outcomes. It is currently in its third phase, which will be implemented from 2013–2018.

**Aboriginal Social and Emotional Wellbeing Plan (Justice Health and Corrections Victoria 2015)** – focuses on improving the mental health and wellbeing of Aboriginal people while incarcerated and upon their release. The plan aims to prevent, stabilise and effectively manage mental illness while in prison, as well as improve the transition processes to ensure improvements are maintained upon release.

## Local government

**Victorian Aboriginal local government action plan** – emphasises the central role that local government has as planner and service provider in closing the gap in disadvantage experienced by Aboriginal people within their local communities.

## National

**National framework on recovery-oriented mental health services (2013)** – provides a national understanding and consistent approach to support recovery-oriented mental health practices and service delivery that is ‘responsive to Aboriginal and Torres Strait Islander people, families and communities’.

Recognising that consumers’ self-determination is a vital part of successful treatment and recovery, the principles of recovery emphasise choice and self-determination within clinical requirements and duty of care.

**Australia’s Fifth National Mental Health Plan (draft)** – Priority Area 4: Aboriginal and Torres Strait Islander mental health and suicide prevention emphasises the importance of culturally responsive care through integrating social and emotional wellbeing services within a range of mental health, drug and alcohol, and suicide prevention services.

**National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023 (draft)** – will guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms.

**Closing the Gap** – In February 2011, the Council of Australian Governments agreed that Aboriginal reform and ‘Closing the Gap’ was one of five national priorities for governments.

# The social and emotional wellbeing model

The Aboriginal social and emotional wellbeing model has informed the development of *Balit Murrup*. It is a therapeutic model that includes mental health and mental illness as elements of social and emotional wellbeing. The model is a strengths-based approach to working with mental health and wellbeing. The aim is to emphasise the importance of building strengths, resilience and connectedness in Aboriginal people and communities as pathways to positive mental health and wellbeing (Gee et al 2014).

The model can be applied across the continuum of mental health care including:

- symptom reduction
- recovery and ongoing support
- health promotion
- preventative and early intervention responses to protect and promote resilience and reduce psychological distress.

It can also be used in conjunction with other interventions. For example, in acute crises that require immediate mental health response many of the dimensions included in the model are not recognised in conventional approaches to working with mental health. Culturally-informed therapeutic practices that differ markedly from conventional western mental health approaches (Westerman 2004) have been developed and are increasingly used in practice.

## The foundational assumptions of the model are:

- health is holistic
- self-determination is a right
- kinship is central
- aboriginal cultures are diverse
- human rights are respected
- cultural understanding is essential
- aboriginal strengths are acknowledged
- historical trauma and loss and the experience of racism and stigma have and continue to negatively affect Aboriginal social and emotional wellbeing.

Figure 1: The social and emotional wellbeing model

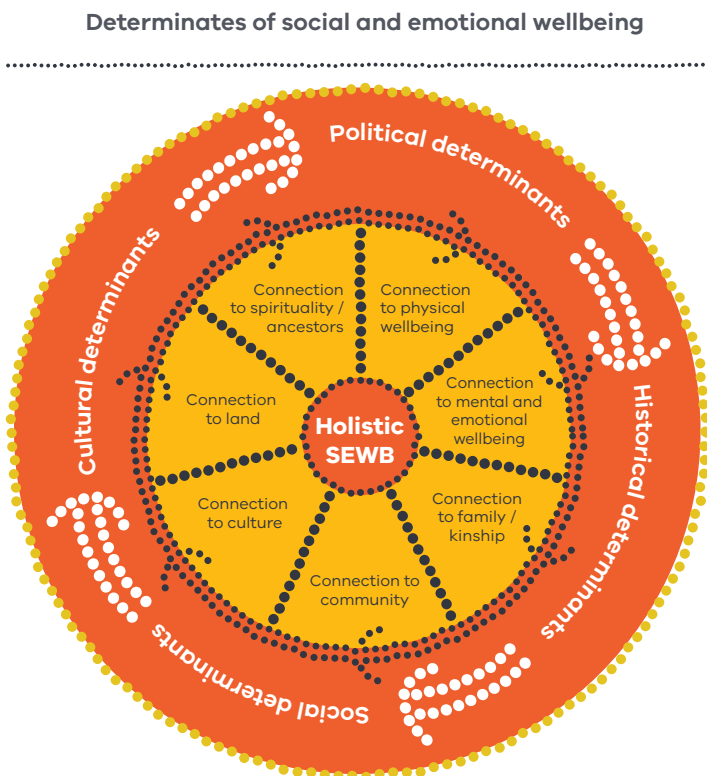


Figure 1 presents the dimensions of Aboriginal social and emotional wellbeing which are:

- connection to spirit, spirituality and ancestors
- connection to land
- connection to culture
- connection to community
- connection to family and kinship
- connection to mind and emotions
- connection to body.

The outer ring shows the determining influence of social, political, historical and cultural factors on social and emotional wellbeing.

Artist: Tristian Schultz, RelativeCreative. Reference: Gee, Dudgeon, Schultz, Hart & Kelly 2013 on behalf of the Australian Indigenous Psychologists Association





Weaving together,  
Victorian Aboriginal  
Health Service

**Importantly, social and emotional wellbeing as a source of resilience can help protect against the worst impacts of stressful life events for Aboriginal people and provide a buffer to mitigate risks of poor mental health.**

# Dimensions of social emotional wellbeing

Embracing Aboriginal concepts of social and emotional wellbeing can assist policy makers, organisations, clinicians and support staff to:

- Situate mental health risk and protective factors within the broader social, cultural and historical determinants.
- Enable a strengths-based approach to support resilience through a 'whole-of-person' approach. In a therapeutic setting for example, it encourages clients to direct their own healing and recovery.

Table 1 provides a description of each dimension and outlines some examples of potential protective and enabling factors. Each dimension relates directly to important protective factors. Promoting social and emotional wellbeing maximises the benefits of protective factors while minimising the risk factors.

Table 1: The social and emotional wellbeing dimensions

Dimension	Description	Examples of protective and enabling factors
<b>Connection to body</b>	Physical wellbeing that includes biological markers reflecting the physical health of a person such as age, weight, nutrition, illness, disability and mortality.	<ul style="list-style-type: none"> <li>• A healthy diet and nutrition, access to effective health services</li> <li>• Participating in sports, exercise and healthy lifestyles</li> <li>• Non use of drugs and alcohol, and a healthy lifestyle</li> </ul>
<b>Connection to mind and emotions</b>	Mental wellbeing or mental ill-health, and emotional, psychological and cognitive wellbeing.	<ul style="list-style-type: none"> <li>• Having access to internal and external resources that meet core human needs, such as personal and cultural safety, security, a sense of control, self-worth, values, purpose or meaning, and motivation</li> <li>• Developing a positive mindset, managing difficult emotions, strong coping skills such as resilience, managing stress, adaptability and humour, positive mental health and wellbeing</li> </ul>
<b>Connection to family and kinship</b>	Family and kinship systems that maintain interconnectedness through cultural ties and reciprocal relationships of sharing, caring, responsibilities and obligations.	<ul style="list-style-type: none"> <li>• Understanding Aboriginal history and spending time with Elders</li> <li>• Spending time with family and kinship relations, family cohesions</li> <li>• Talking to friends, social support and not feeling lonely</li> </ul>
<b>Connection to community</b>	Collective spaces and places that strengthen Aboriginal identity, belonging and culture. Family and kinship networks where personal connections and socio-cultural norms are developed and maintained.	<ul style="list-style-type: none"> <li>• Using Aboriginal community-controlled organisations and other Aboriginal organisations</li> <li>• Accessing Aboriginal Healing centres and Elders, men's, women's and children's groups</li> <li>• Engaging in local, state and national cultural community events</li> </ul>

Dimension	Description	Examples of protective and enabling factors
<b>Connection to culture</b>	The capacity and opportunity to create and maintain a healthy, strong relationship to heritage, including the systems of knowledge, lore and practices that comprise a person's distinct heritage. A body of collectively shared values, practices, customs and traditions.	<ul style="list-style-type: none"> <li>• Being able to maintain and develop a secure sense of cultural identity and cultural values. The opportunity to participate in cultural practices such as music, dance and art</li> <li>• The opportunity to exercise cultural rights and responsibilities</li> <li>• Experiencing pride in cultural identity</li> </ul>
<b>Connection to land</b>	Connection to land or 'country' where there may be strong ancestral, spiritual or emotional connections and belonging.	<ul style="list-style-type: none"> <li>• Land rights, access to traditional land, Native Title settlements, access to country and spaces for healing, ceremony and connection to land</li> </ul>
<b>Connection to spirituality</b>	Systems of knowledge and beliefs that include the stories, rituals, ceremonies and cultural practices that connect people, land and place. May involve critical transitions from childhood to adulthood and other life stages.	<ul style="list-style-type: none"> <li>• The retrieval and maintenance of traditional cultural knowledge</li> <li>• The renewal, recreation and resourcing of cultural knowledge related to spirit</li> <li>• Renewing contemporary Aboriginal healing practices, and holistic philosophies of care, and other forms of spirituality, meaning and purpose</li> </ul>
<b>Social determinants</b>	Socioeconomic status, education, employment, housing, racism, social inclusion or exclusion.	<ul style="list-style-type: none"> <li>• Opportunities to access education, training and skills development</li> <li>• Access to community resources such as services related to housing and community infrastructure, welfare services, family and children's services</li> <li>• Achievement in education and employment</li> <li>• Receiving continuity in coordinated service support</li> </ul>
<b>Political determinants</b>	Land rights, control of resources, cultural security, and the rights of self-determination and sovereignty.	<ul style="list-style-type: none"> <li>• Political control and self-determination that allows a cultural group or community to maintain or build the capacity to retain language, traditions, cultural values and practices</li> <li>• Building positive relationships with non-Aboriginal communities</li> </ul>
<b>Historical determinants</b>	The impact of past government policies.	<ul style="list-style-type: none"> <li>• Supporting communities to overcome cultural displacement and building capacity for self-governance, cultural continuity, and control and community infrastructure</li> </ul>

Adapted from Gee et al. 2014

# Bringing the social and emotional wellbeing model to life

## The following case study was developed by Wadamba Wilam.

It maps out the way in which the social and emotional wellbeing model can underpin therapeutic, recovery and health promotion approaches when working with Aboriginal people. Wadamba Wilam is a program funded through the Department of Health and Human Services. It is built on a partnership between Neami National, Uniting Care ReGen, Northern Area Mental Health Service and the Victorian Aboriginal Health Service.

The program has been formed to deliver a holistic, assertive outreach service for Aboriginal people with complex needs, including severe and enduring mental illness, who are homeless or at high risk of homelessness. The program has achieved numerous positive outcomes for consumers and has been awarded a Victorian Homelessness Achievement Award (Excellence in Ending Homelessness – Adults CHP 2015) and a Highly Commended Community Award (Melbourne Health Celebrating Excellence Awards 2016).

## Narelle's story – Connecting Narelle

**Narelle\* had at least weekly contact (sometimes daily when distressed) with Wadamba Wilam over an 18-month period.**

At times when she needed to access subacute services, Wadamba Wilam continued to provide her with care and support. Narelle responded well to a trauma-informed holistic approach, using the principles of the social and emotional wellbeing model. The following outline discusses how each of the elements of the model were embedded in the caring, therapeutic and recovery journey that Narelle took with Wadamba Wilam, leading to significant improvements in her overall health.

\* Not her real name

## Connection to family and kinship

Narelle's mother has permanent custody of Narelle's son and lives nearby with her large family. Ongoing conflict with her mother, however, made connection and support difficult. Over the 18-month journey with Wadamba Wilam, as Narelle's social and emotional wellbeing improved, so too did her relationship with her family. She now sees her son regularly, with overnight stays for the first time in many years. The Wadamba Wilam worker's regular contact with Narelle and her mother built trust and confidence; resulting in many of Narelle's siblings and cousins now seeking assistance. Outreach visits with Narelle and her family reinforced the importance of family and relationships on her overall wellbeing. Having contact with her son was the single greatest motivator for change for Narelle.

## Connection to community

As Narelle's substance use significantly reduced, her self-confidence and connection with community grew. Her social anxiety decreased and she developed strategies to manage anxiety and take a more active role in community. This was facilitated over time in gentle phases. Narelle attended women's groups with her mother and accessed support from Elders, attending NAIDOC and other community events. Through greater connection to community Narelle had to navigate grief and loss with the passing of family, friends and community members but has done this well as part of her own healing journey.

## Connection to land or 'country'

Narelle feels a strong connection to the land that she lives on and has spent most of her life in Melbourne. Spending time in nature and walking is soothing and grounding when Narelle is emotionally overwhelmed. Many outreach visits included nature and walking. This dynamic dimension enabled Narelle to connect place and relationships, and provided her with positive coping strategies which she has continued independently, including a recent return to country with her family. She experienced a profound connection to her country and healing and plans to visit often. The service provides material support for transport to enable this.

Wadamba  
Wilam staff  
2017



## Connection to culture

Prior to referral, Narelle was in remand with a prison psychiatric unit. This provided her with a period of time to be substance free. She had used alcohol significantly on a daily basis for over 10 years. As her social and emotional wellbeing improved, so did her connection to culture – including her choice that her trial be held through the Koori County Court. The support worker visited Narelle weekly in prison over the months prior to trial. With tailored intensive support, and Narelle's own motivation kicking in, she began to change her life. The Koori County Court gave Narelle, her family and support workers a forum to demonstrate this to the judge and the Elders present at the court. The sentence of a community corrections order, rather than likely incarceration through the mainstream court system, gave Narelle an opportunity to create positive change in her life. She met all the requirements of her community orders.

## Connection to spirituality

Narelle's strong connection to spirituality and regular contact with the spirits of her Elders included a belief that there were negative spirits in her house. She is now waiting for the Wurundjeri Council to cleanse her new place.

## Connection to body

Narelle had been abusing her body for many years since aged 14 through daily substance use and self-harm in response to extreme emotional and psychological distress. She uses alcohol now only on occasion, and through a stronger understanding and connection between her body and previous traumatic experiences, she is better able to manage potential triggers in a proactive manner. Narelle has a regular appointment with her GP and is now looking to more active treatment for her hepatitis C. Her epilepsy is better managed, and walking, boxing and other physical activity continues to be effective in managing distress.

## Connection to mind and emotions

Narelle has had numerous diagnoses throughout her mainstream healthcare system journey including – but not limited to – schizophrenia, schizoaffective disorder, bipolar affective disorder, depression with psychotic features, borderline personality disorder and antisocial personality disorder. The Wadamba Wilam team uses a trauma lens for all interactions with clients. The diagnosis of complex trauma fits well with a large number of their clients. Narelle has developed an awareness of past traumas and their impact on her day-to-day life and emotional regulation.

The service's long-term approach allows the establishment of trust, changing from crisis management to developing coping skills and fostering resilience. The team uses a three-stage integrated model of recovery for working through complex trauma: developing safety and security, remembrance and mourning, and reconnection. Narelle is working through the first stage and developing coping skills and strength to move into the later stages. She had previously trusted few services and workers and had only limited meaningful community mental health follow-up.

Through a solid therapeutic relationship, Narelle has had the opportunity to explore her strengths and vulnerabilities for managing psychological distress. She has developed coping strategies to manage fluctuating moods, psychotic symptoms and high anxiety, and now seeks supports from her trusted workers when needed. Narelle no longer engages in self-harming behaviour and has greatly reduced her suicidal thinking and ideation. After 18 months Narelle has not returned to heavy substance use and is developing self-esteem and the confidence to live her life to the fullest.

# The importance of healing

## Healing is a culturally informed therapeutic approach to promote Aboriginal social and emotional wellbeing

Healing is one of the most common ways of understanding Aboriginal peoples' experiences of recovery from trauma and other mental health and social and emotional wellbeing difficulties, including transgenerational trauma, unresolved grief and loss (Phillips & O'Brien 2009; Atkinson 2002; Caruana 2010). Often recovery is understood to be implicit in healing, although healing can also refer to aspects of personal growth and renewal that have been argued to extend beyond concepts of recovery (Milroy in Mackean 2009).

Healing involves growth and recovery across many dimensions. It can be used with individuals, groups and families – young people, men, women, Elders and whole communities. The common denominator in healing programs is the incorporation of the protective factors of connection to land, culture, spirituality, ancestry, family and community (Healing Foundation 2016).

Healing involves the application of existing cultural knowledge to address direct and cross-generational trauma using traditional and contemporary practices. Healing programs and services focus on gaining and sustaining hope and achieving a sense of identity and belonging, wellbeing, empowerment, control and renewal.



Healing circle, Her Tribe

**For many years, those of us who tried to get assistance to heal were misdiagnosed, left to flounder in our distress, or met with blank stares from non-Aboriginal mental health practitioners that left us feeling that our pain had no meaning and made no sense. Our healing journey is one of recovering our culture and our identity as Aboriginal people.**

Aunty Lorraine Peeters, Marumali Journey of Healing (Peeters, Hamann & Kelly 2014:500)

**Growing international and national evidence suggests the following benefits of investing in healing approaches:**

- minimisation or elimination of the impact of trauma and abuse
- greater social inclusion and connection
- improved mental health and social and emotional wellbeing
- reductions in suicide
- alleviation of health system stresses
- improved engagement in education
- improved mental health literacy for Aboriginal participants
- reductions in domestic violence and sexual violence
- improved Aboriginal and mainstream service system integration
- reduced recidivism rates
- reconciliation
- intergenerational learning.

## Factors that support resilience

Recent research on resilience and recovery from trauma among Aboriginal help-seeking clients in Victoria found that a wide range of personal, relationship, and cultural strengths reported by clients were associated with lower trauma and depression symptoms of distress, and lower rates of alcohol and other drug use. Some resilience factors demonstrated even stronger protective effects at the highest levels of trauma, suggesting these factors may play a particularly important role in trauma recovery (Gee 2016).

Qualitative reports by clients involved in the study also identified that having a positive relationships with others, access to counselling and involvement in Aboriginal healing groups and activities were among the most important factors associated with their experiences of healing and recovery from trauma (Gee 2017).

**There's an innate capacity in us to heal. It's all about establishing safety, security and trust, and having the opportunity to work with someone you trust and get support from. As long as we remain committed to our healing, be really true and honest with ourselves, and reach out for support, the healing does come. But often we need help, that's the thing, and there's no shame in reaching out and asking for help.**

Gee 2017



**Healing works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander people.**

Healing Foundation <http://healingfoundation.org.au/community-healing/>

# Our Commitments to enable reform

The strategic priorities and actions provide direction on commitments within the next few years, and point to areas that need to be a focus for development over the 10-year life of *Balit Murrup* and beyond. Some actions will take immediate effect with funding already confirmed while other initiatives can be progressed through existing resources. For example, improving the cultural responsiveness of services. As *Balit Murrup*'s implementation progresses and the evidence base builds, there will be the potential for further investment in the programs that demonstrate what can work best in delivering positive social and emotional wellbeing outcomes for Aboriginal communities. The domains, strategic priorities and actions will be supported by Victorian, national and local policy and planning contexts.

## Resourcing

Specific initiatives within *Balit Murrup* have been funded as part of the 2016–17 and 2017–18 State Budget, and outlined in the Executive Summary 'New Investments supporting *Balit Murrup*'.

Other emerging and aspirational actions identified as part of the strategic actions will be further developed and implemented over the 10-year life of the framework and beyond. Potential sources of funding will include the Aboriginal health and wellbeing (previously *Koolin Balit*) funding and Commonwealth Government funding through Primary Health Networks.

In future, Aboriginal health wellbeing and safety funding will be allocated under the new policy: Supporting Aboriginal Self-determination: Prioritising Funding to Aboriginal Organisations. This policy is a key commitment of the Victorian Government and is supported by evidence including findings from the *Koolin Balit* evaluations.

## Measuring success

Our commitment is to make progress on improving the social and emotional wellbeing and mental health of Aboriginal Victorians. This will take time. If progress stalls, we will find out why and try new approaches. The success of the actions set out below and *Balit Murrup* overall will be measured against the outcomes framework developed as part of the implementation of the *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–27*. Success will also be measured by the outcomes set for *Victoria's 10-year mental health plan*, which include reducing the gap in mental health and wellbeing for Aboriginal Victorians.

## Implementation, governance and accountability

Achieving the vision of *Balit Murrup* in line with the *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–27* and *Victoria's 10-year mental health plan* will require significant effort from all parts of the Victorian health and human services system, Aboriginal communities, Aboriginal organisations, non-government organisations, the funded sector and government agencies. Many solutions still need to be developed, tested and modelled. Despite this uncertainty, we are committed to being clear about our direction, our successes and our failures.

Implementation will require system-level action across the broader cultural and social determinants of health, wellbeing and safety. Flexible placed-based solutions at the local level that embody the principal of self-determination will be prioritised and focus efforts.

We are committed to supporting self-determination as well as co-production through all aspects of the implementation of this plan. The *Aboriginal Governance and Accountability Framework* provides a key mechanism for oversight and development of *Korin Korin Balit-Djak*, as well as *Balit Murrup*. This also responds to the need for our engagement mechanisms and planning systems to reflect and mirror holistic understandings of Aboriginal health, which recognise the inseparable and interconnected nature of physical, social, spiritual and emotional health and wellbeing.

The Aboriginal Social and Emotional Wellbeing Reference Group was established to support the development of *Balit Murrup*. The group will continue with a new role focused on guiding the implementation of this framework; monitoring its implementation through regular reports from governments and agencies, and identifying emerging issues and good practice.

This will be achieved in close collaboration with other relevant groups such as Aboriginal community organisations and groups, those living with mental illness, mental health services, alcohol and other drugs service providers, consumers and carers, clinicians, professional representative bodies, other workers and researchers.

The Aboriginal Social and Emotional Wellbeing Reference Group will meet at least four times a year, and work closely with the 10-Year Mental Health Expert Taskforce and its reference groups to implement the overarching *Victorian 10-year mental health plan*.

It will also support emerging working groups that will focus on workforce development and suicide prevention.

The group will also host a roundtable at least once every two years during the life of this framework to seek the views of Aboriginal community members, including those with lived experience, carers, members of the stolen generation, and leaders. This will be supported by local and regional engagement processes including yarning circles.

## Monitoring and evaluating outcomes

A detailed evaluation approach will be developed with key Aboriginal research, evaluation and service delivery organisations in consultation with Aboriginal communities. The design, development and delivery of the evaluation plan, and the subsequent monitoring and evaluating of Aboriginal health, wellbeing and safety, will be Aboriginal-community led.

Central to this approach is the function of Aboriginal communities holding the government to account for improving Aboriginal health, wellbeing and safety. The *Aboriginal governance and accountability framework* will ensure that the department is accountable to Aboriginal communities for delivering the actions in this framework at statewide, divisional and local levels.

We will identify the indicators to monitor progress, recognising that measuring social and emotional wellbeing is a responsibility that will be shared by working closely with the Commonwealth Government, including data reported in the National Social Survey and other sources. Where necessary we will invest in new ways to collect this information. These measures will give us a much better understanding of whether we are improving social and emotional wellbeing and mental health and doing the right things to support those with lived experiences, including reducing suicide.

## Continuing reform

*Balit Murrup* is one of many steps that need to be taken to support social and emotional wellbeing. It is important that improvements and reforms continue over time and are able to adjust to changing circumstances and need.

# Domain 1: Improving access to culturally responsive services

**Historically, Aboriginal people have not accessed mental health services at the levels appropriate to the needs that exist. This results in infrequent contact with mental health services that is mostly limited to acute episodes of illness, and often too late to avert major disruptions to individuals and families. Increasing access and utilisation of culturally responsive specialist mental health services is a priority.**

There is a recognised need for services to support clinicians and other relevant allied health professionals to embed cultural capability into their practice. However, few non-Aboriginal health professionals have the knowledge and skills to do this, nor the access they need to culturally responsive assessment tools. Such gaps in cultural understanding, knowledge and lack of access to resources can lead to misdiagnosis or to mental health issues remaining undiagnosed.

We will work with health services to build their capacity to provide culturally safe and appropriate mental health care and treatment for Aboriginal people of all ages, while strengthening accountability measures for delivering tangible benefits and outcomes to clients. Specialist mental health services need to be culturally responsive and

supported by cultural safety frameworks with professional development that supports the use of trauma-informed social and emotional wellbeing models in their treatment of Aboriginal clients. In addition to this, we will promote service utilisation and ensure culturally responsive service provision.

Community consultations and research indicate that engaging with Aboriginal people and keeping them engaged in the service system is often challenging. This is due to such barriers as lack of transport, difficulty with access, and family and community responsibilities (for example, to attend 'sorry business'). We know that proactive and assertive outreach care, including home visits, can facilitate improved access and support, thereby enabling Aboriginal people to follow through with treatment and ongoing care.


Locally designed and implemented models of care that are flexible, responsive, safe and encourage early and ongoing engagement can be the most effective way of delivering better social and emotional wellbeing and mental health outcomes for all people. The promotion and embedding of Aboriginal understandings of holistic health and social and emotional wellbeing within the broader service system will also enable the delivery of culturally responsive services more generally.

## Strategic priorities

- More Aboriginal people with a mental illness needing support are engaged in appropriate treatment and care.
- Services providing mental health and social and emotional wellbeing care and support are culturally safe and free from racism.
- Aboriginal people, families and communities are engaged in service design and review.

## Our aspiration: where we want to be in ten years time

- Mental health and social emotional wellbeing services for Aboriginal consumers and their families are informed by the cultural, historical and social issues that continue to impact on the social and emotional wellbeing of Aboriginal people.
- Aboriginal mental health specialists are based at, or available to, each mental health service across Victoria.
- Male and female Aboriginal Elders, other respected leaders and community members are active participants in informing and co-designing mental health responses for their families and communities, including the design and delivery of cultural awareness programs for mental health services.
- Collaboration occurs across funding streams to target funding to innovative Aboriginal community designed social and emotional wellbeing, treatment and recovery approaches that embed traditional and contemporary healing practices.
- The built, social and clinical environments of Victorian mental health facilities, including hospital emergency centres, acute and sub-acute inpatient units and community health settings reflect local Aboriginal culture and promote cultural safety.
- Aboriginal people with a psycho-social disability who are eligible for National Disability Insurance Scheme funding can choose to purchase services from Aboriginal community-controlled organisations and/or culturally responsive mainstream services.



Bouverie  
staff at the  
2016 NAIDOC  
March

## Fresh Tracks

**Fresh Tracks is an initiative developed by Geelong-based Wauthorong Aboriginal Cooperative. Fresh Tracks uses an 'assertive outreach' model of care – a service model that is often applied to clients with a high degree of complex needs and lower rates of attending clinical care.**

A key feature of this approach is to make sure that the services are tailored to the needs of the client, not the service. This means that a service may be provided in the client's home or a public setting, rather than a clinical setting such as a counselling room.

The 'assertive' aspect of this model refers to the efforts of the practitioner to support the client from 'falling through the cracks.' If a client does not keep an appointment, the practitioner will (assertively) follow-up. This requires professional skills and judgment to achieve the balance between not neglecting the client, nor over-riding the client's wishes.

## Our immediate actions: what we will do over the next four years

- Utilise the Aboriginal governance and accountability framework structures and other engagement and co-design processes to enable Aboriginal mental health consumers, families and organisations to inform local, statewide and regional mental health programs, policy and planning.
- Support the promotion and implementation of the Gayaa Dhuwi (Proud Spirit) Declaration that sets out principles for governments, professional bodies and services to support a new paradigm for shaping mental health responses to Aboriginal mental health problems and provides a platform to work collaboratively to embed culturally safe services (Refer Appendix 2).
- Strengthen the role of designated lead clinicians and managers across clinical mental health services responsible for the development of services, workforce expansion and partnerships in Aboriginal mental health and social emotional wellbeing.
- Support the allocation of culturally responsive specialist family violence advisors in major mental health and alcohol and drug services that will identify and respond to alcohol, drug and mental health issues.
- Resource Aboriginal organisations to provide specialist supports, including culturally responsive counselling and wrap-around services to children, families and carers who have experienced family violence.
- Support the implementation of the Forensic mental health improvement plan to address the over-representation of people with a mental illness in the criminal justice system with a focus on preventing reoffending in the first place.
- Create an Aboriginal Coordinator's position to ensure culturally safe partnerships with Aboriginal community-controlled organisations and culturally responsive mental health interventions for Aboriginal offenders on a Mental Health Treatment and Rehabilitation Condition.



## Domain 2: Supporting resilience, healing and trauma recovery

**Health promotion and prevention needs to include approaches focused on building resilience and wellbeing, such as safe and secure housing, individual and community safety, family and community connections, connecting with culture and country and access to information, services and resources. Across the health promotion-care continuum, healing and trauma informed approaches enable Aboriginal people to engage and participate, building their resilience and capacity for self care and recovery.**

Acknowledging past, current and intergenerational trauma, and enabling opportunities for people to heal and recover, are also critical. Increased social and economic participation will also help build and maintain resilience and empower Aboriginal communities, families and individuals to live healthy lives.

In addition, Aboriginal communities need access to information that builds mental health literacy. This knowledge and understanding will enable people to talk about and understand what might be happening for them and/or members of their family; to make decisions and to access the right supports and services at the right time.

Health promotion, prevention and early intervention policy, planning, program design and delivery must also include diverse strategies to reach priority groups effectively – particularly new parents, children and young people, Elders and the LGBTI communities.

Approaches that include whole-of-person and whole-of-community strategies will be most successful.

Examples of this include Aboriginal sports carnivals, the Victorian Aboriginal Health Service's 'Her Tribe' program, the Indigenous Family Violence Prevention and Legal Services 'Sisters Day Out', the 'Return to Country program' to help Aboriginal people children in care stay connected to their culture and the LGBTI Kungah gathering.

Healing involves the application of existing cultural knowledge to address trauma and post-generational trauma using traditional and contemporary practices. Healing programs and services focus on gaining and sustaining hope and achieving a sense of identity and belonging, wellbeing, empowerment, control and renewal. The common denominator in all healing programs and services is the incorporation of the protective factors of connection to land, culture, spirituality, ancestry, family and community (Healing Foundation 2016).

Fresh Tracks,  
Wathaorong Aboriginal  
Co-operative

## The Jekkora Spear Group

**The Jekkora Spear Group was designed and developed by the Njernda Aboriginal Corporation in response to the growing levels of suicide in the Echuca Aboriginal community.**

It is recognised by independent evaluators as 'a unique and promising suicide prevention model'. Slowly and steadily it has involved the entire community – in a culturally safe and non-stigmatising way – to support those at risk. Community members are trained to identify and support people at risk of suicide by making sure that those experiencing psychological distress are referred to a GP, a resident mental health nurse or the Echuca mental health services. The aim of this voluntary program is to establish a group of 'strong dependable community members to become support people'. All Jekkora Spear Group members have received training in suicide assessment, including training in 'Mental Health First Aid' and 'Applied Suicide Intervention Skills Training (ASIST)'.

## Strategic priorities

- Aboriginal-led and co-designed health promotion and local prevention activities are implemented to promote social and emotional wellbeing, resilience and healing.
- Aboriginal people and communities have well-developed mental health literacy and awareness of the causes, impacts and supports for social and emotional wellbeing, mental health and healing.
- Traditional and contemporary Aboriginal healing approaches are recognised as integral to mental health promotion, prevention, treatment and recovery.
- Trauma-informed clinical practice is promoted which focuses on healing and recovery.

## Our aspiration: where we want to be in ten years time

- Aboriginal communities are involved in the design and delivery of:
  - Aboriginal mental health literacy information resources and information sessions, including the delivery of Aboriginal Mental Health First Aid courses across Victoria
  - strategies aimed at reducing the stigma of mental illness in Aboriginal communities using contemporary and traditional platforms including social media, community information, training sessions and brochures.
- Regional Aboriginal social and emotional wellbeing planning is inclusive of Aboriginal community-controlled organisations; mental and community health, housing and children and family services; education; local government; and Primary Health Networks.
- Effective platforms are in place to build on and share evidence of good practice and emerging service models of effective social and emotional wellbeing and mental health promotion, and of early intervention approaches that embed healing, enhance protective factors, build resilience, and include the work of gathering places as well as Healing centres.
- Victorian Aboriginal-led research, resources, assessment tools on resilience, protective factors, and recovery and support inform practice, emerging service models and initiatives.



- Strategies and initiatives that will support healing, resilience and recovery are informed by a strong evidence base.
- Gathering places and healing centres are supported to provide or link to prevention and early intervention, clinical, therapeutic and cultural-strengthening activities for all age groups.
- Partnerships exist between key government agencies, mental health services and Aboriginal community organisations to reach priority groups effectively, particularly new parents, children and young people, Elders and LGBTI communities.
- The Koorie Youth Council plays a key role in informing initiatives to improve the social and emotional wellbeing and mental health of young people, including through suicide and self-harm prevention strategies.
- Regional forums on healing, with the support of the National Healing Foundation and key Aboriginal stakeholder groups, inform the promotion of evidence-based practice and community engagement.

## Our immediate actions: what we will do over the next four years

- Identify opportunities to support investment in innovative, Aboriginal community-designed local health promotion and early intervention approaches that focus on healing and strengthening resilience and protective factors.
- Continue to support community, cultural and sporting activities that promote community and cultural connection and strengthening, resilience, healthy lifestyles, and language reclamation - particularly for children, young people and other vulnerable groups within Aboriginal communities.
- Aboriginal-led, culturally responsive, family-centred services and programs are supported. This includes those that focus on cultural strengthening, therapeutic child-centred programs and 'one-door' integrated services, where family members can obtain a range of supports.
- In partnership with Aboriginal communities, develop and implement the *Aboriginal Children and Families strategic action plan*, which will prioritise effort on prevention and early intervention services to build protective and resilience factors.
- Support and strengthen the engagement and participation of Elders through the resourcing of Aboriginal-led, place-based initiatives.
- Resource the continuation of the Aboriginal Youth Mentoring Program, which supports young people to remain connected to culture, families and friends.
- Develop culturally appropriate and safe suicide prevention approaches which respond to the particular issues for Aboriginal communities. This includes the current work with Primary Health Networks to implement coordinated place-based approaches to suicide prevention in 12 sites across Victoria.
- Support the 'Healing the Stolen Generations' program which seeks to help members of the Stolen Generations to trace their family history and connection to community, and provides trauma counselling and referrals to healing and support services.
- Work with the Aboriginal Victorian community to co-design and implement a strong, sustainable and culturally appropriate healing model which addresses the effects of Aboriginal family violence.
- Continue to provide support for the gatherings of Aboriginal LGBTI communities, such as the Kungah retreat.



Walking  
Together,  
Her Tribe

**Aboriginal workers can experience high levels of vicarious trauma which can have serious impacts because of the depth and breadth of trauma across the community and potentially in their own lives.**

Koolin Balit Evaluation 2016

# Domain 3: Building a strong, skilled and supported workforce

**A highly skilled and supported workforce, operating in a clinically competent and culturally safe way, is required to meet the greater mental health needs of Victorian Aboriginal people, families and communities.**

Aboriginal communities and mainstream services have long advocated for increased investment in an expanded and skilled Aboriginal and mainstream mental health workforce to deliver culturally responsive services that:

- build, protect and promote the social and emotional wellbeing of Aboriginal communities
- intervene early to reduce the impacts of mental illness, suicide risk and misuse of alcohol and other drugs
- enable and support recovery and connection to family, community and culture.

To address the social and emotional wellbeing and mental health needs of Aboriginal people in Victoria, and to meet the expected growth in service demand, the number of workers available within the mental health system to deliver services will increase. These workers will be equipped with the skills, tools and support to deliver culturally responsive, trauma-informed services across practice and geographic areas.

Victoria needs a highly skilled Aboriginal, mainstream mental health and social and emotional wellbeing workforce that is supported at the organisational level as well as within the health and human services system. Increased demand will necessitate this given the projected growth of the Victorian Aboriginal population and the increasing recognition of complex social and emotional wellbeing and mental health challenges experienced by Aboriginal people, families and communities.

Aboriginal and mental health organisations, their leadership and management need to be strengthened to enable supportive, safe and functioning workplaces. Aboriginal workers can experience vicarious trauma which can have serious impact because of the depth and breadth of trauma across the community and potentially in their own lives. This must be supported by a broader sector that promotes cultural responsiveness, integration, worker safety and care, collaboration and innovation.

A key goal in building a skilled workforce is to enable Aboriginal community-controlled organisations to self-determine and sustain a workforce that engages, builds and supports the social and emotional wellbeing of its community.

There are three foundations reinforced by the Koolin Balit evaluations for building a skilled workforce:

1. Workforce planning – where workforce redesign and expansion is led by Aboriginal people.
2. Learning and development – including access to continued learning and development to reduce the impacts of vicarious trauma and stress from work and cultural loads.
3. Worker safety and wellbeing – overseen by employers who have responsibility to support the social and emotional wellbeing of staff to sustain their participation in the workforce, and to recognise some of the unique pressures and challenges faced by many Aboriginal people.

It is important that current capacity and gaps in the workforce be identified to better target current and future investment. This includes examining the organisational capacity of Aboriginal and mainstream mental health services as well as identifying any skill and availability gaps in the primary mental health professions – of mental health nursing, occupational therapy, psychiatry, psychology and social work – across all Victorian catchments.

It is also vital to consider the links and shared workforce development opportunities across the mental health, social and emotional wellbeing, alcohol and other drugs, family violence, statutory and relevant NDIS services workforces.

A mental health and social and emotional wellbeing workforce shaped around an integrated multidisciplinary team model ensures that Aboriginal people have access to the high-quality services and supports they need. Teams will include mental health nurses, occupational therapists, psychiatrists, psychologists and social workers underpinned by strong partnerships and effective working arrangements with Aboriginal community-controlled organisations, mental health services, family violence hubs, drug and alcohol teams, statutory services, and the National Disability Insurance Agency and their Local Area Coordination teams.

## Strategic priorities

- Aboriginal mental health and social and emotional wellbeing workforces across Aboriginal community controlled organisations and mainstream mental health services are grown and sustained.
- Multidisciplinary mental health and social and emotional wellbeing teams are supported across Victoria.
- Mental health workforce planning responds to the growing Aboriginal population and impacts of trauma within the Aboriginal community.


## Our aspiration: where we want to be in ten years time

- Interagency, multi-disciplinary Aboriginal social and emotional wellbeing teams exist across Aboriginal community controlled organisations and mainstream services agencies. They will provide culturally appropriate support and treatment to Aboriginal mental health consumers. Teams to include psychologists, psychiatrists, counsellors, mental health nurses, allied health, and Aboriginal mental health and community mental health support workers.
- A suite of practice guidelines, case studies and resources are available to enable Victoria's specialist mental health, Aboriginal mental health, alcohol and other drugs, family violence, child protection and justice system services to implement an Aboriginal social and emotional wellbeing model within their program design, clinical practice and delivery of services.
- All staff working in mental health services have the opportunity to participate in relevant culturally responsive learning and development.
- Relevant undergraduate education and ongoing professional learning and development courses include a mental health cultural responsive module.<sup>1</sup>

## Our immediate actions: what we will do over the next four years

- Through the Centre for Mental Health Workforce Learning and Development, ensure learning and development in culturally responsive health and trauma-informed models of care is readily available and accessible to Aboriginal and non-Aboriginal mental health service staff.
- Fund an Aboriginal Mental Health Workforce Training Program to provide full-time mental health trainee positions for Aboriginal people in mainstream mental health services and some Aboriginal community controlled organisations which will include support to complete a Bachelor of Applied Science in a mental health related discipline.
- Establish an initial 10 Aboriginal mental health therapeutic and clinical positions within Aboriginal community controlled organisations.
- Establish an Aboriginal Social and Emotional Wellbeing and Mental Health Practice Network.

<sup>1</sup> For example inclusive of the social and emotional wellbeing model and recovery oriented cultural knowledge, skills and behaviours, practices and leadership capabilities set out in the NFROMS Guide's Domain 2, Capability 2.

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- Investigate the establishment of a statewide Aboriginal Mental Health Workforce Coordinator position to provide strategic advice across the Aboriginal mental health workforce.
  - Invest in 24 Aboriginal alcohol and other drug worker positions to provide specialist treatment for Aboriginal Victorians facing alcohol and drug addiction with the final design of the additional positions to be determined in collaboration with the Aboriginal community.
  - Promote and support career pathways from secondary school through to mental health and social and emotional wellbeing roles.

**VACCHO is confident that Aboriginal workforce expansion alone would go a long way to increasing access to locally delivered mental health and social and emotional well-being services. This in the short term will increase cultural sensitivity, strengthen meaningful relationships, establish referral pathways, improve care coordination and program collaborations with more accessible entry and exit points.**

Victorian Aboriginal Community Controlled Health Organisation Submission, 2015

Njernda Aboriginal  
Cooperative 2017

# Domain 4: Integrated and seamless service delivery

**To ensure better outcomes in Aboriginal mental health and wellbeing, we need to drive change and support better integration of services that are culturally safe and appropriate for Aboriginal people. Governments will work collaboratively to support the development of a joined-up approach to social and emotional wellbeing support, mental health, suicide prevention, and alcohol and other drug services – recognising the importance of what an integrated service offers Aboriginal people.**

Whole-of-person assessments, appropriate referral and integrated seamless service responses across primary health, human, community, mental health, alcohol and other drugs and family violence services, as well as education and employment programs, will improve prevention, early intervention and treatment of mental health issues leading to more successful recovery. Clear pathways are essential to ensure that care is continuous, person-centred and holistic as people transition between parts of the service system.

One of the most critical interfaces in Aboriginal mental health care is between acute clinical and sub-acute mental health services and primary healthcare providers. Particular emphasis will be placed on building partnerships between mainstream clinical mental health services, Aboriginal community health organisations and other primary and community health providers to support continuity of care for Aboriginal people entering and leaving hospital and to reduce admissions.

## Strategic priorities

- Aboriginal mental health consumers have access to integrated services, pathways and transitions.
- New service models are explored to improve outcomes for Aboriginal mental health consumers and their families, building on the learnings of other initiatives.
- Improved pathways exist between mainstream clinical mental health services, Aboriginal community controlled health organisations and other primary and community health providers to improve the continuity of care for Aboriginal people entering and leaving hospital and to reduce admissions.

## Our aspiration: where we want to be in ten years time

- Aboriginal people in key leadership and co-design roles, including those with lived experience, routinely work with community-based health and human services to better integrate planning and models of care that support seamless mental health care and pathways for Aboriginal people.
- Good practice models of care, to support a seamless integrated patient journey between the primary and acute mental health sectors, are identified, promoted and adapted across Victoria.
- Aboriginal mental health consumers receive holistic, person-centred care through arrangements such as co-location of services, including care navigators and coordinators who will help connect people with non-health services to navigate service and referral pathways, and facilitate follow-up.
- Strong connections between child protection services and culturally responsive family and child support services exist for children and families to reduce the impact of mental illness in families at risk of engagement with child protection.

- All Aboriginal people leaving hospital will have clear documentation about how to access ongoing support and care they may need.
- Aboriginal people with severe and persistent mental illness will have a single care plan that links their physical, social and emotional wellbeing and mental health needs with other community-based social and disability support services they may require.
- The social and emotional wellbeing model is applied across service settings – primary health, Aboriginal community controlled organisations and mainstream – and will include family violence, alcohol and other drugs, justice, housing and employment streams.

## Our immediate actions: what we will do over the next four years

- Support and monitor the implementation of three Improving Mental Health Treatment Outcomes for Aboriginal and Torres Strait Islander People with Moderate to Severe Mental Illness demonstrations sites.
- Enable the learnings from the Improving Mental Health Treatment Outcomes for Aboriginal and Torres Strait Islander People with Moderate to Severe Mental Illness demonstrations sites to be shared and translated into broader practice.
- Enhance opportunities for Aboriginal people with lived experience of mental health as consumers or carers to contribute their expertise to initiatives to improve service design and delivery.
- Promote and support access to the NDIS for Aboriginal people experiencing severe and persistent mental illness and associated psychosocial disability to provide certainty of funding for support and give participants more choice and control.

## Improving Mental Health Treatment Outcomes for Aboriginal and Torres Strait Islander People with Moderate to Severe Mental Illness demonstrations sites

**The government has allocated \$7.7 million across three demonstration projects to test some new service models for Aboriginal Victorians with moderate to severe mental illness, trauma and other complex health and social support needs who often fall through the gap between primary and tertiary mental health services. The funded sites and their primary focus are as follows:**

- Wathaurong Aboriginal Cooperative (rural) and the Victorian Aboriginal Health Service (metropolitan) – focusing on adults
- Ballarat and District Aboriginal Cooperative – focusing on reducing the impact of parental mental illness for children engaged with child protection, supporting family reunification (response to Taskforce 1000)
- Mallee and District Aboriginal Services – focusing on the mental health of people engaged with the justice system with the aim of reducing recidivism and re-entry.

Each site will provide culturally responsive mental health care, treatment, counselling and care coordination. The evidence emerging on what works best will be used to inform the development of future Aboriginal social and emotional wellbeing and mental health guidelines and resources.

# Partners in change

**Key stakeholders who work in partnership across the continuum of social and emotional wellbeing and mental health programs and services achieve better mental health outcomes for Aboriginal people as shown in the following table.**

Table 1: Key stakeholders – roles and responsibilities

<b>Aboriginal individuals, families and communities</b>	Participate in and contribute to, the design and delivery of mental health and social and emotional wellbeing policy, programs and services, as well as their own healing, treatment and recovery.
<b>Aboriginal community-controlled organisations</b>	Self-determining, co-designing and implementing social and emotional wellbeing programs and services that prevent, intervene early, treat and manage mental health problems and mental illnesses through integrated service models and referral to culturally safe mental health services that work within a social and emotional wellbeing framework.
<b>Health services, mainstream primary healthcare providers and community services</b>	Developing programs for promoting social and emotional wellbeing, and for the prevention, early detection, treatment and management of mental health problems and mental illnesses, by integrated service models and referral to culturally safe mental health services that work within a social and emotional wellbeing framework.
<b>Mental health services</b>	Treating ongoing and severe mental illness and promoting recovery in a culturally safe manner within a social and emotional wellbeing framework.
<b>Alcohol and other drugs and family violence services</b>	Recognising and responding to the social and emotional wellbeing and mental health needs of all clients seeking their services.
<b>Victorian Government</b>	Guiding priorities for funding and program and service development across government to support Aboriginal mental health and social and emotional wellbeing.
<b>Local government</b>	Key role in closing the gap in disadvantage experienced by Aboriginal people in local communities.
<b>Commonwealth Government</b>	Policy, resourcing and delivery of programs through Primary Health Networks, general practice and Aboriginal community-controlled organisations in partnership with the broader health system.





**The essential elements for success include the recruitment of Aboriginal staff members, strong executive and management support, creating strong linkages with Aboriginal community controlled organisations and the local service system.**

Koolin Balit Evaluation 2016

Thomas Embling NAIDOC event smoking ceremony with Aunty Joy Murphy



# Appendix 1: Key concepts

**The Aboriginal concept of health is holistic**, encompassing mental health and physical, cultural and spiritual health. Land is central to wellbeing. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised interrelations that constitute cultural wellbeing. These interrelating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill-health will persist (Swan & Raphael 1995).

**Mental health is a state of wellbeing** in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2014).

**Social and emotional wellbeing** means being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life.

**Trauma** refers to experiences and reactions to particularly intensive life events, including threats (real or perceived) that can overwhelm a person's ability to cope and have long-term impacts on their mental health. A person may respond with intense fear, helplessness or horror. These can include sexual abuse (including institutional abuse), experience of violence and tragic/unexpected events and loss (including as a result of suicide, accidents, illness). For Aboriginal and Torres Strait Islander people this trauma is predominantly the result of colonisation and past government policies. If people do not have the opportunity to heal, then they may 'deal' with their pain in negative ways, including physical or emotional violence, abuse or addiction.

**Trauma-informed care** is a strengths-based service delivery approach that is grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors to rebuild a sense of control and empowerment (SAMHSA 2014).

**Healing** refers to recovery from the psychological and physical impacts of trauma. Healing is not an outcome or a cure but a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and to reach their full potential. Healing continues throughout a person's lifetime

and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base (Healing Foundation 2015, cited November 2016).

**Resilience** refers to a person's capacity to think and act in ways that help them adapt and cope with adversity without suffering from long-term, harmful consequences due to stress. Strong, supportive relationships, connection to culture and community, and participating in support programs can help.

## Abbreviations

### ACCOS

Aboriginal community-controlled organisations

### LGBTI

lesbian, gay, bisexual, transgender and intersex

### NDIS

National Disability Insurance Scheme

### SEWB

social and emotional wellbeing

# Appendix 2: Gayaa Dhuwi (Proud Spirit) Declaration



Gayaa Dhuwi was developed and launched by the Aboriginal and Torres Strait Islander Leadership group<sup>2</sup> in Mental Health in 2015, and has since been endorsed by the Victorian 10-Year Mental Health Taskforce. The declaration sets out principles for governments, professional bodies and services to support a new paradigm for shaping mental health system responses to Aboriginal mental health problems. It provides a platform for governments to work collaboratively to embed culturally safe services within the mental health system that are adaptable and accountable to Aboriginal and Torres Strait Islander people.

This includes supporting Aboriginal leadership in mental health and suicide prevention as the foundation upon which to address the high rates of mental health conditions and suicide through both culturally and clinically based approaches.

## The five themes of the Gayaa Dhuwi Declaration are:

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.
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.
3. Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcomes measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.
4. Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
5. Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

<sup>2</sup> This is a core group of senior Aboriginal and Torres Strait Islander people working in the areas of social and emotional wellbeing, mental health and suicide prevention. Most are based in, or associated with, national and state mental health commissions or other nationally important mental health bodies. (<http://natsilmh.org.au/>)

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