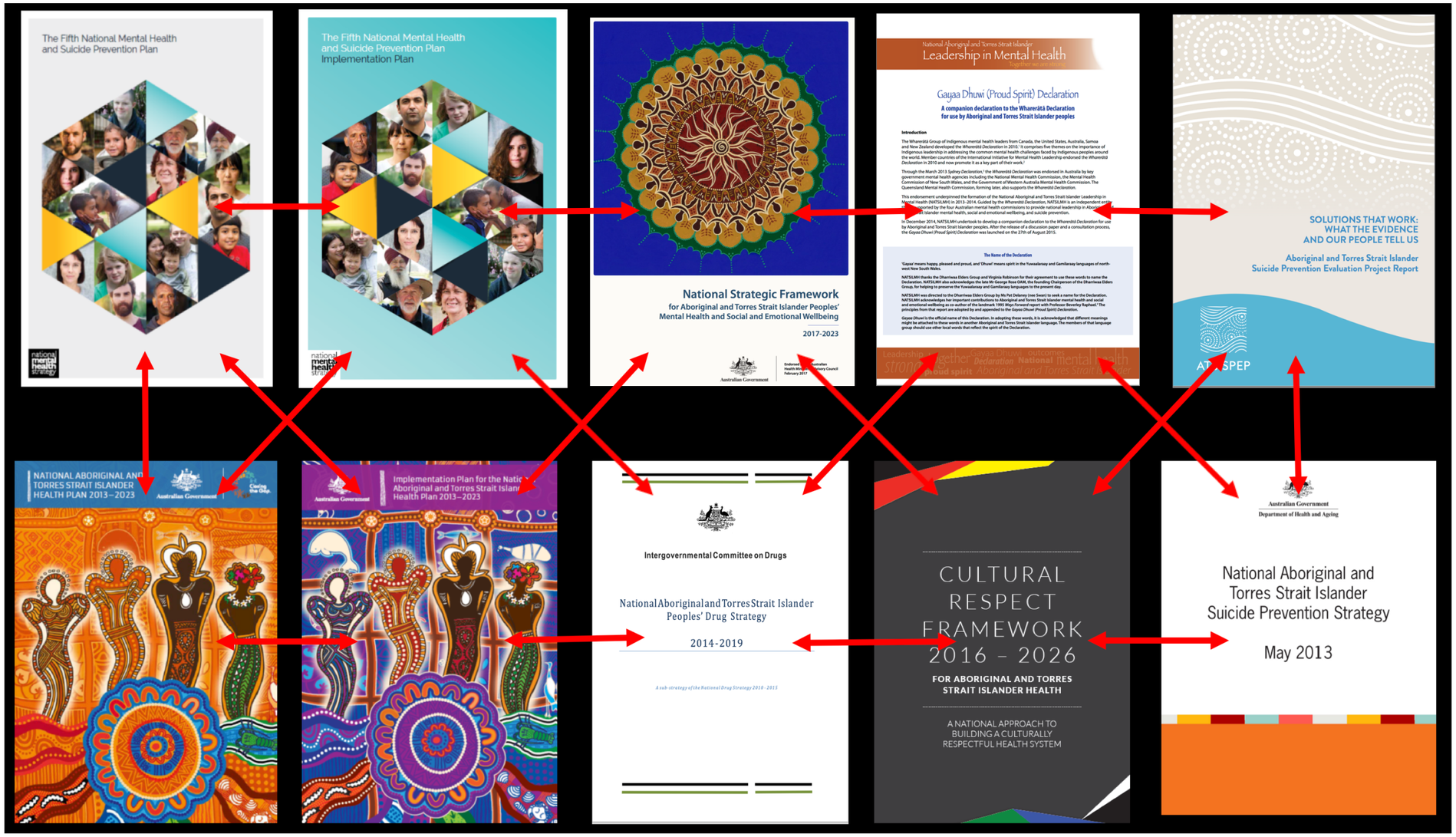
National Aboriginal and Torres Strait Islander
Leadership in Mental Health
Together we are strong

HEALTH IN CULTURE – POLICY CONCORDANCE

The Interconnectedness of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Suicide Prevention Policy



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1. INTRODUCTION

1. How to use this document

This concordance comprises a list of major subject matters found in Aboriginal and Torres Strait Islander and related social and emotional wellbeing, mental health and suicide prevention policy documents. Against each are citations for where the subject matter is referred to in policy documents and an extract of relevant text. It is intended to make cross referencing across the large number of documents that touch on Aboriginal and Torres Strait Islander and related social and emotional wellbeing, mental health and suicide prevention policy as easy as possible, but should not be used as a substitute for the policy documents themselves. Please note that this concordance is limited to national level policy documents. Over time, NATSILMH hope to extend it to state and territory level policy.

2. The formal relationships between key documents in the Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention space.

In addition to the connections between various documents (as illustrated by this concordance) there are additional formal relationships between them, as set out in the documents themselves. While these connections are numerous, the most important are summarised as below:

(a) The *Fifth National Mental Health and Suicide Prevention Plan*

- Recognises the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023* as a guiding document in implementation (p.32).
- Includes action to implement the *Gayaa Dhuwi (Proud Spirit) Declaration* (Action 12.3 p.34).
- Is informed by the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (pp. 24, 32) and the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (pp.2, 24).
- Seeks to operationalise the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026* (Action 4, Action 11).

(b) The *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023*

- Outcome 3.3 - to Implement the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*

(c) The *National Aboriginal and Torres Strait Islander Health Plan Implementation Plan*

- Recognises the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023*; *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*; and *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019* as guiding documents for implementation (p.8).
- Includes the implementation of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* as a deliverable by 2018 (Strategy 1C) (p.15).
- Supports the implementation of the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026* (p.12).

2. ABBREVIATIONS, GLOSSARY AND SOURCES

Abbreviation	In full/ explanation	Source
5NMHSPP/ IP	Fifth National Mental Health and Suicide Prevention Plan and its Implementation Plan (2017)	http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf Implementation Plan: http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan_Implementation%20Plan.pdf
ACCHSs	Aboriginal Community Controlled Health Services	
AOD	Alcohol and Other Drug Services	
ATSIMHSPS TOR	Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee. By action (iii) of the Fifth National Mental Health and Suicide Prevention Plan, this will report to MHDAPC and will work with the Suicide Prevention Subcommittee on the development of a nationally agreed approach to suicide prevention for Aboriginal and Torres Strait Islander peoples, for inclusion in the National Suicide Prevention Implementation Strategy. Action 11 includes eight 'Terms of Reference' (TOR) for the body.	
ATSISPEP CRP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Report of the Critical Response Pilot Project (2017)	http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0019/3050029/FINAL-CriticalResponsePilotProjectReport-WEB.pdf
ATSISPEP STW	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Solutions That Work – What the Evidence and our People Tell Us (2017)	http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf
Cultural RF	Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026	http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf
Drug Strategy	National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019 a component of the National Drug Strategy 2017-2026	http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/6EE311AA9F620C82CA257EAC0006A8F0/$File/FINAL%20National%20Aboriginal%20and%20Torres%20Strait%20Islander%20Peoples%27%20Drug%20Strategy%202014-2019.pdf
E-mental Health strategy	E-mental Health Strategy for Australia (2012)	http://www.health.gov.au/internet/main/publishing.nsf/content/7C7B0BFEB985D0EBCA257BF0001BB0A6/$File/emstrat.pdf
GDD	Gayaa Dhuwi (Proud Spirit) Declaration of the National Aboriginal and Torres Strait Islander Leadership in Mental Health	http://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf
IAS	Indigenous Advancement Strategy	http://www.indigenous.gov.au/indigenous-advancement-strategy
LHD	Local Hospital District, Local Hospital Network	
Lifespan	LifeSpan Integrated Suicide Prevention (Black Dog Institute). There are nine elements in the overall approach.	https://www.blackdoginstitute.org.au/research/lifespan
MH&SEWB Fr	National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023	https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23
MHDAPC	Mental Health Drug and Alcohol Principal Committee. This advises the Australian Health Ministers' Advisory Council (AHMAC). In turn, by action (i) of the Fifth National Mental Health and Suicide Prevention Plan, it will be advised by a Suicide Prevention Subcommittee that will develop a National Suicide Prevention Implementation Strategy.	Action (i) and (ii) Fifth National Mental Health and Suicide Prevention Plan
MHS	Mental health services	
Nat Standards – MH Services	National Practice Standards for Mental Health Services, with specific implementation guidelines as listed (2013)	http://www.health.gov.au/internet/main/publishing.nsf/content/5D7909E82304E6D2CA257C430004E877/$File/wkstd13.pdf. Specific implementation guidelines can be found at: http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-i-public
Nat Standards – MH Workforce	National Practice Standards for the Mental Health Workforce (2013)	http://www.health.gov.au/internet/main/publishing.nsf/content/5D7909E82304E6D2CA257C430004E877/$File/wkstd13.pdf
NATSIWS	National Aboriginal and Torres Strait Islander Workforce Strategy 2016 - 2023	https://www.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf
National MH Workforce Strategy	National Mental Health Workforce Strategy (2011)	https://www.aihw.gov.au/getmedia/f7a2eaf1-1e9e-43f8-8f03-b705ce38f272/National-mental-health-workforce-strategy-2011.pdf.aspx
NATSIHP/IP	National Aboriginal and Torres Strait Islander Health Plan 2013- 2023 and its Implementation Plan	http://www.health.gov.au/natsihp
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013)	http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pub-atsi-suicide-prevention-strategy
New National SP Strategy	National Suicide Prevention Implementation Strategy. By action (ii) of the Fifth National Mental Health and Suicide Prevention Plan, a Suicide Prevention Subcommittee will develop a (new) National Suicide Prevention Implementation Strategy for COAG Health Council endorsement. Page 24 of the Fifth National Mental Health and Suicide Prevention Plan lists 11 elements of the new National SP Strategy.	Action (ii) Fifth National Mental Health and Suicide Prevention Plan
NSQHS Standards	National Safety and Quality Health Service Standards, and User Guide for Aboriginal and Torres Strait Islander Health (both 2017)	https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf and User Guide: https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

NT RC	Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory – Findings and Recommendations (2017)	https://childdetentionnt.royalcommission.gov.au/Documents/Royal-Commission-NT-Findings-and-Recomendations.pdf
PHN	Primary Health Network	
PHN Guidelines	PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance – individual guidelines named (2016).	http://www.health.gov.au/internet/main/publishing.nsf/content/phn-mental_tools
Recovery Fr	A national framework for recovery-oriented mental health services (2012)	https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf
Royal Commission CSA	Royal Commission into Institutional Responses to Child Sexual Abuse Final Report – Recommendations (2017)	https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_recommendations.pdf
SEWB	Social and emotional wellbeing	
SP	Suicide prevention	
Suicide Prevention Subcommittee	By action (ii) of the Fifth National Mental Health and Suicide Prevention Plan, the MHDAPC will be advised by a Suicide Prevention Subcommittee that will develop a National Suicide Prevention Implementation Strategy for COAG Health Council endorsement. Priority areas for consideration are listed.	

3. CONCORDANCE

PART 1: MENTAL HEALTH/ SEWB (some cross referencing with suicide prevention, but also see dedicated suicide prevention section below)

SYSTEM ARCHITECTURE

National approach	5NMHSPP	Action i, p.12	• Governments will establish a Mental Health Expert Advisory Group… will advise AHMAC, through MHDAPC, on 5NMHSPP implementation/analyse progress (see also Action 8)
		Action iii, p.13	• Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee (ATSIMHSPC) – report to MHDAPC/AHMAC – (priority tasks under Action 11 listed below)
	NATSIHP/IP	Strategy 1D (IP), p.16	• Australian Government mental health, social and emotional wellbeing, alcohol and drug use, and suicide prevention strategies have been coordinated.
	Cultural RF	Domain 5, p.16	• Stakeholder engagement and relationships: Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health
Targets	GDD	Theme 3(b), p.5	• Led by Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system.
National quality standards	MH&SEWB Fr	Outcome 1.1.7, p.29	• Progress initiatives that support quality service delivery, quality improvement …
	5NMHSPP	Action 21, p.43	• Governments will develop a National Mental Health Safety and Quality Framework [see – sub actions]
		Action 22, p.44	• Governments will develop a Mental Health supplement to the National Safety and Quality Health Services Standards and NSMHS
MBS use	MH&SEWB Fr	Outcome 1.1.8, p.29	• Ensure that workers, emerging workforces and professional services qualify for MBS subsidies.
		Outcome 4.2, p.40	• Expand access to Focused Psychological Strategies and MH professionals through the pooled mental health funding available to PHNs, and through supporting access to MBS-subsidised services.
Jurisdictional alignment	MH&SEWB Fr	Outcome 1.3, p.31	• Ensure planning strategies incorporate the joint planning processes of the state and territory-level Aboriginal and Torres Strait Islander health planning fora
	NATSIHP/IP	Strategy 1D, p.16	• States and territories, the Australian Government and NACCHO Affiliates have prepared and implemented work plans that address regional health plan priorities as required under their respective framework agreements (e.g. access to hospital, dental and sexually transmissible infection services).
Regional focus/ PHNs	NATSIHP/IP	Strategy 1D, p.15	• Improved regional planning and coordination of health care services across sectors and providers.
	5NMHSPP	Action 1.1 (IP) p 5 -7	• The Commonwealth will direct PHNs to jointly develop regional plans with LHNs and direct to publicly release draft plans for public comment
		Action 2.2, p.21	• Governments will work with PHNs and LHNs to implement integrated planning and service delivery at the regional level. This will include: • Engaging with the local community, including consumers and carers, community-managed organisations, ACCHSs, NDIS providers, the NDIA, private providers and social service agencies
		Action 2.3, p.21	• … Undertaking joint regional mental health needs assessment to identify gaps, duplication and inefficiencies to improve sustainability
		Action 2.5, p.21	• … Developing joint regional mental health and suicide prevention plans and commissioning services according to those plans
		Action 2.7, p.21	• … Developing region-wide multi-agency agreements, shared care pathways, triage protocols and information-sharing protocols to improve integration and assist consumers and carers to navigate the system
	PHN Guide	Aboriginal and Torres Strait Islander Mental Health Services, p.1	• In 2016-17 PHNs are expected to: ○ commission culturally appropriate, evidence based mental health services for Aboriginal and Torres Strait Islander people to improve access, complement and link to existing activities such as drug and alcohol services, suicide prevention and/or broader social and emotional wellbeing services as well as mainstream services. In doing this PHNs should: ○ engage with local communities and consult with relevant local Indigenous and mainstream primary health care organisations to identify the specific mental health needs of Aboriginal and Torres Strait Islander people; ○ determine the most appropriate mix of service delivery modalities for commissioning in each region; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change. • Longer term, PHNs will be expected to: ○ establish linkages between commissioned and existing services to facilitate a joined up, integrated approach to the provision of mental health services; ○ support providers to develop and maintain culturally appropriate and safe services that holistically meet the needs of patients and their families; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.
	Drug Strategy	Outcome 2.4, p.6	• Interventions are based on locally identified needs and form part of an integrated and cross-sectoral approach at the regional level.
	NATSISPS	Outcome 4.2, p.38	• There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention (i) Investigate feasibility of approaches to regional coordination of suicide prevention including, but not limited to, roles of key government agencies and partners (ii) Identify models for governance to support interagency approaches to coordinated suicide prevention (iii) Develop data, information and resources to support regional level planning and coordination of strategies (iv) Examine models for pooling of funds to support coordinated approaches to prevention
Stepped care	PHN Guide	Stepped care, p.1	• In 2016-17 PHNs are expected to: ○ undertake comprehensive regional mental health planning and identify primary mental health care service gaps within a stepped care approach; ○ develop approaches to new service areas to broaden the service mix, such as low intensity services and services for young people with severe mental illness; ○ promote a stepped care approach and better target appropriate referral to mental health and related services;

			○ develop linkages with and between relevant services and supports; and ○ establish mental health specific clinical governance arrangements. • Longer term PHNs will be expected to: ○ implement the core elements of a stepped care approach outlined in this guidance; ○ plan, develop, target and/or commission services to achieve an appropriate service mix; ○ address the six priorities identified for the flexible funding pool within a stepped care approach; ○ ensure the most efficient use of resources to develop and implement timely service pathways; ○ actively promote use of the Digital Mental Health Gateway as a core element of a stepped care approach; and ○ support GPs in their critical role in ensuring people are referred to the right care at the right time.
Overarching approach of comprehensive health care "best of both worlds"	5NMHSPP/ IP	• Many references to a collaboration with health professionals around clinically and culturally appropriate care.	
	MH&SEWB Fr	• Many references to a collaboration with health professionals around clinically and culturally appropriate care.	
	GDD	Theme 1, p.4	• The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander MH, healing and SP policy development and service and program delivery.
	NATSIHP/IP	Strategy 1C/IP, p.14	• Aboriginal and Torres Strait Islander peoples are able to access culturally appropriate mental health and social and emotional wellbeing services.
	Cultural RF	Domain 4, p.15	• Consumer-centred care: Aboriginal and Torres Strait Islander peoples philosophies of holistic health and wellbeing are recognised in health practice, with Aboriginal and Torres Strait Islander peoples knowledge, values, beliefs and cultural needs and health history informing decision making about clinical decisions, pathways and ongoing care, including consideration of Aboriginal and Torres Strait Islander peoples family structures and responsibilities
	5NMHSPP	Action 11, ATSIMHSPS, TOR 5, 6	• oversee the development, dissemination and promotion in community, hospital and custodial settings of a resource that articulates a model of culturally competent Aboriginal and Torres Strait Islander mental health care across the health care continuum and brings together (a) the holistic concept of social and emotional wellbeing and (b) mainstream notions of stepped care, trauma-informed care and recovery-oriented practice • provide advice on models of service delivery that embed cultural capability into all aspects of clinical care and implement the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 in mental health services
Aboriginal and Torres Strait Islander leadership at system and service levels	5NMHSPP	Action 10, p.33	• Engagement in planning… involvement of ACCHS and… communities... [this includes for] Aboriginal and Torres Strait Islander peoples at the regional level Aboriginal and Torres Strait Islander presence on PHN/LHD governance structures and Aboriginal and Torres Strait Islander peoples leadership on local Mental Health/ related services
		Action 12.3, p.34.	• Promoting Aboriginal and Torres Strait Islander peoples leadership – by supporting implementation of the Gayaa Dhuwi Declaration.
	MH&SEWB Fr	Outcome 1.1, p.27	• Incorporate specific Aboriginal and Torres Strait Islander peoples' leadership in workforce program development.
		Outcome 2.1, p.32	• Engage Elders and senior community members in leadership roles in a culturally-informed way… • Support men's and women's groups and gender-specific promotion of leadership, SEWB and healing.
	GDD	Theme 4, p.5	• Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to: ○ lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples. ○ lead in all areas of government activity that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people.
		Theme 5, p.5	• Four articles on supporting unique elements of Aboriginal and Torres Strait Islander leadership/ professional self-care and supports
	Drug Strategy	Outcome 1.1, p.5	• Community-controlled AOD services are supported to lead the delivery of programs to address harmful AOD use.
		Outcome 3.2, p.6	• Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
	NATSIHP/IP	Strategy 4A, p.30	• Young people have been supported to be leaders/role models in their communities by having access to role models and mentoring programmes (e.g. Aboriginal Kinship Group (Grannies group)),
		Strategy 6D, p.40	• Local elders and senior community members champion culturally appropriate health and wellbeing choices • Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes. • Implementation and review of leadership and role model/mentoring programmes (e.g. the Aboriginal Kinship Program) has been supported
	Cultural RF	Domain 1, p.12	• Governance and Leadership: Recognition for leaders of cultural safety and responsiveness, highlighting their activity and sharing of best- practice initiatives across the organisation • Investment and resources: Sustainable funding and support for Aboriginal and Torres Strait Islander health staff to develop, lead and champion culturally safe and responsive health care
		Domain 3, p.14	• Aboriginal and Torres Strait Islander leadership: ○ Aboriginal and Torres Strait Islander leadership and participation in decision-making and governance at all levels of the Australian health care system, both within Aboriginal and Torres Strait Islander-specific and mainstream roles and positions ○ Cultural safety and responsiveness efforts are directed and guided by Aboriginal and Torres Strait Islander health professionals and/or Aboriginal and Torres Strait Islander people with cultural expertise and/or authority • Specific and targeted support to develop existing and potential Aboriginal and Torres Strait Islander leaders across all levels of health services and health professions • Culturally Responsive health workforce: Health professionals can identify the need for, and actively seek, advice, assistance and input from Aboriginal and Torres Strait Islander staff who are available to inform culturally responsive service provision

			• Aboriginal and Torres Strait Islander workforce: Aboriginal and Torres Strait Islander health professionals actively supported and retained in the health system through capacity building, mentoring initiatives and ongoing career progression, in both targeted and mainstream positions
Genuine Engagement and partnership with Aboriginal and Torres Strait Islander communities	5NMHSPP/ IP	Action 10. P33	• Engagement in planning… involvement of ACCHS and… communities [and includes] for Aboriginal and Torres Strait Islander peoples at the regional level Aboriginal and Torres Strait Islander presence on PHN/LHD governance structures and Aboriginal and Torres Strait Islander leadership on local mental health/ related services
		Action 11, ATSIMHSPS TOR 4	• Provide advice on suitable governance for services and the most appropriate distribution of roles and responsibilities, recognising that the right of Aboriginal and Torres Strait Islander communities to self-determination lies at the heart of community control in the provision of health services
	MH&SEWB Fr	Outcome 2.1, p.32	• Engage Elders and senior community members in leadership roles in a culturally-informed way… • Support men's and women's groups and gender-specific promotion of leadership... • Support community governance through community controlled services to deliver health programs and services.
		Outcome 1.3, p.31	• Formalise effective partnerships to achieve the best possible MH&SEWB… outcomes for Aboriginal and Torres Strait Islander people in all regions, including by implementing integrated planning and service delivery for Aboriginal and Torres Strait Islander people at the regional level.
	Drug Strategy	Outcome 2.2, p.6	• Participation of Aboriginal and Torres Strait Islander people using AOD services is improved.
		Priority Area 3, p.5	• Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.
		Outcome 3.1, p.6	• Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.
		Outcome 3.2, p.6	• Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
	NATSIHP/IP	Strategy 5C, p.36	• Aboriginal and Torres Strait Islander adults contribute to the development of strategies and services that promote healthy behaviours, family cohesion, and social and emotional wellbeing, • ACCHSs are funded to engage locally to identify priorities and develop responses.
		Strategy 6D, p.40	• Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes.
	Cultural RF	Domain 5, p.16	• Participatory and collaborative partnerships with communities and a variety of formal and informal mechanisms are to facilitate community involvement in developing and implementing cultural safety and responsiveness related activities • Governance structures support systematic and ongoing two-way communication with Aboriginal and Torres Strait Islander communities, particularly in relation to policy development, program planning, service delivery, evaluation of services, and quality improvements • Collaboration and partnerships with Aboriginal and Torres Strait Islander communities to actively respond to the challenges faced when engaging with the health service/system
		Domain 4, p.15	• Governance structures support and facilitate partnerships with Aboriginal and Torres Strait Islander communities and health consumers to design the way care is delivered • Polices and processes are established and maintained to include Aboriginal and Torres Strait Islander communities and health consumers in policy development, service planning and care design • Organisational commitment to training of health professionals to support Aboriginal and Torres Strait Islander consumers involvement in health care design and delivery
	PHN Guide	• See Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles (March 2016)	
Planning partnerships with ACCHSs	MH&SEWB Fr	Outcome 1.3, p.31	• Effective partnerships between PHNs/ ACCHSs • Formalise effective partnerships to achieve the best possible MH&SEWB… outcomes for Aboriginal and Torres Strait Islander people in all regions, including by implementing integrated planning and service delivery for Aboriginal and Torres Strait Islander people at the regional level. • Ensure planning strategies incorporate the joint planning processes of the state and territory-level Aboriginal and Torres Strait Islander health planning for a.
		Outcome 4.3, p.41	• Primary Health Networks work in partnership with Aboriginal Community Controlled Health Services on a regional or other geographical basis to: identify and map relevant services and agencies; and develop, promote and regularly review culturally and clinically appropriate pathways between them – in particular, for the treatment of trauma and emotional and behavioural difficulties in children.
	Cultural RF	Domain 3, p.14	• Partnerships established with ACCHSs to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities
		Domain 5, p.16	• Partnerships with Aboriginal and Torres Strait Islander organisations to jointly recognise, celebrate and actively participate in historical events of significance and important annual events that recognise and promote culture (e.g. Close the Gap, National Reconciliation Week, Mabo Day, NAIDOC Week, Coming of the Light, Harmony Day, and National Sorry Day)
		Domain 2, p.13	• Working with local Aboriginal and Torres Strait Islander people and organisations, as well as interpreter/ translation services, to support communication with Aboriginal and Torres Strait Islander consumers to provide more effective and quality health care, while improving access and pathways of care between organisations and mainstream services
	Drug Strategy	Outcome 3.1 p.6	• Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.
		Outcome 3.2, p.6	• Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
		Outcome 3.3, p.6	• Partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and mainstream AOD services are enhanced and strengthened
		Outcome 3.4, p.6	• Partnerships between government and AOD service providers (both community- controlled and mainstream services) are based on mutual respect and community strengths.
	NSQHS Standards	Action 2.13, p.19	• The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
	NSQHS Standards User guide	Re above, key tasks, p.8	• Identify Aboriginal and Torres Strait Islander communities within the organisation's catchment, and the relevant cultural protocols to guide building of partnerships • Identify key contacts, elders and opinion leaders in the Aboriginal and Torres Strait Islander communities and health services and make contact with them • Establish and implement mechanisms for forming and maintaining partnerships with Aboriginal and Torres Strait Islander communities and representative organisations.
		Standard 4	• The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases

	Nat Standards MH Services		of care.
		Criteria 4.2, p.12	• The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.
		Criteria 4.1	• *Public mental health services and private hospitals* p.18. The MHS identifies the diverse groups [inc.] Aboriginal and Torres Strait Islander people that access the service. … This information should be used to plan and develop culturally competent services and strategies to improve access to the service…. The MHS should provide evidence that it uses methods such as: collaboration with community health and welfare organisations and services to develop local protocols for Aboriginal and Torres Strait Islander people…. [and] develop relationships with local Aboriginal and Torres Strait Islander elders and peak groups.
		Criteria 4.4, p.19	• The MHS should develop appropriate partnerships with other service providers, organisations and programs with diversity experience as part of its commitment to self-determination for Aboriginal and Torres Strait Islander people
ACCHS preferred providers	MH&SEWB Fr	Outcome 1.3, p.31	• Give preference to funding ACCHSs to deliver mental health, suicide prevention and other primary health programs and services where feasible.
Stakeholder partnerships	Cultural RF	Domain 5, p.16	• Partnerships with community groups, other health organisations and professional bodies to plan, deliver and monitor effective models of services and partnerships that improve Aboriginal and Torres Strait Islander health and wellbeing • Cross-agency and cross-sector forums and decision-making bodies that include key Aboriginal and Torres Strait Islander people organisations, agencies and consumers to share information, make decisions, influence, and develop networks and trust • Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health
	Nat Standards MH Services	Criteria 4.4, p.19	*Public mental health services and private hospitals*: The MHS should develop appropriate partnerships with other service providers, organisations and programs with diversity experience as part of its commitment to self-determination for Aboriginal and Torres Strait Islander people .
Consumer & carer engagement	Cultural RF	Domain 4, p.15	• Processes support and enable active and informed participation by Aboriginal and Torres Strait Islander consumers in decisions about their own care • A range of resources used to inform Aboriginal and Torres Strait Islander consumers about services available, their rights and the way in which they can seek redress of any complaints • Design and delivery of organisational performance measurement and evaluation of services including organisational self-assessments of cultural competency activities involves Aboriginal and Torres Strait Islander health consumers • Aboriginal and Torres Strait Islander consumers are engaged in performance measurement and evaluation of health services through accessible, culturally responsive and safe processes • Aboriginal and Torres Strait Islander health consumers are encouraged to participate in patient experience feedback mechanisms aimed at, and used for, improving service delivery • Governance structures support and facilitate partnerships with Aboriginal and Torres Strait Islander communities and health consumers to design the way care is delivered • Polices and processes are established and maintained to include Aboriginal and Torres Strait Islander communities and health consumers in policy development, service planning and care design • Organisational commitment to training of health professionals to support Aboriginal and Torres Strait Islander consumers involvement in health care design and delivery
	5NMHSPP	Action 23, p.44	• Government will implement monitoring of consumer and carer experiences of care
	Nat Standards MH Services	Standard 3	• Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.
		Criteria 3.3	• *Implementation Guideline for Public Mental Health Services and Private Hospitals,* p.14. Consumers and carers who are involved with mental health services must have access to training and support… Consumer and carer participation and representation in training must reflect the ethnic and racial diversity of the population served. Initiatives to ensure this occurs could include practical assistance for Aboriginal and Torres Strait Islander consumers and carers. This could include such things as transport to meetings, payment for attendance or training sessions in rural or remote communities.
	PHN Guidelines	Consumer and Carer engagement and participation, p.1	• In 2016-17 PHNS are expected to: ○ establish and foster collaborative partnerships with consumers and carers; ○ identify and address the goals of consumers and carers at each point of the commissioning cycle; ○ acknowledge the different consumer needs across a stepped care model, and consult with those consumers most likely to use particular service types on their needs and concerns; ○ apply principles of co-design when commissioning services, with a focus on recovery-oriented approaches; ○ require services to account for cultural and experiential differences in consumer and carer engagement and participation strategies; ○ support workforce development and planning, which is inclusive of lived experience trainers and educators; ○ recognise the rights of consumers and carers, and seek to eliminate stigmatising attitudes and discrimination in primary health care settings; and ○ comprehensively identify consumer and carer support and advocacy services within the region, as well as any gaps. • Longer term PHNs will be expected to: ○ embed consumer and carer co-design throughout the commissioning cycle, including in needs assessment; policy development; strategic planning; prioritisation; procurement of services; and monitoring and evaluation; ○ establish collaborative partnership arrangements with Aboriginal and Torres Strait Islander communities and their health and mental health services; ○ establish collaborative partnership arrangements with transcultural mental health services, or the alternatives in states and territories where such services do not exist; and ○ move to contractual arrangements with service providers which require them to demonstrate a rights based approach to consumers and carers.

WORKFORCE			
Overarching Workforce strategy/ Aboriginal and Torres Strait Islander workers	5NMHSPP	Action 31, p.47	• Workforce Development Program -To meet future workforce supply requirements and drive recruitment and retention of skilled staff
		Action 11, ATSIMHSPS TOR 6	• Provide advice on workforce development initiatives that can grow and support an Aboriginal and Torres Strait Islander MH workforce, incorporate Aboriginal and Torres Strait Islander staff into multidisciplinary teams….
	MH&SEWB Fr	Outcome 1.1, p.28	• Increase Aboriginal and Torres Strait Islander employment across the entire MH&SEWB workforce, including psychologists and psychiatrists, speech pathologists, mental health workers and other professionals and workers.
		Outcome 4.2. p.40	• Ensure the required mix and level of specialist mental health services and workers, paraprofessionals and professionals required to meet the mental health needs of the Aboriginal and Torres Strait Islander people, including specialist suicide prevention services for people at risk of suicide
	GDD	Theme 4, p.5	• Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
	NATSIHP/IP	Strategy 1A, p.11	• Core services framework for comprehensive primary health care and access to specialist medical care has been defined and considered by the Minister as a matter of priority. (This model will be influenced by, and will directly influence, the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework).
		Strategy 1E, p.17	• Aboriginal and community controlled and mainstream health sector workforces are capable of meeting the needs of Aboriginal and Torres Strait Islander people • Support, grow and increase the capability of the workforce… to meet current and future Aboriginal and Torres Strait Islander health needs • The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) has been reviewed and a new framework developed and implemented.
	Drug Strategy	Priority Area 1, p.5	• Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.
		Outcome 1.3, p.5	• Workforce initiatives are developed to enhance the capacity and capability of community-controlled AOD services.
	Cultural RF	Domain 3, p.14	• Aboriginal and Torres Strait Islander people working in all areas of the health sector, both clinical and non- clinical, and adequate resources allocated over the long-term to support targeted employment strategies and initiatives • Aboriginal and Torres Strait Islander health professionals actively supported and retained in the health system through capacity building, mentoring initiatives and ongoing career progression, in both targeted and mainstream positions
	NATSIWS	Strategy 1, p.8	• Improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines (See Suggested mechanisms)
	National MH Workforce Strategy	p.17 (text)	• In order to provide culturally appropriate services for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds, the workforce needs to be technically *and* culturally competent. In some situations, the MH workforce may be able to be drawn from people of an appropriate cultural background, but in most situations, services to people from Aboriginal and Torres Strait Islander and CALD backgrounds are provided by workers from a different cultural background who need training and support to ensure they are culturally aware and competent. • Aboriginal and Torres Strait Islander MH workers may need support, owing to their dual roles at work and in their own family groups and communities. These workers, particularly in remote communities, face particular pressures and are often on call 24 hours a day, seven days a week. To compound the pressure, they work in many rural and remote areas of Australia, and Indigenous workers may not be eligible for housing and other supports made available to non-Indigenous staff and visiting specialists. • Ongoing cultural competence in-service training, rather than brief awareness sessions, was the favoured strategy for building workforce capacity. The generalist mental health workforce may also benefit from education programs that focus on the settlement challenges of newly arrived migrants and refugees, and how failure to overcome these challenges can develop into acculturation difficulties and subsequent MH deterioration…
		Objective 3.3.1, p.28	• Work with the CALD sector and MH services to promote career opportunities within the MH sector to meet the changing demographics of MH populations.
		Objective 3.2.1, p.28	• Support the training of Aboriginal and Torres Strait Islander to become MH workers in a range of disciplines by supporting and promoting existing successful programs and piloting new programs.
Upskilling existing Aboriginal and Torres Strait Islander workers	MH&SEWB Fr	Outcome 1.1, p.28	• Improve the status of all Aboriginal and Torres Strait Islander MH&SEWB workers, paraprofessionals and professionals and over time, require workers to have qualifications that ensure professional equity. • Progress initiatives that support … workforce-wide up-skilling, including appropriate clinical supervision of MH&SEWB workers, paraprofessionals and professionals • Create career pathways by reducing barriers and pathways to education and training including training for emerging professional workforces accredited workers, paraprofessionals and established professionals and professions. • Continue to develop accreditation standards that are systematically measurable; and develop and support pathways to training in existing work environments to increase worker and professional capacities.
	NATSIHIP/IP	Strategy 1E, p.17	• Training opportunities provided to further develop the skills of staff to meet current and future Aboriginal and Torres Strait Islander health service needs and increase retention levels.
	NATSIWS	Strategy 2, p.8	• Improve the skills and capacity of the Aboriginal and Torres Strait Islander health workforce in clinical and non-clinical roles across all health disciplines (See Suggested mechanisms)
	National MH Workforce Strategy	Objective 1.2.1, p.20	• Provide better career pathways, supervision, mentoring and locum support programs for Aboriginal MH workers in a range of settings.

Supporting Aboriginal and Torres Strait Islander staff in mainstream settings	NATSIWS	Strategy 3 p9	• Health and related sectors be supported to provide culturally-safe and responsive workplace environments for the Aboriginal and Torres Strait Islander workforce. (See Suggested mechanisms)
Training/ support all MH service staff	National MH Workforce Strategy	Objective 1.2.2, p.20	• Incorporate training in Aboriginal and Torres Strait Islander mental health in MH workforce training programs.
	NSQHS Standards	Action 1.21	• The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
	MH&SEWB Fr	Outcome 1.1.10, p.29	• Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander with MH problems and mental illness
	NATSIHIP/IP	Strategy 1E, p.17	• Training needs of health sector staff working with Aboriginal and Torres Strait Islander peoples have been identified and addressed, including the development and delivery of new training programmes.
	5NMHSPP	Action 12.4, p.34	• Training all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those in forensic settings, in trauma-informed care…
	Cultural RF	Domain 2, p.13	• Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages)
		Domain 3, p.14	• Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills
Education system	MH&SEWB Fr	Outcome 1.1.	• Improve national access to vocational training in key evidence based therapies (eg cognitive behavioural therapy, dialectical behavioural therapy and mindfulness therapies). • Increase Aboriginal and Torres Strait Islander participation rates in tertiary courses. • Encourage the develop. of specialist Aboriginal and Torres Strait Islander MH courses. • Ensure alignment of measurable professional training and education standards and service accreditation standards to ensure a system wide approach to improving reportable capabilities for working effectively with Aboriginal and Torres Strait Islander people
		Outcome 2.4	• Require evidence based approaches on MH and wellbeing be adopted in early childhood worker and teacher training and continuing professional development.
	GDD	Theme 2, p.4	• It is the responsibility of all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples,
	Cultural RF	Domain 3, p.14	• Professional bodies and training institutions embed cultural competency in the education of health professionals, including Aboriginal cultures and histories and the history of ATSI health
	NATSIWS	Strategy 4, p.9	• Increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health (See Suggested mechanisms)
		Strategy 5, p.10	• Improve completion/graduation and employment rates for Aboriginal and Torres Strait Islander health students (See Suggested mechanisms)
Role of professional bodies	Cultural RF	Domain 3, p.14	• Professional bodies and training institutions embed cultural competency in the education of health professionals, including Aboriginal cultures and histories and the history of ATSI health • Professional bodies provide their members with ongoing opportunities for generic and specific standardised professional development in cultural safety
	MH&SEWB Fr	Outcome 1.1.	• Increase Aboriginal and Torres Strait Islander employment across the entire MH&SEWB workforce, including psychologists and psychiatrists, speech pathologists, MH workers and other professionals and workers • Continue to develop accreditation standards that are systematically measurable; and develop and support pathways to training in existing work environments to increase worker and professional capacities. • Ensure alignment of measurable professional training and education standards and service accreditation standards to ensure a system wide approach to improving reportable capabilities for working effectively with Aboriginal and Torres Strait Islander people • Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander people with MH problems and mental illness
		Outcome 4.2	• Incorporate cultural competency in the professional standards and responsibilities of mental health professions within a SEWB framework.
	GDD	Theme 2, p.4	• It is the responsibility of all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to make their practices and/or curriculum respectful and inclusive of the mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples,
Peer workforce	5NMHSPP	Action 29, p.47	• Governments will develop Peer Workforce Development Guidelines
		Action 30, p.47	• Governments will monitor the growth of the national peer workforce
Data	NATSIWS	Strategy 6, p.10	• Improve information for health workforce planning and policy development

	National MH Workforce Strategy	Objective 5.3.3, p.32	• Support development of consistent measures of the ethnicity and bilingual skills of the workforce to better inform workforce planning issues in relation to Aboriginal and Torres Strait Islander and CALD populations.

EVIDENCE BASE/ DATA / RESEARCH			
Evidence base	5NMHSPP	Action 13, p.34 Action 13.5, p.34	• Governments will strengthen the evidence base for better Aboriginal and Torres Strait Islander MH outcomes • Utilising available health services data and enhancing those collections to improve services for Aboriginal and Torres Strait Islander peoples.
	MH&SEWB Fr	Outcome 1.2, p.30	• A strong evidence base, including a social and emotional wellbeing and mental health research agenda, under Aboriginal and Torres Strait Islander leadership (see actions)
	NATSIHP / IP	Strategy 1F, pp.18-19	• Strengthened evidence base of knowledge across the life course and care continuum, in particular preventative health, including the factors that impact on childhood health and development. • Quality and completeness of data to support continued policy development and improved service design, planning and evaluation.
Culturally appropriate Indicators	GDD	Theme 3, p.4	• Led by Aboriginal and Torres Strait Islander peoples, all parts of the Australian mental health system should use Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical measures when developing evaluation frameworks for Aboriginal and Torres Strait Islander mental health and suicide prevention services and programs. This also applies to the development of an evidence base for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention.
	MH&SEWB Fr	Outcome 1.2 p30	• Develop culturally appropriate indicators to measure SEWB
	Drug Strategy	Outcome 4.1p6	• Performance measures reflect meaningful outcomes aimed at the individual, family and community.
Identification	5NMHSPP	Action 13.2 p34	• Ensuring that all MH services work to improve the quality of identification of Aboriginal and Torres Strait Islander peoples in their information systems.
	NATSIHP / IP	Strategy 1F p19	• Improved identification as Aboriginal and Torres Strait Islander peoples in data collection sets.
	NSQHS Standards	Action 5.8, p.42	• The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems
	NSQHS Standards – User Guide	Key Task 5.8, p.3	• The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and Torres Strait Islander origin, and to record this information in administrative and clinical information systems
Data collection	5NMHSPP	Action 13.4, p.34	• Reviewing existing datasets across all settings for improved data collection on the mental health and wellbeing of, and the prevalence of mental illness in, Aboriginal and Torres Strait Islander peoples
	MH&SEWB Fr	Outcome 4.1, p.27	• Support and coordinate the data collections, measurement and evaluations required to inform system monitoring, accountability and service quality improvement. • See also 4.2
	Drug Strategy	Outcome 4.2, p.6	• Data systems and quality assurance programs are in place to inform investment in sustainable program delivery.
Evaluation of programs and services	5NMHSPP	Action 13.3, p.34	• Ensuring that future Aboriginal and Torres Strait Islander investments are properly evaluated to inform what works
	Cultural RF	Domain 6, p.17	• Requirement for new services, programs and initiatives to include a focus on cultural safety and responsiveness in program evaluations • Mechanisms in place for the identification and collection of data and relevant health information related to cultural safety • Dissemination of cultural safety related information/data throughout the organisation to inform planning and development • Organisational assessments and audits are undertaken to identify levels of cultural responsiveness and safety, identify gaps, and inform improvement strategies • Program and policy evaluations inform the development, planning and review of health services
	MH&SEWB Fr	Outcome 1.2, p.30	• Ensure future investments in new or expanded services are properly evaluated.
Research	5NMHSPP	Action 28, p.47	• Governments will request the National Mental Health Commission to work in collaboration with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and prominent researchers to develop a research strategy to drive better treatment outcomes across the mental health sector
	Cultural RF	Domain 4, p.15	• Health and health systems research for Aboriginal and Torres Strait Islander people is led by Aboriginal and Torres Strait Islander people, who are involved as researchers, partners and drivers of research priorities and projects
		Domain 6, p.17	• Mechanisms are in place to identify research questions relevant to cultural safety that reflect Aboriginal and Torres Strait Islander holistic philosophies and views of health and wellbeing, and the health history of Aboriginal and Torres Strait Islander peoples • Established collaborations and partnerships with the researchers to undertake research in cultural safety and responsiveness for Aboriginal and Torres Strait Islander health consumers • Integrate research findings, monitoring, evaluation and knowledge transfer into all relevant organisational initiatives • Repository of research and evaluation established to share knowledge, learnings and best practice • Policy and processes support Aboriginal and Torres Strait Islander people and communities' participation and leadership in research activities and planning • Strategies in place to ensure an ethical approach and appropriate ethics approval processes are undertaken when engaging in research and evaluation of Aboriginal and Torres Strait Islander health
	MH&SEWB Fr	Outcome 1.2 p.30	• Support practical applied research to progressively enhance service delivery. • Promote participatory action research to progressively empower communities and restore and promote SEWB.

			• Embed the principle of Aboriginal and Torres Strait Islander community leadership and control of research in guidelines for the ethical conduct of research with Aboriginal and Torres Strait Islander people.
Resources/ tools	5NMHSPP	Action 12.1, p.34	• Developing compendium of Aboriginal and Torres Strait Islander resources, (1) Best practice
		Action 12.2, p.34	• Promoting the use of culturally appropriate assessment and other tools and guidelines
		Action 13.1, p.34	• Establishing a clearinghouse of resources, tools and program evaluations for all settings to support the development of culturally safe models of service delivery, including the use of cultural healing and trauma-informed care
		Action 11, ATSIMHSPS TOR 5	• Oversee the development, dissemination and promotion in community, hospital and custodial settings of a resource that articulates a model of culturally competent Aboriginal and Torres Strait Islander MH across the health care continuum and brings together (a) the holistic concept of SEWB and (b) mainstream notions of stepped care, trauma-informed care and recovery-oriented practice
	MH&SEWB Fr	Outcome 1.2. p.18	• Develop culturally appropriate MH&SEWB assessment tools and clinical pathways, particularly for children and young people
		Outcome 4.1, p.27	• Develop, implement and review good practice models for service delivery with structured clinical decision-making tools to support consistent standards for diagnosis, treatment and rehabilitation. This should include the use of standardised outcome measures and auditing tools to assess the quality and outcomes from therapy as well as the provision for adequate supervision and support to all therapists and care management workers. • Explore culturally appropriate low intensity treatment pathways that can be delivered by Aboriginal Community Controlled Health Services. Complement these treatment options through culturally appropriate self-help options delivered through the digital mental health gateway.
		Outcome 5.1, p.30	• Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.

REGIONAL FOCUS

PROMOTION (see also the section on suicide prevention, below)

Build on culture and community strengths	MH&SEWB Fr	Outcome 2.1, p.32	• Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB. • Community governance through community controlled services to deliver health programs and services. • Strengthen community cohesion, and restore and heal connections to culture and country including through reclamation and revitalization
		Outcome 2.4, p.35	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Strengthening pride in identity and culture.
	Cultural RF	Domain 2, p.13	• Positive health messages and programs that respond to the diversity, strengths and knowledge of Aboriginal and Torres Strait Islander social, cultural, linguistic, gender, religious and spiritual backgrounds
	IAS	Culture and Capability Programme	• The Culture and Capability Programme aims to increase levels of understanding and respect for Indigenous Australians and their cultures…
Build on family strengths	MH&SEWB Fr	Outcome 2.2, p.33	• Aboriginal and Torres Strait Islander families are strong and supported • Increase family-centric and culturally-safe services for families and communities. • Support the role of men and Elders in family life and the raising of children in a culturally-informed way. • Support single parent families and extended family and kin support networks • Support family re-unification for members of the Stolen Generations, prisoners, children removed from their families into out-of-home care, and young people in juvenile detention.
		Outcome 3.1.4, p.36	• Support programs for members of the Stolen Generations and their families.
	IAS	Children and Schooling Programme	• The objective of the Children and Schooling Programme is to deliver activities to Indigenous children, youth and adults that: Support families to give children a good start in life through improved early childhood development, care, education and school readiness.
	Royal Commission CSA	Rec 12.20, p.40	• Each state and territory government, in consultation with appropriate Aboriginal and Torres Strait Islander organisations and community representatives, should develop and implement plans to: (d) invest in community capacity building as a recognised part of kinship care, in addition to supporting individual carers, in recognition of the role of Aboriginal and Torres Strait Islander communities in bringing up children.
Supporting the MH&SEWB of children and young people inc. vulnerable young people	MH&SEWB Fr	Outcome 2.4, p.35	• Aboriginal and Torres Strait Islander children and young people get the services and support they need to thrive and grow into mentally healthy adults • Ensure access to culturally appropriate quality pre-school care and education for children aged 3 and 4 and promote school attendance. • Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: ○ Strengthening pride in identity and culture. ○ Addressing the impact of racism and building resilience to racism. • Develop strategic responses to support the SEWB of children in out-of-home care and establish appropriate connections between child protection services and a range of family and child-support services. • Support the MH&SEWB of vulnerable children including those with disabilities and those in carer roles.

		Outcome 2.3, p34	• Infants get the best possible developmental start to life and mental health including the strengthening of universal maternal and child health services. • Facilitate the measurement of developmental milestones of infants. • Facilitate health checks through infancy and childhood, particularly for conditions associated with emotional and behavioural problems such as hearing loss resulting from chronic otitis media. • Support the mental health and social and emotional wellbeing of children with cognitive and developmental impairments and disabilities. • Continue implementing the National Early Childhood Development Strategy,
	NATSIHP/IP	Part 3, p.30	Childhood Health and Development • 4A. Young people have a voice in the development and implementation of programmes and policies that are affecting them. • 4B. Young people are supported to be resilient and make informed and healthy choices about living, including being proud of identity and culture. • 4D. Young people have good education and good employment prospects.
		• Part 4, - Adolescent and Youth Health	
	IAS	Children and Schooling Programme	• The desired outcomes of the Children and Schooling Programme include, but are not limited to: ○ Increasing access and participation of Indigenous children in early childhood care and education. ○ Increasing school attendance and improving educational outcomes, including literacy and numeracy. ○ Increasing Year 12 or equivalent attainment, including vocational training and education.

PRIMORDIAL PREVENTION (see also the section on suicide prevention, below)

Community challenges/ social determinants	MH&SEWB Fr	Outcome 2.1, p.32	• Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB • Empower communities to identify and address challenges. • Encourage practical outcomes, such as employment of community members, school attendance and educational attainment.
	IAS	• Safety and Wellbeing Programme • Jobs, Land and Economy Programme • Remote Australia Strategies Programme	
	Cultural RF	Domain 5, p.16	• Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health
AOD	MH&SEWB Fr	Outcome 2.1	• Support communities that wish to restrict alcohol supply and use among their members. • Encourage alcohol reduction strategies, including mainstream policy analysis of potential pricing levers and taxation options.
		Outcome 2.4, p.35	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Culturally and age appropriate alcohol and drug use prevention and/or reduction.
	Drug Strategy	Priority Area 2	• Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.
		Outcome 2.1, p.6	• Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.
	NATSIHP/IP	Strategy 4C, p.30	• Young people are able to access culturally appropriate and non-racist services that address health risk behaviours.
Justice	MH&SEWB Fr	Outcome 2.4, p.35	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Reducing young people's contact with the criminal justice system.
	Drug Strategy	Priority Area 3, p.5	• Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.
		Outcome 3.5, p.6	• Current and emerging issues associated with AOD use and the criminal justice system are effectively addressed.
	NT RC	Rec 15.1, p.33	• (2) On the admission of a child or young person to a detention centre:.. (b) mental health screening be adopted, and if mental health issues are identified in that process or in the pre-sentence report or medical and health assessment, a mental health plan be developed and ongoing counselling for each detainee including continuing treatment after release be made available • (3) The comprehensive medical and health assessment required to be carried out, should include; (a). an assessment of both physical and mental health, and (b). a behavioural questionnaire to determine whether a formal assessment for Fetal Alcohol Spectrum Disorder should be conducted, and if so determined and if the detainee has not previously been the subject of a formal assessment, that assessment to be conducted. • (4) The Northern Territory Government: (a) ensure that culturally competent and age-appropriate health professionals deliver services to children and young people in detention (b) in consultation with Aboriginal Community Controlled Organisations, revise health manuals and tools to ensure they are culturally appropriate.
		Rec 24.1	• An integrated, evidence-based throughcare service be established for children and young people in detention to deliver: adequate planning for release including, as appropriate, safe and stable accommodation, access to physical and MH support, access to substance abuse programs, assistance with education and/or employment
	Royal Commission CSA	Rec 15.5, p.46	• Responding to children's different needs: State and territory governments should consider further strategies that provide for the cultural safety of Aboriginal and Torres Strait Islander children in youth detention including: a. recruiting and developing Aboriginal and Torres Strait Islander staff to work at all levels of the youth justice system, including in key roles in complaint handling systems

			b. providing access to interpreters, particularly with respect to induction and education programs, and accessing internal and external complaint handling systems c. ensuring that all youth detention facilities have culturally appropriate policies and procedures that facilitate connection with family, community and culture, and reflect an understanding of, and respect for, cultural practices in different clan groups d. employing, training and professionally developing culturally competent staff who understand the particular needs and experiences of Aboriginal and Torres Strait Islander children, including the specific barriers that Aboriginal and Torres Strait Islander children face in disclosing sexual abuse.
Parenting programs	MH&SEWB Fr	Outcome 2.2, p.33	• Aboriginal and Torres Strait Islander families are strong and supported • Support families by providing access to parenting programs and services in relation to early childhood development, family support, health and wellbeing, alcohol and other drugs.
		Outcome 2.3 p.34	• Facilitate attachment and security in childhood by increasing access to appropriate parenting programs.
	NATSIHP/IP	Strategy 2C, p22/24.	• Extended family arrangements in Aboriginal and Torres Strait Islander communities are acknowledged and access broadened to parenting, childcare and early learning environment programmes and services • Mothers, fathers and carers have access to positive parenting information and support services • Aboriginal health partnership forums with states and territories will consider the incorporation of parenting programmes in their respective action plans.
		Part 2, p.21	• See Part 2 in general – Maternal Health and Parenting
Maternal health	M&SEWB Fr	Outcome 2.3	• Support pregnant women, particularly those with substance abuse disorders, to help stop smoking and alcohol consumption to prevent FASD and increase the birth weight of infants. • Broaden antenatal care to include support for perinatal depression screening and intervention strategies to reduce maternal stress.
	NATSIHP/ IP	Strategy 2A, pp.21-22	• Aboriginal and Torres Strait Islander mothers have access to culturally appropriate health promotion programmes before and during pregnancy. • New mothers and fathers have access to preconception and antenatal health promotion programmes (e.g. targeting smoking and the use of alcohol and other drugs in pregnancy).
		Strategy 2B, p.24	• Aboriginal and Torres Strait Islander mothers and fathers have access to affordable, culturally appropriate and high-quality antenatal and postnatal services. • Mothers, fathers and carers have access to antenatal and postnatal services that address wellbeing, perinatal depression, maternal stress, smoking, alcohol and other drugs, and nutrition (consistent with the National Antenatal Care Guidelines), and provide support for breastfeeding, routine screening and antenatal care. • Support integrated services models through early childhood community hubs.
		See Part 2 in general – Maternal Health and Parenting	
Child sexual abuse	Royal Commission CSA	Rec 6.1, p.4	The Australian Government should establish a mechanism to oversee the development and implementation of a national strategy to prevent child sexual abuse…
		Rec 6.3, p.5	The design and implementation of these initiatives should consider: tailoring and targeting initiatives to reach, engage and provide access to all communities, including children, Aboriginal and Torres Strait Islander communities, … and regional and remote communities

PRIMARY PREVENTION AND EARLY DETECTION			
Frontline general	National MH Strategy	Objective 4.1.2, p.14	• Facilitate access to Aboriginal and Torres Strait Islander MH first-aid training for the front-line workforce of agencies working in rural, regional and remote areas.
	MH&SEWB Fr	Outcome 3.3, p.38	• MH and related problems are detected at early stages and their progression prevented • Increase MH literacy and trauma sensitivity in front-line services, particularly those that work with Aboriginal and Torres Strait Islander children and young people.
Schools	MH&SEWB Fr	Outcome 2.4, p.35	• Adapt training resources and inclusion strategies for Aboriginal and Torres Strait Islander students and families in mainstream programs such as KidsMatter and MindMatters. • Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: ○ Culturally and age appropriate AOD use prevention and/or reduction. ○ Culturally and age appropriate SP. ○ Help seeking behaviour and de-stigmatisation of MH problems. ○ Strengthening pride in identity and culture. ○ Reducing bullying and its mental health impacts. ○ Reducing young people's contact with the criminal justice system. ○ Addressing the impact of racism and building resilience to racism.
Children OOHC	NT RC	Rec 35.1, p.55	• Further research be undertaken in the Northern Territory to understand the characteristics and needs of children and young people who have been in both out of home care and detention, to identify the size and characteristics of the crossover issue, to measure the prevalence of trauma-related mental health issues within this group, and to identify the type of need and service requirements for this group.
	Royal Commission CSA	Rec 12.20, p.40	• Each state and territory government, in consultation with appropriate Aboriginal and Torres Strait Islander organisations and community representatives, should develop and implement plans to: (a) fully implement the Aboriginal and Torres Strait Islander Child Placement Principle (b) improve community and child protection sector understanding of the intent and scope of the principle (c) develop outcome measures that allow quantification and reporting on the extent of the full application of the principle, and evaluation of its impact on child safety and the reunification of Aboriginal and Torres Strait Islander children with their families

			(d) invest in community capacity building as a recognised part of kinship care, in addition to supporting individual carers, in recognition of the role of Aboriginal and Torres Strait Islander communities in bringing up children.
Police	NT RC	Rec 25.1(5), p.40	• All Northern Territory Police receive training in youth justice which contains components about childhood and adolescent brain development, the impact of cognitive and intellectual disabilities including FASD and the effects of trauma, including intergenerational trauma.
Youth justice officers	NT RC	Rec 20.1, p.36	• The selection criteria for a youth justice officer be amended to include demonstrated experience working with vulnerable young people including an understanding of child and adolescent development, issues with drug use, poverty, cultural identity, MH and disability.
		20.3, p.37	• Youth justice officers participate in induction training before commencing work in youth detention centres which includes at least the following: … ○ trauma informed practice ○ cultural awareness ○ drug and alcohol awareness ○ MH issues
	Royal Commission CSA	Rec 15.5, p.46	Responding to children's different needs • State and territory governments should consider further strategies that provide for the cultural safety of Aboriginal and Torres Strait Islander children in youth detention including: • a. recruiting and developing Aboriginal and Torres Strait Islander staff to work at all levels of the youth justice system, including in key roles in complaint handling systems • c. ensuring that all youth detention facilities have culturally appropriate policies and procedures that facilitate connection with family, community and culture, and reflect an understanding of, and respect for, cultural practices in different clan groups • d. employing, training and professionally developing culturally competent staff who understand the particular needs and experiences of Aboriginal and Torres Strait Islander children, including the specific barriers that Aboriginal and Torres Strait Islander children face in disclosing sexual abuse.
Mental health literacy/ stigma	5NMHSPP/IP	Action 18, p.40	• Action to reduce MH problem stigma and discrimination… This will: account for the specific experience of Aboriginal and Torres Strait Islander people
	M&SEWB Fr	Outcome 3.3, p.38	• Ensure communities and families have a better understanding of the importance and role of MH services and the impact of mental illness including by encouraging natural helpers and help-seeking behaviour. • Work in partnership with ACCHSs to develop a culturally appropriate targeted communications strategy, including mental health promotion materials, for adaptation by communities to raise mental health literacy and de-stigmatise mental health conditions.
	NATSIHP/IP	Strategy 1C, p.13	• Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability • Increasing focus on prevention and early intervention strategies, improved patient journeys and continuity of services has reduced risk of chronic conditions, mental illness and injury occurring and ensured clinically competent, quality and accessible care has been provided. • Prevention and early intervention programmes (including programmes that focus on chronic diseases, e.g. including diabetes, cancer, heart health oral, ear and eye health; mental health conditions and illness suicide prevention tobacco and alcohol and drug use) have been developed, supported and implemented.
		Strategy 1D, p.17	• Support for Aboriginal and Torres Strait Islander peoples to engage with health prevention programmes has been provided --- • Existing local, regional, state and territory activity has been reviewed to assess health literacy and a coordinated strategy to address health literacy implemented.

ROLE OF MAINSTREAM IN PROMOTION AND PREVENTION

Role of mainstream AOD	National Drug Strategy	Outcome 1.2, p.5	• Mainstream AOD services are supported to deliver programs to address harmful AOD use in Aboriginal and Torres Strait Islander communities, families and individuals.
Role of mainstream MH services	National Standards - MH Services *Implementation Guidelines for Public Mental Health Services and Private Hospitals*	Development of activities (Criterion 5.1)	• p.22. It is important to understand the needs of our culturally and socially diverse population. Any mental health promotion and prevention initiatives need to be designed for culturally and socially diverse population groups; Strategies for Aboriginal and Torres Strait Islander populations should be informed by the National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003–2013) [now NATSIHP?] and based on established partnerships with Aboriginal and Torres Strait Islander stakeholders.
		Appropriate activities (Criterion 5.2)	• p.23. The MHS should consider the following steps when addressing this standard: ○ establish and maintain partnerships with carers, consumers and relevant stakeholders, to share and combine resources ○ establish and maintain mechanisms for consumer and carers to participate in the development, implementation and evaluation of promotion and prevention activities ○ develop a plan that includes goals, objectives, actions and evaluation strategies. • Within Aboriginal and Torres Strait Islander populations and settings, relevant community, consumer and organisation stakeholders must be included in the developing implementation plans. These must be responsive to Aboriginal and Torres Strait Islander diversity and reflect a local, strengths-based approach, with culturally adapted training for early identification and resources and support for primary care and first contact providers.
		Collaborative partnerships (Criterion 5.3)	• p.23. Collaborative partnerships should be developed with a range of internal and external stakeholders • These partnerships mean resources can be shared to promote and prevent mental health issues • p.24. Each service must demonstrate partnerships which foster promotion and prevention activities and show collaboration at all stages of development and implementation. Examples of sectors and settings include: … Aboriginal and Torres Strait Islander groups • p.25. Strategies to promote awareness of the relationship between mental and physical health should be culturally appropriate
		Accountability (Criterion 5.5)	• p.26. The MHS should ensure that the positions identified to progress mental health promotion and prevention in Aboriginal and Torres Strait Islander settings are given sufficient information about, and links to, Aboriginal and Torres Strait Islander populations.

		Workforce (Criterion 5.6)	• p26. Workforce development on mental health promotion and prevention includes … attention to needs of Indigenous people, families and communities, and mechanisms for consultation with Indigenous stakeholders.

SERVICE DELIVERY

INTEGRATION OF SERVICES

Integrated services	5NMHSPP	Priority Area 5, p.36	• Improving physical health of people with MH (with actions) and reducing early mortality
	MH&SEWB Fr	Outcome 4.1. p.39	• Integrate clinical and non-clinical services who work with children and young people including child and adolescent mental health services and headspace to better support their needs and reduce suicide.
		Outcome 4.1, p.39	• Integrate MH and other related areas services delivered by ACCHS and other health providers, including cultural healers.
		Outcome 4.3, p.29	• Coordinate and integrate mental health, social and emotional wellbeing, substance misuse, suicide prevention and social health services and programs to ensure clients experience seamless transitions between them.
	Drug Strategy	Outcome 1.4, p.6	• Cross-sectoral effort is supported and enhanced to ensure an integrated approach.
	Nat Standards - MH Services	Standard 9, p.20	• The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.
		Criterion 9.5, p.33	*Implementation guidelines for private office based mental health practices* - The MHS works in collaboration with other related service providers. Examples of linkage and partnership agreements include: Aboriginal and Torres Strait Islander groups
	NATSISPS (SP)	Outcome 3.2, p.35	• Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres • (i) Develop and disseminate models for services that combine specific targeted and indicated services in centres providing integrated wellbeing services • (ii) Strengthen the focus on early intervention and suicide prevention within integrated services • (iii) Build inter-sectoral and professional links to support integrated services
		Outcome 4.3, p.38	• There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients • (i) Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families • (ii) Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management • (iii)Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families
	Royal Commission CSA	Rec 9.7, p.31	• PHNs, within their role to commission joined up local primary care services, should support sexual assault services to work collaboratively with key services such as disability-specific services, Aboriginal and Torres Strait Islander services, CALD services, youth justice, aged care and child and youth services to better meet the needs of victims and survivors.
Referral pathways	5NMHSPP	Action 10, p.33	• Referral pathways between GPs, ACCHS, SEWB services, AOD services, and MH/ physical health services
		Action 11, ATSIMHSPS TOR 3	• identify innovative strategies, such as the use of care navigators and single care plans, to improve service integration, support continuity of care across health service settings and connect Aboriginal and Torres Strait Islander with community-based social support (non-health) services
	MH&SEWB Fr	Outcome 1.3, p.31	• Join up assessment processes and referral pathways …
		Outcome 4.3, p.41	• Effective client transitions across the MH system • Coordinate and integrate mental health, social and emotional wellbeing, substance misuse, suicide prevention and social health services and programs to ensure clients experience seamless transitions between them • PHNs work in partnership with ACCHSs on a regional or other geographical basis to: identify and map relevant services and agencies; and develop, promote and regularly review culturally and clinically appropriate pathways between them – in particular, for the treatment of trauma and emotional and behavioural difficulties in children.
	NATSIHP /IP	Strategy 1D, p.16	• Improved regional planning and coordination of health care services across sectors and providers • Formal mechanisms (e.g. partnerships) for cooperation between governments, ACCHOs, PHNs, private sector and other service providers to improve patient journeys • Existing accreditation arrangements to promote improved patient journeys for Aboriginal and Torres Strait Islander in secondary and tertiary care have been implemented, monitored and reviewed.
Co-located Services	5NMHSPP	Action 11, ATSIMHSPS TOR 2	• Provide advice on models for co-located or flexible service arrangements that promote SEWB inc. factors, including a person's connection to country, spirituality, ancestry, kinship and community
	MH&SEWB Fr	Outcome 1.3, p.31	• Improve service equity for rural and remote communities and for under-serviced populations, including through place-based models of care
		Outcome 5.2, p.43	• Support people with mental illness, their families and carers to live in communities including through community mental health support programs.
Telehealth	NATSIHP/ IP	Strategy 1E, p.17	• Standards for the use of tele-health strategies have been developed.
MyHealth e-records	5NMHSPP	Action 11, ATSIMHSPS TOR 8	• Provide advice on culturally appropriate digital service delivery and strategies to assist Aboriginal and Torres Strait Islander peoples to register for My Health Record and to understand the benefits of shared data.
		Action 10, p.33	• Sharing patient information to support integration.
	MH&SEWB Fr	Outcome 1.3, p.19	• Facilitate continuity of care and information sharing between services through the use of the My Health Record.
		Outcome 4.3, p.41	• Effective client transitions across the mental health system (Strategy)

			• Facilitate robust systems of communication between mental health services and programs, including moving towards shared use of digital records, utilising the My Health Record as appropriate.
	NATSIHP/ IP	Strategy 1E, p.17	• Health sector staff have ongoing access to electronic information and referral sources.
	E-mental Health strategy	p.17	• The E-Mental Health Support Service will play a key role in the development and expansion of the e-mental health sector. It will have a range of responsibilities, including but not limited to: clinician support, including promotion of e-mental health services to health professionals, and workforce training including support for Indigenous mental health workers
	Nat Standards -MH Services	Criteria 4.4, p.19	• *Implementation guidelines– **Public mental health services and private hospitals*** -The consumers' health record should include details of the use of liaison staff or other related service providers.

ROLE OF ACCHS/ 'SPECIALISED AREAS OF PRACTICE'

ACCHS preferred providers	MH&SEWB Fr	Outcome 1.3, p.31	• Give preference to funding ACCHSs to deliver mental health, suicide prevention and other primary health programs and services where feasible.
	Drug Strategy	Priority Area 1, p.5	• Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

MH&SEWB Teams in ACCHS/ expanded primary MH care role	NATSIHP/ IP	Strategy 1A, p.10	• ACCHOs are supported to provide high-quality, comprehensive and accountable services that are locally responsive to identified Aboriginal and Torres Strait Islander health needs.
			• Health needs (including mental health and related needs), workforce capability and capacity of services to address them, have been systematically assessed:
			  ○ Methodology to map health needs, workforce capability and service capacity has been developed. Focus will be targeted to areas with poor health outcomes and inadequate services. Systematic assessment of health outcomes/needs, workforce capability and service capacity undertaken to inform the development of the core services model, future workforce requirements and investment and capacity building priorities.
			  ○ National Continuous Quality Improvement Framework for Aboriginal and Torres Strait Islander Primary Health Care has been implemented to support the health sector to use clinical data for health planning to improve health practice and service delivery.
			• Funding methodologies that respond to identified health and service capability needs, and foster local autonomy and partnerships, have been developed, implemented and reviewed.
			• Core services framework for comprehensive primary health care and access to specialist medical care has been defined and considered by the Minister as a matter of priority. This model will be influenced by, and will directly influence, the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework.

		Strategy 1C, p.14	• Health assessments, including mental health, are maximised across the life cycle to promote early detection, management and clinical care.
	5NMHSPP/ IP	Action 11, ATSIMHSPS TOR 6	• Provide advice on workforce development initiatives that can grow and support an Aboriginal and Torres Strait Islander MH workforce, incorporate Aboriginal and Torres Strait Islander Health workforce staff into multidisciplinary teams….
	MH&SEWB Fr	Outcome 1.1, p.28	• Give priority support to the further development of social and emotional wellbeing teams within ACCHSs [see also Appendix 3].
		Outcome 2.2, p.33	• Increase family-centric and culturally-safe services for families and communities.
		Outcome 3.3, p.38	• Support ACCHSs, GPs and frontline services to detect people at risk of MH problems and make appropriate referrals. • Develop a suite of culturally adapted, validated MH&SEWB screening tools for use across the life course by ACCHS and GPs
		Outcome 4.1, p.39	• Integrate MH and other related areas services delivered by ACCHS and other health providers, including cultural healers. • Explore culturally appropriate low intensity treatment pathways that can be delivered by ACCHS. Complement these treatment options through culturally appropriate self-help options delivered through the digital mental health gateway.
		Outcome 4.2	• Establish SEWB teams in Aboriginal and Torres Strait Islander primary health care services (including ACCHS) linked to Aboriginal and Torres Strait Islander specialist MH services
	IAS	Culture and Capability Programme p45	• Capable Indigenous organisations with strong leadership that are connected to their communities can facilitate delivery of high quality services and community development initiatives to Indigenous Australians.
	NATSISPS (SP)	Outcome 3.2 p33	• Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres
Traditional healers/ specialised areas of practice	MH&SEWB Fr	Outcome 1.1, p.29	• Recognise traditional healers, Elders and other cultural healers as an essential part of the overall SEWB and MH areas workforce.

		Outcome 3.1, p.36	• Access to traditional and contemporary healing practices
			  ○ Develop culturally appropriate treatment pathways within a SEWB framework.
			  ○ Support access to traditional and contemporary healing practices and healers.
			  ○ Support traditional and contemporary healing practices like that of the Ngangkari, cultural healers and Elders alongside other mental health and related services.

		Outcome 4.1, p.39	• Integrate MH and other related areas services delivered by ACCHS and other health providers, including cultural healers.
		Outcome 5.1	• Ensure access [of people with severe mental illness] to culturally and clinically appropriate treatments, including with Elders, traditional healers, cultural healers and interpreters. • Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.
	5NMHSPP	Action 12.2 p34	• increasing knowledge of SEWB concepts, improving the cultural competence… of mainstream providers and improve access to cultural healers
	GDD	Theme 1, p.4	• Aboriginal and Torres Strait Islander concepts of SEWB, MH and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice, • Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must have access to cultural healers and healing methods.
	Drug Strategy	Outcome 3.2, p.6	• Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.

	NATSIHP/IP	Strategy 6D, p.40	• Local Elders and senior community members champion culturally appropriate health and wellbeing choices • Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes. • Workforce strategy gives consideration to how the health sector can work collaboratively with traditional healers and utilise the Community Development Programme workforce.
	Cultural RF	Domain 3, p.14	• Cultural knowledge, expertise and skills of Aboriginal and Torres Strait Islander health professionals are reflected in health service models and practice • Organisation identifies and remunerates cultural professionals (cultural brokers, traditional healers, etc.) to assist in understanding health beliefs and practices of Aboriginal and Torres Strait Islander people
	Nat Standards - MH Workforce	Standard 3 - Meeting diverse needs, p.14	• The mental health practitioner: (11) Liaises and works collaboratively with culturally and linguistically appropriate care partners such as religious ministers, spiritual leaders, traditional healers, local community-based organisations, Aboriginal and Torres Strait Islander health and MH workers, health consumer advocates, interpreters, bilingual counsellors and other resources where appropriate
Healing CSA	Royal Commission CSA	Rec 9.2, p.30	• The Australian Government and state and territory governments should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.
Healing Foundation	MH&SEWB Fr	Outcome 2.1, p.33	• Continue support for the National Aboriginal and Torres Strait Islander Healing Foundation (Example action).

LOW INTENSITY SERVICES

GPs	MH&SEWB Fr	Outcome 3.3, p.38	• Support ACCHSs, GPs and frontline services to detect people at risk of MH problems and make appropriate referrals. • Develop a suite of culturally adapted, validated MH&SEWB screening tools for use across the life course by ACCHS and GPs
		Outcome 4.1, p39	• Support GPs in undertaking assessments to ensure Aboriginal and Torres Strait Islander people are appropriately referred to services using MH Treatment Plans. • Ensure access to GP-prescribed MH medications.
Focused psych strategies	PHN Guidelines	Psychological therapies provided by MH practitioners to underserviced groups, p.1	• In 2016-17 PHNs are expected to: ○ undertake comprehensive regional mental health planning and identify psychological therapy service gaps; ○ ensure service continuity for existing clients (where clinically appropriate to needs) in the first year, noting that this may involve continuation of existing arrangements (e.g. Access to Allied Psychological Services; ATAPS) to minimise disruptions to services in the first year; ○ collect data on provision of psychological therapy services for underserviced groups; ○ promote awareness within commissioning arrangements of targeted recipients, referral pathways and service parameters; ○ consider ways to achieve more cost efficient and targeted service delivery, including where appropriate referral of individuals to low intensity services; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change. • Longer term PHNs will be expected to: ○ commission psychological therapy services for people in underserviced groups to address identified gaps and review access by these groups; ○ ensure most efficient use of resources and high level of service quality; ○ develop and implement efficient and timely service pathways; ○ integrate commissioned services with other intervention levels within a stepped care approach; ○ support general practitioners (GPs) in their critical role in ensuring people to be referred to the right care at the right time; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.
	MH&SEWB Framework	Outcome 4.2 (4)	• Expand access to Focused Psychological Strategies and MH professionals through the pooled mental health funding available to PHNs, and through supporting access to MBS-subsidised services.
Low intensity services	PHN Guidelines	Low intensity services, p.1	• In 2016-17 PHNs are expected to: ○ define target population groups for low intensity mental health services in their regional mental health and suicide prevention planning; ○ commence the development of appropriate low intensity mental health service models for their region; and ○ commence educating consumers and providers on low intensity services, including targeted recipients, referral pathways and service parameters. • Longer term PHNs will be expected to: ○ commission low intensity mental health services to improve the targeting of psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery; and ○ help to promote the Digital Mental Health Gateway.
	MH&SEWB Fr	Outcome 4.1, p.39	• Explore culturally appropriate low intensity treatment pathways that can be delivered by ACCHSs. Complement these treatment options through culturally appropriate self-help options delivered through the digital mental health gateway.
Digital MH and helplines	5NMHSPP	Action 2.6, p.21	• Digital mental health
		Action 32, p.47	• National Digital Mental Health Framework
	MH&SEWB FR	Outcome 4.1, p.39	• Explore culturally appropriate low intensity treatment pathways that can be delivered by ACCHS. Complement these treatment options through culturally appropriate self-help options delivered through the digital mental health gateway.
	Cultural RF	Domain 2, p.13	• Technology (e.g. audio-visual and social media) and electronic health tools utilised to deliver health information at the time, in the place, and in multiple formats and languages to

			meet consumer needs

MAINSTREAM MH SERVICES			
Countering systemic racism	NATSIHP/IP	• Vision	
		Strategy 1B, p.12	• Systemic racism and discrimination is better understood, addressed and prevented • Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander people in a health system that is free of racism and inequality • System levers and accountability mechanisms established for addressing racism and discrimination have been developed and their implementation promoted.
	Cultural RF	Domain 1, p.12	• Organisation and its leadership recognise and acknowledge that racism and discrimination are key social determinants of health for Aboriginal and Torres Strait Islander people • Policies and processes for identifying and reporting racism and discrimination in health services are in place and promoted to consumers and health staff • Structures and mechanisms support prompt action by organisations when racism and discrimination is reported, and regular feedback on organisations' strategies to address racism and discrimination is provided to consumers and health staff
	GDD	Theme 1, p.4	• Across their lifespan, Aboriginal and Torres Strait Islander people should have access to affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination
Governance inclusive of Aboriginal and Torres Strait Islander people	National Standards – MH Services	Criterion 4.2	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p.18 - The MHS should have documented evidence to show: how the service's relevant committees and working groups consult with and represent Aboriginal and Torres Strait Islander communities • *Implementation guidelines for Non-government Community Services*, p.34 - Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: board membership and staffing reflecting community diversity
Physical safety	National Standards – MH Services	Standard 2, p.9	• The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community
Mainstream services respond to community needs	NSQHS Standards	Action 1.2, p.6	• The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
		Action 1..4, p.6	• The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

	National Standards – MH Services	Criterion 4.2	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p.18
			  • The MHS should have documented evidence to show:
			  ○ the provision of training to all staff, including management, on the diversity of needs within its catchment and on culturally competent service delivery
			  ○ how the service's relevant committees and working groups consult with and represent Aboriginal and Torres Strait Islander communities
			  ○ how and when the MHS engages interpreters.
			  • Policies, procedures and work practices that recognise, and are responsive to, the needs of the MHS community include… identifying the social and cultural customs and values of Aboriginal and Torres Strait Islander people in the community
			• *Implementation Guidelines for Non-government Community Services,* p.34
			  • Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include:
			  ○ respect for and responsiveness to diversity in service delivery principles and values statements
			  ○ documenting that staff have been trained in cross cultural awareness
			  ○ documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf
			  ○ board membership and staffing reflecting community diversity
			  ○ specialist positions in the organisation, for example culturally and linguistically diverse and Aboriginal and Torres Strait Islander liaison staff
			• *Implementation Guidelines for Private Office-based Mental Health Practices,* p.15
			  • The MHS should have documented evidence to show:
			  ○ how consultation and representation of Aboriginal and Torres Strait Islander communities are sought within the service's relevant committees and working groups
			  ○ how and when the MHS engages interpreters.
			  • Policies, procedures and work practices that recognise and are responsive to the needs of the MHS community include: the social and cultural customs and values of Aboriginal and Torres Strait Islander people identified within its community

Consumer focused services	National Standards – MH Services	Standard 6, p,14	• Consumers have the right to comprehensive and integrated MH care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
		Criterion 6.7, p.14	• *Implementation Guidelines for Private Office-based Mental Health Practices* p.23 - Each consumer participates fully in the development of the individual treatment, care and recovery plan… For Aboriginal and Torres Strait Islander people involvement of community and family may be essential in the development of such plans.
Accessible	National Standards – MH Services	Criterion 10.2.1, p.22	• The MHS is accessible to the individual and meets the needs of its community in a timely manner.
		Criterion 10.2.1	• *Implementation Guidelines for Non-government Community Services,* Service providers should pay particular attention to the diversity of its individuals: [inc.] Aboriginal and Torres Strait Islander people

Cultural safety and competence as clinical governance standards	NSQHS Standards	Action 1.33 p.12	• The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people
	NSQHS Standards – Aboriginal and Torres Strait islander User Guide	Key Task (KT) 1.2, p.3	• The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
		KT 1.4, p.3	• The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
		KT 1.21, p.3	• The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
		KT 1.33, p.3	• The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people
Cultural safety in service delivery	5NMHSPP/ IP	Action 11, ATSIMHSPS TOR 7	• Provide advice on models of service delivery that embed cultural capability into all aspects of clinical care and implement the Cultural Respect Framework in MH services
		Strategy 10, p.14	• Operationalising the Cultural Respect Framework…
	MH&SEWB Fr	• Cultural safety is a major focus	
	NATSIHP/ IP	Strategy 1B, p.12	• Indicators for measuring cultural safety, such as discharge from hospitals without medical advice, and elimination of the differentials in access to best practice clinical care for Aboriginal and Torres Strait Islander patients irrespective of geography and socioeconomic status will be considered in the preparation of the data development plan • Guidance on the provision of clinically competent and culturally safe services (including MH) has been provided and implemented.
	Cultural Respect Framework	Domain 1, p.12	• Organisational leadership actively models cultural safety and responsiveness by staff at all levels and across the organisation • Formal organisational commitment to improving cultural safety and responsiveness is visible in all aspects of core business, including vision and mission statements, organisational principles and values, and continuous improvement activities • Executive-level responsibility for implementing and monitoring cultural safety and responsiveness across health organisations and systems against health outcomes • Recognition for leaders of cultural safety and responsiveness, highlighting their activity and sharing of best- practice initiatives across the organisation • Recognise and celebrate historical events of significance and important annual events (e.g. Close the Gap, Mabo Day, etc.) as a normal part of business • Organisational policy to support culturally safe and responsive practice in health services and systems, including particular support for training and professional development towards cultural capabilities • Procurement policies bind assessment of providers, and provision of procured services, to cultural safety standards • Data collection capacity and mandated performance indicators to ensure cultural safety targets are being achieved and service delivery is improving • Resources and materials provided to inform all staff, as well as Aboriginal and Torres Strait Islander people, about the cultural safety and responsiveness efforts • Adequate funding investment and resourcing for Aboriginal and Torres Strait Islander cultural safety initiatives and related service improvements across all levels of the organisation
		Domain 2, p.13	• Organisational commitment recognising diversity of Aboriginal and Torres Strait Islander communities and consumers • All health professionals have the opportunity to participate in Aboriginal and Torres Strait Islander cultural events to foster greater understanding of social and cultural issues to inform holistic practice • Organisational resources committed to regularly informing the community about cultural safety and responsiveness progress and innovations Culturally safe and responsive environments are developed (e.g. specific literature, artworks, flags, posters and decor) and physical environment designed with consideration for Aboriginal and Torres Strait Islander consumers
		Domain 3, p.14	• Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills • Health professionals can identify the need for, and actively seek, advice, assistance and input from Aboriginal and Torres strait Islander staff who are available to inform culturally responsive service provision • Partnerships established with ACCHOs to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities
		Domain 6, p.17	• Organisations conduct initial and ongoing organisational assessments of cultural safety and responsiveness related activities, and are encouraged to integrate cultural and linguistic responsiveness related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes based evaluations
	National Standards MH workforce	Standard 3	• The social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice.
Cultural competence - language barriers	Cultural Respect Framework	Domain 2, p.13	• Mechanisms and processes to respond to, and support, the linguistic diversity of Aboriginal and Torres strait Islander consumers • Aboriginal and Torres Strait Islander culture and languages are considered in decision-making about health care needs—including the use of interpreter and support services—at all points of contact throughout the consumer journey, particularly when informed consent is required • Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages) • Communication pathways are established to share examples of best practice health literacy and improved communication throughout health services, settings and sectors • Working with local Aboriginal and Torres strait Islander people and organisations, as well as interpreter/ translation services, to support communication with Aboriginal and Torres strait Islander consumers to provide more effective and quality health care, while improving access and pathways of care between organisations and mainstream services

	MH&SEWB Fr	Outcome 3.3, p.38	• Support access to cultural liaison officers and language interpreters (See also 4.2.6/ 4.3.4)
	National Standards - MH Workforce	Standard 3, p.14	• The MH practitioner: 10. Communicates effectively with the person and, where relevant, with family members and/or carers through the assistance of Aboriginal and Torres strait Islander health and/or MH professionals, interpreter services and bilingual counsellors 11. Liaises and works collaboratively with culturally and linguistically appropriate care partners such as religious ministers, spiritual leaders, traditional healers, local community-based organisations, Aboriginal and Torres strait Islander health and MH workers, health consumer advocates, interpreters, bilingual counsellors and other resources where appropriate
		Standard 4	• The MH practitioner: Uses culturally sensitive language and preferred terminology in line with current policy directives
	National Standards – MH Services	Criterion 4.2	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.18 The MHS should have documented evidence to show: how and when the MHS engages interpreters. • Im*plementation Guidelines for Non-government Community Services*, p.34. Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf • *Implementation Guidelines for Private Office-based Mental Health Practices*. p.15 The MHS should have documented evidence to show: how and when the MHS engages interpreters.
		Criterion 4.4	• The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. • *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.19. The MHS needs to demonstrate that it has policies and procedures that allow access to professional services—such as interpreters, Aboriginal and Torres strait Islander health workers, (etc)… The MHS needs to show how and when it will engage interpreters or bilingual workers to facilitate culturally appropriate assessment, diagnosis and treatment. • *Implementation Guidelines for Private Office-based Mental Health Practices*. p. 16. The use of interpreters or bilingual workers needs to be coordinated in consultation with the consumer and carer to ensure it is culturally sensitive. • *Implementation guidelines for Non-government Community Services* p.35. Staff should know how to access specialist services such as interpreters (including Auslan interpreters), and … Aboriginal and Torres strait Islander health workers.
Hearing loss	National MH Service Standards	Criterion 4.4	• *Implementation guidelines for Non-government Community Services ,* p.35. Staff should know how to access specialist services such as interpreters (including Auslan interpreters), and … Aboriginal and Torres Strait Islander health workers.
		Criterion 4.2, p34	• Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf
Cultural competence - general	5MHSPP/IP	Action 12.2, p.34	• increasing knowledge of SEWB concepts, improving the cultural competence… of mainstream providers
	MH&SEWB Fr	Outcome 1.1, p.29	• Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander people with MH problems and mental illness.
		Outcome 4.2, p.40	• Culturally and clinically appropriate specialist mental health care is available according to need • Incorporate cultural competency in the professional standards and responsibilities of mental health professions within a SEWB framework.
	NATSIHP/IP	Strategy 1B, p.12	• Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality. • Guidance on the provision of clinically competent and culturally safe services (including MH) has been provided and implemented.
	Cultural RF	Domain 3, p.14	• Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills
		Domain 4 p15	• Design and delivery of organisational performance measurement and evaluation of services including organisational self-assessments of cultural competency activities involves Aboriginal and Torres strait Islander health consumers • Aboriginal and Torres strait Islander consumers are engaged in performance measurement and evaluation of health services through accessible, culturally responsive and safe processes

	National Standards - MH Workforce	Standard 4, p.14	• By working with Aboriginal and Torres Strait Islander peoples, families and communities, MH practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve SEWB.
			• The MH practitioner:
			  ○ Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present day grief, loss and trauma and its complexity
			  ○ Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history
			  ○ Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives
			  ○ Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks
			  ○ Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities
			  ○ Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community

	Nat Standards - MH services	Standard 4, p.12	• 4.1 - The MHS identifies the diverse groups … (inc.) Aboriginal and Torres Strait Islander people... that access the service. • 4.2 - The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff. • 4.3 - Planning and service implementation ensures differences and values of its community are recognised and incorporated as required. • 4.4 -The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. • 4.5 - Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
	Nat Standards - MH services	Criterion 4.3	Aboriginal and Torres Strait Islander.20. • The MHS needs to demonstrate that staff can access cultural competency training in MH, and provide statistics on the percentage of staff who annually attend this training. • The MHS, where available and appropriate, should integrate the use of… Aboriginal and Torres Strait Islander liaison staff into service delivery. • The MHS should appoint cultural guides appropriate to their communities and who are accessible to all staff members. • Evidence includes ○ evidence of partnerships with the Aboriginal and Torres Strait Islander community ○ service level agreements with other providers such as Aboriginal and Torres Strait Islander medical services, divisions of general practice or Royal Flying Doctor Service ○ development of measures for cultural competency of staff ○ external monitoring of non-discriminatory practice by carers and consumers and Aboriginal and Torres Strait Islander community groups. • *Implementation Guidelines for Private Office-based Mental Health Practices*. p17. The MHS needs to demonstrate that staff are able to access cultural competency training in MH and provide documentation showing the percentage of staff who annually attend this training. The MHS, when it is appropriate, should integrate the use of available culturally and linguistically diverse Aboriginal and Torres Strait Islander liaison staff into service delivery.
Proactively addresses racism etc	Nat Standards - MH services	Standard 4.6, p.12	• The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.
Trauma informed care	5NMHSPP	Action 12.4. p.34	Training all staff delivering MH services to Aboriginal and Torres strait Islander peoples, particularly those in forensic settings, in trauma-informed care…

SERVICE RESPONSE TO SEVERE MENTAL ILLNESS			
Rights	Nat Standards – MH Services	Standard 1, p.7	• The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the MHS and are documented, prominently displayed, applied and promoted throughout all phases of care.
	MH&SEWB Fr	Outcome 5.1, p.42	• That the human rights of Aboriginal and Torres Strait Islander people living with severe mental illness are respected • Aboriginal and Torres strait Islander people living with severe mental illness are entitled to protections as people with mental illness as provided by the 1991 United Nations' Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care; the 2006 United Nations Convention on the Rights of Persons with Disabilities; and equal protection under the 2012 Mental Health Statement of Rights and Responsibilities of Australia's National Mental Health Strategy.
	Mental Health Strategy	• See Mental Health Statement of Rights and Responsibilities	
Entry procedures	Nat Standards – MH Services	Criterion 10.3.1, p. 54	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.54 The entry process to the MHS meets the needs of its community and facilitates timeliness of entry and ongoing assessment... The MHS should have a documented entry policy and procedure which includes but is not limited to: ensuring the needs of Aboriginal and Torres Strait Islander persons… are addressed in the entry process & the use of interpreters
Treatment	MH&SEWB Fr	Outcome 5.1 p42 5.1	• Ensure access to culturally and clinically appropriate treatments, including with Elders, traditional healers, cultural healers and interpreters. • Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.
	Nat Standards - MH Services	Standard 10.5, p.26	• The MHS provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery
		Criterion 10.5.2, p.26	• Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery. • *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.61. Treatment options need to address Aboriginal and Torres Strait Islander persons… In rural and remote settings practitioners must ensure processes for frequent monitoring (through primary care or wellbeing services) to identify and respond to Aboriginal and Torres Strait Islander consumer needs. • *Implementation guidelines for Non-government Community Services*, p.79. Service options need to address Aboriginal and Torres Strait Islander persons, Evidence that this criterion is met could include: having specialist positions in the organisation, for example… Aboriginal and Torres Strait Islander liaison staff
Supported accomm.	Nat Standards – MH Services	Criterion 10.5.16	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.66. MH services operating in areas with significant Aboriginal and Torres Strait Islander populations should ensure that supported and transitional accommodation options appropriate to Indigenous consumers are available. This includes flexible options in regional centres close to specialist and tertiary services, which are connected with in-community options.

	MH&SEWB Fr	Outcome 5.1 p.42	• Ensure the SEWB of Aboriginal and Torres Strait Islander people with severe mental illness is supported, including within psychiatric hospitals and in supported accommodation facilities.
Continuity of care	Nat Standards – MH Services	Criterion 10.5.9	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p64. Because of the burden of social adversity and comorbidity in some Aboriginal and Torres Strait Islander communities, diverse agencies and organisations are involved in ongoing care. The MHS should ensure coordination and communication across the services and sectors.
Exit procedures	Nat Standards – MH Services	Criterion 2.11	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p.12. There should be a regular risk assessment of consumers... Consumers are at greatest risk in times of transition between settings or transfer of care… Joint risk assessments between the MHS, non-government organisations, local communities and primary health services or Aboriginal and Torres Strait Islander medical services are often appropriate when responsibility for care is being transferred or jointly managed.
		Criterion 10.6	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p.68. The intent of this criterion is to ensure that mental health services (MHS) have policy and procedures on how to assist consumers when they exit the service and that consumers are provided with sufficient information on how to re-enter the service if / and / or when required… The consumer's exit from, follow-up and re-entry to the service is the joint responsibility of the private mental health service, the private psychiatrist and the general practitioner... In rural and remote settings this responsibility demands involvement of the mental health service, the primary care service or Aboriginal and Torres Strait Islander community controlled organisation, and other relevant providers. This may include general practitioners.
Self managmt MH conditions	Nat Standards – MH Services	Criterion 10.5.13	• The MHS must ensure that access to appropriate programs is available and that this is in settings where consumers are not isolated. This is particularly relevant for rural and remote Aboriginal and Torres Strait Islander populations. This may require that carers are present or able to visit, or additional resources may be required for Aboriginal and Torres Strait Islander consumers to maintain community contact.
Recovery & rehab.	Recovery Fr	Capability 2B p.49	• Recovery-oriented practice and service delivery with Aboriginal and Torres Strait Islander people must recognise the resilience, strengths and creativity of Aboriginal and Torres Strait Islander people, understand Indigenous cultural perspectives, acknowledge collective experiences of racism and disempowerment, and understand the legacy of colonisation and policies that separated people from their families, culture, language and land. *More - see pp 49 & 33*
	MH&SEWB Fr	Outcome 5.2 p31	• Aboriginal and Torres Strait Islander people in recovery are able to access support services in an equitable way, according to need, within SEWB framework. Strategies: ○ Assist young people up with mental illness to meet their educational and/or vocational goals and maintain friendship networks. ○ Support adults in recovery to maintain employment and family responsibilities. ○ Support culturally appropriate rehabilitation for Aboriginal and Torres Strait Islander people with severe mental illness. ○ Ensure recovery is facilitated within a SEWB framework. ○ Support people with mental illness, their families and carers to live in communities including through community mental health support programs.
	Nat Standards - MH services	Standard 10, p.21	• The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.
		Criterion 10.1.3	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals,* p.47. It is important that practitioners working in Aboriginal and Torres Strait Islander settings know how to access appropriate information and identify consumers' strengths and abilities
		Criterion 10.1.4	• (As above) p.48. Autonomy should be understood in a social and cultural context, particularly for Indigenous consumers and carers. Services and practitioners should have access to training resources which explore autonomy in contexts appropriate to Aboriginal and Torres Strait Islander people and suggest ways to support this in local practice
		Criterion 10.1.5	• (As above) p.48. Examples of strategies that the MHS can use to promote the rights of individuals with mental illness to social inclusion and citizenship include: ensuring practitioners know about, and can engage with, relevant work, recreational and family-focused agencies and activities in Aboriginal and Torres Strait Islander settings, including both conventional and traditional activities and practices.
		Criterion 10.1.9	• (As above) p.50. The MHS should be aware of community services that may support consumers. These could include: Aboriginal and Torres Strait Islander services groups
Children & young people	MH&SEWB Fr	Outcome 1.3, p.31	• Children and young people with or at risk of mental illness (priority group).
		Outcome 4.1, p.39	• Integrate clinical and non-clinical services who work with children and young people including child and adolescent mental health services and headspace to better support their needs and reduce suicide.
		Outcome 5.2, p.43	• Assist young people up with mental illness to meet their educational and/or vocational goals and maintain friendship networks.
	PHN Guidelines	Child and Youth MH Services, p.1	• In 2016-17 PHNs are expected to: ○ maintain service delivery within headspace centres, in line with the existing headspace service delivery model; ○ improve the integration of headspace centres with broader primary mental health care services; physical health services; drug and alcohol services; and social and vocational support services; ○ commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental illness; ○ support service continuity for children and young people formerly provided under ATAPS and other mental health programs; ○ liaise with relevant local organisations in the context of future regional planning, including those delivering Family Mental Health Support Services (FMHSS), early childhood services, schools and tertiary and vocational providers; and ○ where relevant, support transition arrangements associated with services formerly funded under the Early Psychosis Youth Services program. • Longer term, PHNs will be expected to: ○ support the broader rollout of evidence-based early intervention services for children and young people with, or at risk of, severe mental illness; ○ promote resources for clinical and non-clinical professionals available under the new child mental health workforce initiative; ○ promote local partnerships between primary mental health care services and the education sector; and

			○ work with LHNs, CAMHS, AMHS, FMHSSs and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.
NDIS/ psychosocial disability	5NMHSPP	Action 6	• Psychosocial support through the NDIS/ those not qualify for NDIS
	NATSIHP / IP	Strategy 1C, p.14	• Aboriginal and Torres Strait Islander with a disability and their families and carers have access to community- based disability and respite care services. • Deliverables by 2018: Implementation of the NDIS
	MH&SEWB Fr	Outcome 1.3, p.31	• People with severe mental illness, including by the NDIS (priority group).
		Outcome 5.3, p.44	• Aboriginal and Torres Strait Islander living with psychosocial disability are able to access the NDIS and other support services in an equitable way, according to need, and within a SEWB framework • Ensure that the NDIS has Aboriginal and Torres Strait Islander people as a priority group and that providers are capable of working in a culturally competent manner and within a SEWB framework. Where appropriate services do not exist, support Aboriginal and Torres Strait Islander businesses to provide the services. • Determine how the SEWB of people with a psychosocial disability can be supported.
Carers	MH&SEWB Fr	Outcome 2.4, p.35	• Support the MH&SEWB of vulnerable children including those with disabilities and those in carer roles.
		Outcome 5.1, p.42	• Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.
		Outcome 5.2, p.43	• Support people with mental illness, their families and carers to live in communities including through community mental health support programs.
		Outcome 5.3, p.44	• Ensure that carer respite and other support programs have Aboriginal and Torres Strait Islander carers as a priority group and that they have reach into communities.
	National Standards – MH Services	Standard 7, p.16	• The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.
		Criterion 7.1	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.31 Identification of carers • *Implementation Guidelines for Private Office based Mental Health Practices*, pp.26-27. ○ Consideration of the role of the extended family and of the greater community must also be taken into account when working with Aboriginal and Torres Strait Islander people… ○ Culture and the social behaviours influence Aboriginal and Torres Strait Islander peoples' decisions about when and why they seek services. This includes acceptance or rejection of treatment and the likelihood of adherence to treatment and follow-up, the likely success of prevention and health promotion strategies, the consumer's assessment of the quality of care and their views about the health service and its staff. Help from Aboriginal health workers and cultural 'guides' is vital in establishing meaningful contact with families in rural and remote communities. ○ Among Aboriginal and Torres Strait Islander carers can include individual members of a family who may not necessarily be blood relatives and skin groups and can embrace entire communities. A different definition of 'carer' applies. Identification of carers can therefore be difficult and flexibility in recording carer information has to be applied.
		Criterion 7.2, p.16	• The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.
		Criterion 7.5, p.16	• The MHS considers the needs of carers in relation to Aboriginal and Torres Strait Islander people
		Criterion 7.14	• *Implementation Guidelines– Public Mental Health Services and Private Hospitals*, p.35. Involving Aboriginal and Torres Strait Islander carers in the delivery of mental MH helps a service learn about what Aboriginal people value and how staff and carers can work with these values to achieve better services for clients. Examples of how to ensure Aboriginal and Torres Strait Islander people are involved as carers include: ○ providing financial and other practical assistance to attend ○ holding meetings ○ ensuring participation in interview panels ○ reviewing draft policies ○ providing input at orientation programs ○ participating in service planning days ○ participating in anonymous reviews of complaints. • It may be necessary to actively reach out to communities to involve Aboriginal and Torres Strait Islander carers who live in rural and remote Australia. This engagement with rural and remote communities will ultimately be productive. • *Implementation Guidelines for Private Office based Mental Health Practices*, p.28. The organisation and delivery of MHS must occur within a framework that sensitively unites ATSI cultural rights, views and values and the science of human services. Knowledge of what Aboriginal and Torres Strait Islander people value and how MHS staff and carers can work with these values to achieve better services for clients will be helped by having Aboriginal and Torres Strait Islander carers participate.
Role of PHNs	PHN Guidelines	Primary MH Care Services for people with severe mental illness Severe Mental Illness, p.1	• In 2016-17 PHNs are expected to: ○ commence the development and delivery of services for young people with, at or at risk of, severe mental illness; ○ commission mental health nursing services to support clinical care coordination for people with severe mental illness, ensuring service continuity to existing MHNIP clients and developing new services in those areas with allocated growth; ○ encourage GPs and other regional providers to address the physical health inequities of individuals with severe mental illness within the region; ○ promote the better integration of primary care services with community based private psychiatry services and state mental health services for people with severe mental illness in the context of the development of regional Mental Health and Suicide Prevention Plans; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change. In addition, a small number of lead PHNs have been invited to trial models of innovative funding to support clinical care packages for individuals with severe and complex mental illness.

			• Longer term PHNs will be expected to: ○ informed by the lessons from PHN lead sites, develop and commission clinical mental health services to support the needs of people with severe and complex mental illness who are best managed in primary health care; ○ promote the use of a single multiagency care plan for people with severe and complex mental illness, to help link providers across multiple services involved in an individual's care and to promote a medical home approach; ○ engage with the private mental health care sector to ensure links are in place with private hospitals and psychological services to support care coordination; and ○ ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.

PART 2: SUICIDE PREVENTION (some repetition from above)

SYSTEM ARCHITECTURE

National approach	NATSISPS	Outcome 4.1, p.38	• Multi-sectoral coordination of SP is established and sustained across levels and sectors of government in jurisdictions, regions and communities Identify priority areas for horizontal and vertical alignment of SP activity at Commonwealth and state levels • (ii) Develop a joint action plan across levels and sectors of government for the [NATSISPS] • (iii) Develop strategies for alignment between key policy frameworks relating to alcohol, MH, Closing the Gap, Aboriginal and Torres Strait Islander early childhood and Aboriginal and Torres Strait Islander education
	NATSIHP/ IP	Strategy 1D, p.16	• Aust Govt MH&SEWB, AOD, and SP strategies have been coordinated.
	5NMHSPP / IP	Action 4 (imp) p.11	• Suicide Prevention Subcommittee (i.e. Action ii) will lead the development of the National SP Implementation Strategy. This will include a focus on … "11 elements" (below).
		Action 11, ATSIMHSPS TOR 1	• To advise on a nationally agreed approach to suicide prevention for Aboriginal and Torres Strait Islander peoples for inclusion in the new National SP Implementation Strategy
	Cultural RF	Domain 5, p.16	• Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health
National Surveillance	NATSISPS	Outcome 1.4	• High levels of suicide and self-harm in communities are identified and monitored to facilitate a planned response. • (i) Standardised methods for assessment and recording of suicidal behaviour and self-harm are reviewed for adoption by primary health care and specialist mental health services • (ii) Primary health care and community services implement protocols for mental health assessment and recording data on self-harm
	5NMHSPP	p. 24, 11 elements new National SP Implementation Strategy	• Surveillance
	ATSISPEP CRP	Rec.	• Real time suicide data
Regional focus/ PHNs	NATSISPS	Outcome 4.2, p.38	• There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of Suicide prevention • (i) Investigate feasibility of approaches to regional coordination of SP including, but not limited to, roles of key government agencies and partners • (ii) Identify models for governance to support interagency approaches to coordinated SP • (iii) Develop data, information and resources to support regional level planning and coordination of strategies • (iv) Examine models for pooling of funds to support coordinated approaches to prevention
	NATSIHP/ IP	Strategy 1D, p16	• Improved regional planning and coordination of health care services across sectors and providers.
	5NMHSPP	Action 10, p.33	• Regional plans to connect culturally informed Aboriginal and Torres Strait Islander SP and postvention services locally
	MH&SEWB Fr	Outcome 4.3, p.41	• Coordinate and integrate MH&SEWB substance misuse, SP and social health services and programs to ensure clients experience seamless transitions between them
	PHN Guidelines	Regional Approach to Suicide Prevention p.1	• In 2016-17 PHNs are expected to: ○ undertake planning of community-based suicide prevention activity, through a more integrated and systems-based approach in partnership with Local Hospital Networks (LHNs) and other local organisations; ○ commence commissioning of community-based suicide prevention activities within the context of this plan; and ○ undertake planning and commissioning of community-based suicide prevention activities for Aboriginal and Torres Strait Islander people that are integrated with drug and alcohol services, mental health services and social and emotional wellbeing services. • Longer term PHNs will be expected to: ○ ensure there is agreement within the region, including with LHNs, about the need to support person-centred follow-up care to individuals who have self-harmed or attempted suicide, and that there is no ambiguity in the responsibility for provision of this care; ○ continue commissioning of community-based suicide prevention activities, including for Aboriginal and Torres Strait Islander people; and ○ build the capacity of primary care services to support people at risk of suicide.
Empowering communities to respond to suicide	NATSISPS	Outcome 1.1, p.28	• Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community suicide prevention plans (ii) Develop information and resource guides for coordinating community action to prevent suicide
		Outcome 1.5, p.28	• Communities are assisted to plan and implement a comprehensive response to suicide and self-harm that includes both short–term and long-term early intervention and prevention activity.

	ATSISPEP STW	p.3 (Table)	• Community empowerment, development, ownership* • Community- specific responses*
	Lifespan - 9 Systems Approach Strategies	• Engaging the community and providing opportunities to be part of the change	
Integrated services	• See also integration in the context of mental health services above		
	5NMHSPP/IP	Action 4	• To advise on improving relationships between providers including emergency services (Suicide Prevention Subcommittee priority focus)
	NATSISPS	Outcome 3.2	• Build inter-sectoral and professional links to support integrated services • Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres • Develop and disseminate models for services that combine specific targeted and indicated services in centres providing integrated wellbeing services • Strengthen the focus on early intervention and suicide prevention within integrated services • Build inter-sectoral and professional links to support integrated services
		Outcome 4.2	• Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities • There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention • Identify models for governance to support interagency approaches to coordinated suicide prevention • Examine models for pooling of funds to support coordinated approaches to prevention
		Outcome 4.3	• There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients • Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families • Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management • Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families
	ATSISPEP STW	p.3	• Cross-agency collaboration
Workforce	MH&SEWB Fr	Outcome 4.2, p.40	• Culturally and clinically appropriate specialist mental health care is available according to need • Ensure the required mix and level of specialist MH services and workers, paraprofessionals and professionals required to meet the MH needs of the Aboriginal and Torres Strait Islander people, including specialist SP services for people at risk of suicide
	NATSISPS	Outcome 4.4, p.38	• (ii) Establish partnerships between governments and the community sector to develop and train the prevention workforce across health, education and community services
Partnership with ACCHSs	NATSISPS	Outcome 3.4, p.35	• There are links and partnerships between mainstream specialist mental health and wellbeing services and Aboriginal and Torres Strait Islander wellbeing services and community organisations • (i) Identify opportunities for complementary service provision arrangements and referral linkages between mainstream services and Aboriginal and Torres Strait Islander community services to coordinate the provision of targeted preventive services • (ii)Develop local partnerships between existing services such as headspace centres and ATSI community SEWB services
		Outcome 4.4, p.38	• Coordinated SP strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities • (i) Build the capacity of Aboriginal and Torres Strait Islander organisations to sustain partnerships with govts and other organisations
	ATSISPEP STW	p.3 (Table)	• Partnerships with community organisations and ACCHS*
ACCHSs preferred providers	MH&SEWB Fr	Outcome 1.3, p.31	• Give preference to funding ACCHSs to deliver MH, SP and other primary health programs and services where feasible.
Research	NATSISPS	Outcome 4.4, p.38	• (iii) Develop options for prevention research partnerships between the community sector, non-government organisations and research and training sectors to build capacity in suicide prevention

PROMOTION AND PRIMORDIAL PREVENTION – INC. ELEMENTS OF SYSTEMS APPROACH

Build on community strengths/ address challenges	NATSISPS	Outcome 1.1 p.26	• Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community SP plans.
	ATSISPEP STW	p.3 (Table)	• Community empowerment, development, ownership* • Community- specific responses* • Addressing community challenges, poverty, social determinants of health* • Involvement of Elders*
	MH&SEWB Fr	Outcome 2.1, p. 32	• Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB • Empower communities to identify and address challenges. • Community governance through community controlled services to deliver health programs and services. • Encourage practical outcomes, such as employment of community members, school attendance and educational attainment.
	IAS	• Safety and Wellbeing Programme • Jobs, Land and Economy Programme	

		• Remote Australia Strategies Programme	
	Cultural RF	Domain 5, p.16	• Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health
AOD use reduction	ATSISPEP STW	p.3 (Table)	• Alcohol/drug use reduction*
	NATSISPS	Outcome 3.5, p.33	• There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, *substance misuse,* incarceration, domestic violence, etc.
	MH&SEWB Fr	Outcome 2.1.6, p.32	• Support communities that wish to restrict alcohol supply and use among their members.
		Outcome 2.1.8, p.33	• Encourage alcohol reduction strategies, including mainstream policy analysis of potential pricing levers and taxation options.
		Outcome 2.4.2, p.35	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Culturally and age appropriate alcohol and drug use prevention and/or reduction.
	Drug Strategy	Priority Area 2, p.5	• Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.
		Outcome 2.1, p.6	• Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.
Build on cultural strengths	NATSISPS	Outcome 2.1, p.31	• There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies • (i) Develop criteria for support of cultural programs • (ii) Review evidence for effectiveness of culture-based initiatives and evaluate cultural strengths programs
	ATSISPEP STW	p.3 (Table)	• Involvement of Elders* • Cultural framework* • Cultural elements – building identity, SEWB, healing* • Culture being taught in schools • Connecting to culture/country/Elders*
	M&SEWB Fr	Outcome 2.1 2.1.3, p.32	• Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB. • Strengthen community cohesion, and restore and heal connections to culture and country including through reclamation and revitalization
		Outcome 2.4.6, p.35	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Strengthening pride in identity and culture.
	Cultural RF	Domain 2, p.13	• Positive health messages and programs that respond to the diversity, strengths and knowledge of Aboriginal and Torres Strait Islander social, cultural, linguistic, gender, religious and spiritual backgrounds
	IAS	Culture and Capability Programme, p.45	• The objectives of the Culture and Capability Programme are to: Support the expression, engagement and conservation of Indigenous culture.
Build on family strengths / address challenges	NATSISPS	Outcome 1.5, p.28	• (i) Identify appropriate early intervention programs that have been adapted for Aboriginal and Torres Strait Islander families
		Outcome 2.3, p.31	• Long-term, sustainable prevention strategies that build resilience and promote social and emotional wellbeing are specifically developed for Aboriginal and Torres Strait Islander families and children • (i) Develop culturally appropriate strategies for family engagement in wellbeing programs in multiple settings • (ii)Make parenting programs adapted for Aboriginal and Torres Strait Islander peoples more available in universal and targeted modes to strengthen parenting skills and to improve behavioural, developmental and mental health outcomes among children • (iii) Develop family focused interventions for Aboriginal and Torres Strait Islander parents and children in partnership with childcare centres and schools • (iv) Disseminate information on models of effective early intervention and prevention for Aboriginal and Torres Strait Islander families, parents and children
	MH&SEWB Fr	Outcome 2.2	• Aboriginal and Torres Strait Islander families are strong and supported • Increase family-centric and culturally-safe services for families and communities. • Support the role of men and Elders in family life and the raising of children in a culturally-informed way. • Support single parent families and extended family and kin support networks • Support family re-unification for members of the Stolen Generations, prisoners, children removed from their families into out-of-home care, and young people in juvenile detention.
		Outcome 3.1, p.36	• Support programs for members of the Stolen Generations and their families.
Men's strengths	NATSISPS	Outcome 2.2, p.31	• Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved, • (iii) Develop strategies to promote the strengths of elders, fathers and other men as positive role models able to contribute to the wellbeing of community, families and youth
Best start to life/ school	NATSISPS	Outcome 2.1, p.31	• There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies • (iii) Develop school and community-based life skills programs for adolescents • (iv) Promote leadership through youth forums and activities to recognise achievements of young people

and adolescence			• (v) Develop models of training and skills development for peers as natural helpers
		Outcome 2.3, p.31	• (v) Identify school-based strategies to counter bullying, racial discrimination and lateral violence
	MH&SEWB Fr	Outcome 2.3/ 2.4	• *See in general Outcomes 2.3/ 2.4* • Support children and young people's strong connection to culture and sense of belonging in communities, families and friendship networks as a way to support their resilience and to help protect against suicide.
	NATSIHP/IP	Part 4	• 4A. Young people have a voice in the development and implementation of programmes and policies that are affecting them. • 4B. Young people are supported to be resilient and make informed and healthy choices about living, including being proud of identity and culture. • 4D. Young people have good education and good employment prospects.
	ATSISPEP STW	p.3 (Table)	• School-based peer support and mental health literacy programs • Programs to engage/divert, including sport*
	Lifespan - 9 Systems Approach Strategies		• Promoting help-seeking, mental health and resilience in schools
	IAS	• Children and Schooling Programme	

PRIMARY AND SELECTIVE PREVENTION – INC. ELEMENTS OF SYSTEMS APPROACH

Community control and empowermt.	NATSISPS	Outcome 1.1, p.28	• Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community SP plans. • (i) Identify communities and regions (by expression of interest) to workshop models for community action • (ii) Develop information and resource guides for coordinating community action to prevent suicide • (iii) Review and disseminate information on best practice models for community suicide prevention • (iv) Develop specific strategies regarding access to methods and means of suicide in the community
	ATSISPEP STW	p.3 (Table)	• Community empowerment, development, ownership* • Community- specific responses* • Involvement of Elders*
	GDD	Theme 4, p.5	• Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples
Employ community members	ATSISPEP STW	p.3 (Table)	• Employment of community members /peer workforce*
	GDD	Theme 4, p.5	• Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
Means restriction	NATSISPS	Outcome 1.1, p.28	• (iv) Develop specific strategies regarding access to methods and means of suicide in the community
	5NMHSPP	p.24, 11 elements new National SP Strategy	• Means restriction
	ATSISPEP STW	p.3 (Table)	• Reducing access to lethal means of suicide
	Lifespan - 9 Systems Approach Strategies		• Improving safety and reducing access to means of suicide
SP literacy/ stigma reduction	ATSISPEP STW	p.3 (Table)	• Awareness raising programs about suicide risk/use of DVDs with no assumption of literacy*
	Lifespan - 9 Systems Approach Strategies		• Training the community to recognise and respond to suicidality
	5NMHSPP	p.24 - 11 elements new National SP Strategy	• Stigma reduction—promote the use of MH services
	MH&SEWB Fr	Outcome 2.4, p.23	• Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Help seeking behaviour and de-stigmatisation of mental health problems.
Gatekeepers and community resources	NATSIHP/ IP	Strategy 1C, p.13	• Prevention and early intervention programmes (including programmes that focus on chronic diseases, e.g. including diabetes, cancer, heart health oral, ear and eye health; mental health conditions and illness suicide prevention tobacco and alcohol and drug use) have been developed, supported and implemented.
	NATSISPS	Outcome 1.3 p.28	• There is access to community-based programs to improve suicide awareness among "gatekeepers" and "natural helpers" in communities affected by self-harm and suicide.
		Outcome 1.2 p.28	• Materials and resources are available that are appropriate for the needs of Aboriginal and Torres Strait Islander peoples in diverse community settings. • (i) Identify resource gaps and needs • (ii) Review and extend Aboriginal and Torres Strait Islander language training programs for mental health and social and emotional wellbeing(iii) Produce resource materials in diverse formats for use by Aboriginal and Torres Strait Islander people in different community contexts, including those with Aboriginal and Torres Strait Islander languages

	5NMHSPP	p.24 - 11 elements new National SP Strategy	• Training and education – maintain comprehensive training programs for identified gatekeepers • Awareness – establish public information campaigns to support the understanding that suicides are preventable
	ATSISPEP STW	p.3 (Table)	• Gatekeeper training – Indigenous-specific*
Peer to peer mentoring	ATSISPEP STW	p.3 (Table)	• Peer-to-peer mentoring, and education and leadership on suicide prevention* • Employment of community members /peer workforce* • School-based peer support and mental health literacy programs
GPs / PHC	NATSISPS	Outcome 2.4, p.32	• (iii) Examine strategies to improve the preventive capacity of primary health care, including GP services, routine delivery of mental health assessments, counselling, etc
	ATSISPEP STW	p.3 (Table)	• Training of frontline staff/GPs in detecting depression and suicide risk
	Lifespan - 9 Systems Approach Strategies		• Equipping primary care to identify and support people in distress
Helplines	NATSISPS	Outcome 2.4	• Review and remodel Kids Helpline and Lifeline counselling services to provide appropriate services for Aboriginal and Torres Strait Islander people in each state and territory
Training of frontline staff	ATSISPEP STW	p.3 (Table)	• Training of frontline staff/GPs in detecting depression and suicide risk
	Lifespan - 9 Systems Approach Strategies		• Improving the competency and confidence of frontline workers to deal workers to deal with suicidal crisis
Exiting hospital EDs	NATSISPS	Outcome 3.1, p.35	• (iii) Develop strategies to improve Aboriginal and Torres Strait Islander identification, assessment of suicide risk, psychosocial assessment and culturally informed discharge protocols for hospital emergency departments
Exiting MH services	Nat Standards – MH Services	Criterion 2.11	• *Guidance for Implementation – Public Mental Health Services and Private hospitals* p.12. There should be a regular risk assessment of consumers... Consumers are at greatest risk in times of transition between settings or transfer of care… Joint risk assessments between the MHS, non-government organisations, local communities and primary health services or Aboriginal and Torres Strait Islander medical services are often appropriate when responsibility for care is being transferred or jointly managed.
Exiting incarceration	NT RC	Rec 24.1, p.40	• An integrated, evidence-based throughcare service be established for children and young people in detention to deliver: adequate planning for release including, as appropriate, safe and stable accommodation, access to physical and MH support, access to substance abuse programs, assistance with education and/or employment
Families and children at risk	NATSISPS	Outcome 3.5, p.36	• There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander people who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc
		Outcome 3.6, p.36	• There is capacity to identify children with early or emerging risk of conduct, behavioural and developmental problems and options for referral of children and families at moderate and high risk, including families with complex multiple needs, to culturally adapted therapeutic programs. • (i) Provide training for child health and early education staff to assist them in effectively identifying and responding to behavioural and early mental health problems at childcare, preschool and school • (ii) Engage at-risk parents to provide parenting and family support via access to health, early education and childcare services as well as child protection services • (iii) Trial and implement culturally adapted therapeutic family interventions for Aboriginal and Torres Strait Islander parents and children • (iv) Develop strategies to identify and reduce risk associated with child protection interventions, including child removal, foster care and kinship care and practices of child placement v • (v) Improve identification of foetal alcohol syndrome disorder and other developmental impairments in children • (vi) Develop information and resources to assist health and social and emotional wellbeing practitioners to respond to family suicidal behaviour and family mental illness
		Outcome 1.5, p.28	• (ii) Build partnerships with schools, community councils and other agencies to deliver early intervention and prevention programs for parents, children and at-risk youth
	ATSISPEP STW	p.3 (Table)	• School-based peer support and mental health literacy programs • Programs to engage/divert, including sport*
	Lifespan - 9 Systems Approach Strategies		• Promoting help-seeking, mental health and resilience in schools
	MH&SEWB Fr	Outcome 4.1, p.27	• Integrate clinical and non-clinical services who work with children and young people including child and adolescent mental health services and headspace to better support their needs and reduce suicide.
	NATSISPS	Outcome 2.3, p.31	• Identify school-based strategies to counter bullying, racial discrimination and lateral violence
		Outcome 2.4, p.23	• Require evidence based approaches on MH and wellbeing be adopted in early childhood worker and teacher training and continuing professional development. • Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Culturally and age appropriate suicide prevention.
Males	NATSISPS	Outcome 2.2, p.31	• Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved • (i) Develop strategies, including information and mental health promotion strategies, to promote use of general health and wellbeing services and specialist services by men • (ii) Identify and disseminate good practices for men's self-help groups • (iii) Develop strategies to promote the strengths of elders, fathers and other men as positive role models able to contribute to the wellbeing of community, families and youth

Justice issues	NATSISPS	Outcome 3.5, p.36	• There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc. • (i) Develop partnership programs to build links between residential/custodial settings and community support (such as transition from prison to community or from alcohol rehabilitation to community reintegration) • (ii) Provide specific SP and assessment training for staff in high risk settings who work with Aboriginal and Torres Strait Islander clients • (iii) Identify alternatives to community reintegration where return to community is not desirable
Substance misuse	NATSISPS	Outcome 3.5, p.36	• There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc.
Media protocols	5NMHSPP	p.24 11 elements new National SP Strategy	• Media protocols
	ATSISPEP STW	p.3 (Table)	• Responsible suicide reporting by the media
	Lifespan - 9 Systems Approach Strategies		• Encouraging safe and purposeful media reporting
Mental health	NATSISPS	Outcome 3.5 p36	• There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc
	NATSIHP /IP	Strategy 1C p13	• Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability,
SERVICES & INDICATED RESPONSES INC. SYSTEMS APPROACH			
Integrated services	• See also integration in relation to mental health services - above		
	5NMHSPP/IP	Action 4, Suicide Prevention Subcommittee priority focus	• To advise on improving relationships between providers, including emergency services
	NATSISPS	Outcome 3.2, p.35	• Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres • (i) Develop and disseminate models for services that combine specific targeted and indicated services in centres providing integrated wellbeing services • (ii) Strengthen the focus on early intervention and suicide prevention within integrated services • (iii) Build inter-sectoral and professional links to support integrated services • • (iv) Develop and evaluate models for interdisciplinary practice in mental health and early intervention • (v) Investigate innovative models for partnerships between specialist MH and wellbeing services (eg headspace) and Aboriginal and Torres Strait Islander wellbeing services and community organisations
		Outcome 4.4, p.38 Outcome 4.2, p.38	• Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities • There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention • (i) Identify models for governance to support interagency approaches to coordinated suicide prevention • (iv) Examine models for pooling of funds to support coordinated approaches to prevention
		Outcome 4.3, p.38	• There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients • (i) Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families • (ii) Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management • (iii) Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families
	ATSISPEP STW	p.3 (Table)	• Cross-agency collaboration • Clear referral pathways*
	5NMHSPP / IP	p.24, 11 elements new National SP Strategy	• Oversight and coordination – utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours
Partnership with ACCHSs	MH&SEWB Fr	Outcome 1.3	• Effective partnerships between PHNs/ ACCHS (Strategy)
	NATSISPS	Outcome 3.4, p.35	• There are links and partnerships between mainstream specialist mental health and wellbeing services and Aboriginal and Torres Strait Islander wellbeing services and community organisations

			• (i) Identify opportunities for complementary service provision arrangements and referral linkages between mainstream services and Aboriginal and Torres Strait Islander community services to coordinate the provision of targeted preventive services • (ii) Develop local partnerships between existing services such as headspace centres and Aboriginal and Torres Strait Islander community SEWB services
		Outcome 4.4, p.38	• Coordinated SP strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities • (i) Build the capacity of Aboriginal and Torres Strait Islander organisations to sustain partnerships with govts and other organisations
	ATSISPEP STW	p.3 (Table)	• Partnerships with community organisations and ACCHS*
ACCHSs preferred providers	MH&SEWB Fr	Outcome 1.3, p.19	• Give preference to funding ACCHSs to deliver MH, SP and other primary health programs and services where feasible.
	NATSISPS	Outcome 3.2, p.35	• Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres
		Outcome 4.4, p.38	• Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities
Aboriginal and Torres Strait Islander people employed in mainstream services	NATSISPS	Outcome 3.3	• Targeted and indicated services, including emergency services, are culturally appropriate. They are delivered by Aboriginal and Torres Strait Islander personnel and engage Aboriginal and Torres Strait Islander clients and families • Employ Aboriginal and Torres Strait Islander personnel in outreach, follow-up and engagement roles
Time protocols/ availability	ATSISPEP STW	p.3 (Table)	• 24/7 availability* • Time protocols* (see also ATAPS Guidelines for ATSO SP Services) • Awareness of critical risk periods and responsiveness at those times*
Cultural safety in mainstream services	NATSISPS	Outcome 3.3	• Targeted and indicated services, including emergency services, are culturally appropriate. • Develop Aboriginal and Torres Strait Islander I-specific protocols and training for targeted and indicated services • Expand availability of appropriate cultural awareness training for mainstream services
	5NMHSPP / IP	p.24, 11 elements new National SP Strategy	• Access to services – promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care
		Action 4, p.25	• Governments will, through the Suicide Prevention Subcommittee of MHDAPC, develop a National Suicide Prevention Implementation Strategy that operationalises the 11 elements above, taking into account existing strategies, plans and activities, with a priority focus on: and focus on… improving cultural safety across all service settings
	ATSISPEP STW	p.3 (Table)	• Cultural competence of staff/mandatory training requirements *(Clinical element)*
	5NMHSPP	Action 4, Suicide Prevention Subcommittee priority focus	• Improving cultural safety across all service settings
Treatments	NATSISPS	Outcome 3.1 p.35	• There is access to effective targeted and specialist services by Aboriginal and Torres Strait Islander people who are at risk of suicide or self-harm • (i) Map service utilisation and barriers for Aboriginal and Torres Strait Islander people seeking to access targeted and indicated services in regions and communities • (ii) Identify barriers to access and utilisation and develop strategies to improve access to referral networks, Aboriginal and Torres Strait Islander information, liaison, flexibility and responsiveness
	5NMHSPP / IP	p.24, 11 elements new National SP Strategy	• Treatment –improve the quality of clinical care and evidence based clinical interventions especially for individuals who present to hospital following a suicide attempt
	ATSISPEP STW	p.3 (Table)	• High quality and culturally appropriate treatments*
	Lifespan - 9 Systems Approach Strategies		• Using evidence based treatment for suicidality
Follow up care	5NMHSPP / IP	Action 4, Suicide Prevention Subcommittee priority focus/	• Providing consistent and timely follow up care for people who have attempted suicide or at risk of suicide
	ATSISPEP STW	p.3 (Table)	• Continuing care/assertive outreach post emergency department after a suicide attempt*
	5NMHSPP / IP	p.24, 11 elements new National SP Strategy	• Treatment –improve the quality of clinical care and evidence based clinical interventions especially for individuals who present to hospital following a suicide attempt
	Lifespan - 9 Systems Approach Strategies		• Improving emergency and follow up care for suicidal crisis

Postvention	NATSISPS	Outcome 1.6, p.29	• Mental health services and community organisations are able to provide appropriate postvention responses to support individuals and families affected by suicide. • (i) Develop protocols for communication between specialist mental health services and Aboriginal and Torres Strait Islander families regarding intervention needs and support following bereavement • (ii) Build capacity of community members and community- based personnel to lead postvention responses to bereavement • (iii) Develop innovative strategies for bereavement support including practical assistance with housing, finances, work and children's needs, psychological support and counselling • (iv)Develop culturally appropriate best practice therapeutic options for responding to traumatic bereavement and complicated grief among Aboriginal and Torres Strait Islander people • (v) Support development of partnerships between communities and NGOs to support emergency response in diverse settings • (vi) Emergency response should be consistent with best practice (based on systematic review of research on suicide bereavement first responses and emergencies such as Victorian bushfires and Queensland floods)
	ATSISPEP STW	p.3 (Table)	• Crisis response teams after a suicide Postvention* • *See also Recommendations of the ATSISPEP Critical Response Project Report*
	5NMHSPP / IP	Action 4, Suicide Prevention Subcommittee priority focus	• Providing timely follow up support for people affected by suicide
	5NMHSPP / IP	p.24, 11 elements new National SP Strategy	• Crisis intervention – ensure that communities have the capacity to respond to crises with appropriate interventions • Postvention – improve response to and caring for those affected by suicide and suicide attempts
Data collections	5NMHSPP	Action 4, Suicide Prevention Subcommittee priority focus	• improved data collections - evidence-base on 'what works'
	ATSISPEP STW	p.3 (Table)	• Data collections
Evaluation	ATSISPEP STW	p.3 (Table)	• Indicators for evaluation • Dissemination of learnings