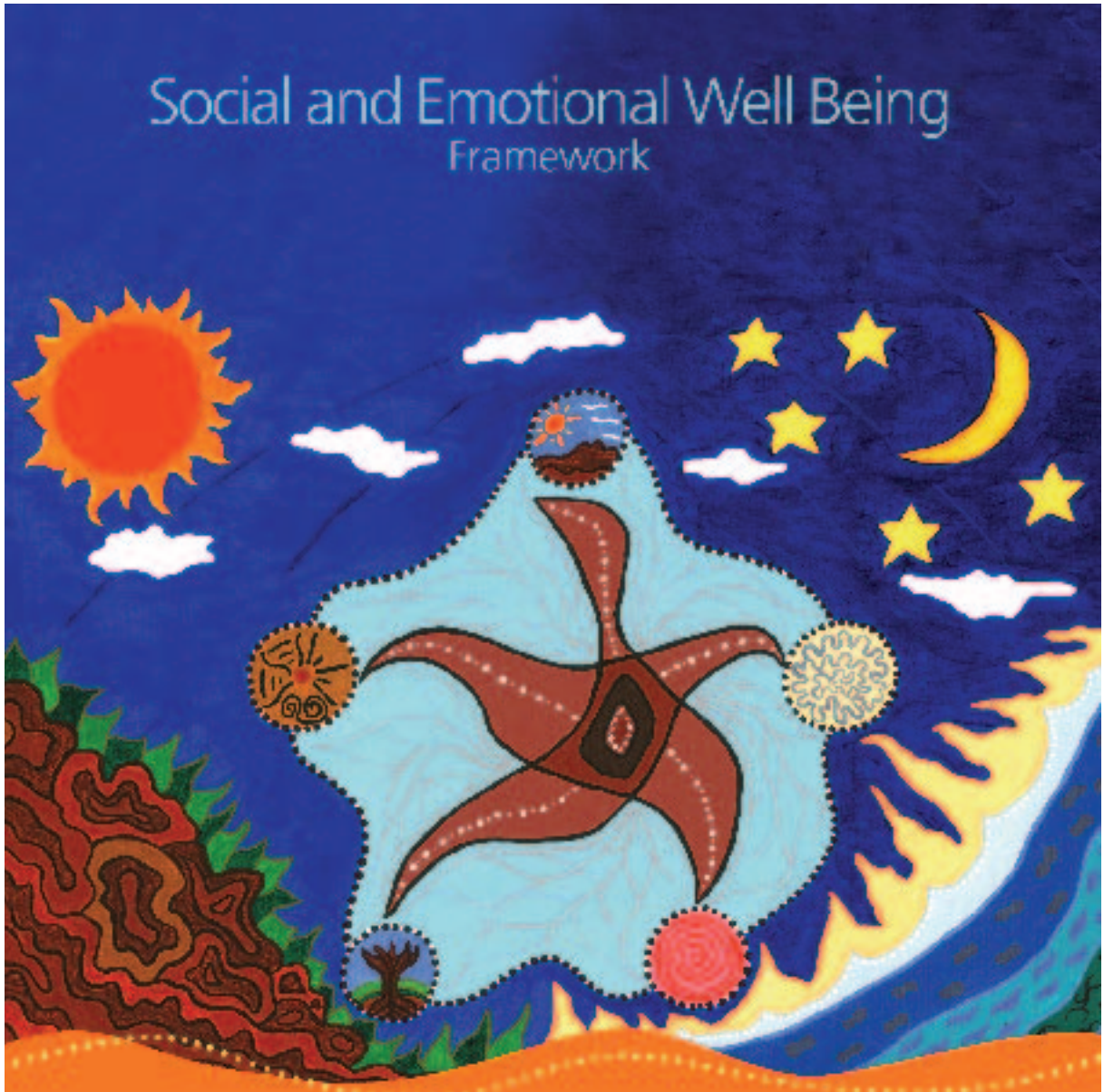
Social and Emotional Well Being Framework



a National Strategic Framework for

Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being

2004-2009

Prepared by

Social Health Reference Group for
National Aboriginal and Torres Strait Islander Health Council
and National Mental Health Working Group
2004

Endorsed by:
Australian Health Ministers' Advisory Council

The Dance Of Life

The cover depicts a painting which is the last in a series depicting a multi-dimensional model of health from an Aboriginal perspective. The final painting brings all of the dimensions together to reflect the delicate balance of life within the universe. The dimensions include the biological or physical dimension, the psychological or emotional dimension, the social dimension, the spiritual dimension and finally, and most importantly, the cultural dimension. Within each dimension there are additional layers to consider, including the historical context, the traditional and contemporary view as well as our gaps in knowledge.

The potential solutions for healing and restoration of well being comes from considering additional factors encompassing issues at the coal face of symptom presentation and service delivery, such as education and training, policy, the socio-political context and international perspective. As the final painting suggests, we can only exist if firmly grounded and supported by the community and our spirituality, whilst always reflecting back on culture in order to hold our head up high to grow and reach forward to the experiences life has waiting for us.

The stories of our ancestors, the collective grief, as well as healing, begin from knowing where we have come from and where we are heading. From the Aboriginal perspective, carrying the past with you into the future is, as it should be. We are nothing if not for those who have been before, and the children of the future will look back and reflect on us today.

When we enable a person to restore all of the dimensions of their life, then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life.

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Foreword

This *Framework* builds on the work of a number of key reports over the past two decades that have informed policy development for promoting social and emotional well being for Aboriginal and Torres Strait Islander people, including:

(i) The *National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, 'Ways Forward' (1995)*, which was the first national analysis of Aboriginal and Torres Strait Islander mental health.

(ii) *The Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996-2000)*, which was developed to address the critical issues outlined in *Ways Forward*.

(iii) *The Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (2001)*, which among other things, recommended the development of a national strategic framework.

This *Framework* aims to respond to the high incidence of social and emotional well being problems and mental ill health, by providing a framework for national action. It has been developed under the auspices of the National Mental Health Working Group and the National Aboriginal and Torres Strait Islander Health Council, by the Social Health Reference Group, which was specially appointed to undertake this task.

The *Framework* recognises the strengths, resilience, and diversity of Aboriginal and Torres Strait Islander communities. It acknowledges that Aboriginal and Torres Strait Islander peoples have different cultures and histories, and in many instances different needs, which must be acknowledged and may need to be addressed by locally developed, specific strategies.

The *Framework* acknowledges the crucial role of the health sector in providing leadership and advocacy and in responding to health care needs. This *Framework*, therefore, has adopted a population health model to provide needs based care for Aboriginal and Torres Strait Islander communities. Aboriginal Community Controlled Health Services provide a unique structure for the delivery of accessible, holistic, and culturally appropriate care to communities.

Aboriginal and Torres Strait Islander health services, however, cannot meet all health care needs alone. Mainstream services acknowledge the need to improve access to services such as mental health services, general practitioners, drug and alcohol services, child and family health services, and others. Partnerships between Aboriginal and Torres Strait Islander and mainstream health services need to be coordinated in ways that provide better health outcomes for Aboriginal and Torres Strait Islander peoples.

The *Framework* recognises that supporting Aboriginal and Torres Strait Islander families to effectively deal with, and triumph over, the effects of past policies and practices is a priority. This includes expanding services to children in order for them to obtain and achieve their full potential. This requires a whole-of-life, and a community and government approach sustained across generations and beyond the life of this *Framework*.

The *Framework* has been designed to complement the *National Mental Health Plan 2003-2008* and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 (NSFATSIH)*. It has been endorsed by AHMAC, and it is intended that oversight of its implementation and overall monitoring and reporting will be undertaken through the overall monitoring process being established by AHMAC for a whole of health system approach to implementing the NSFATSIH.

We would like to thank the numerous people that have contributed to the development of this *Framework*, which includes those who participated in the Social Health Reference Group and NACCHO and NACCHO affiliate consultations. Many people from Aboriginal and Torres Strait Islander organisations and other community representatives, health services and government departments contributed through written submissions, or by attending workshops. Special thanks are also due to the Writing Group that developed this *Framework*, which was chaired by Pat Delaney, RN, AM. The Writing Group is to be commended for its efforts to address the social and emotional well being issues raised through the consultations with practical and achievable actions.

Since *Ways Forward* significant progress has been made in building understanding of social and emotional well being and mental health issues, and providing effective care. However, we can all do a lot more. The opportunity is there to acknowledge the achievements to date. However, in addition to needs based funding, we must all work together in our respective roles to achieve more. If we do this, we will go a long way towards creating a healthy future.

Dr Sally Goold, OAM
Chair
Social Health Reference Group

Executive Summary

Purpose

This *Social and Emotional Well Being Framework* is based on the Aboriginal definition of health (NAHS, 1989) recognising that achieving optimal conditions for health and well being requires a holistic and whole-of-life view of health, referring to the social, emotional and cultural well being of the whole community.

Guiding Principles

The nine guiding principles for this *Framework* have been extracted from *Ways Forward* (Swan and Raphael, 1995) and further emphasise this holistic view. This view includes the essential need to support self-determination and culturally valid understandings of health, and recognise the impact of trauma, grief, loss, discrimination and human rights issues on the social and emotional well being of Aboriginal and Torres Strait Islander communities. These principles highlight, and are intended to build on, the great strengths, resilience and endurance within Aboriginal and Torres Strait Islander communities. There is also a responsibility to acknowledge and respect the important historical and cultural diversity between Aboriginal and Torres Strait Islander people and their respective communities.

Understanding Social and Emotional Well Being

In understanding social and emotional well being, the influence of a range of factors that can impact positively or negatively on health, growth and development must be recognised. Mental health is a positive state of well being in which the individual can cope with the normal stress of life and reach his or her potential in work and community life in the context of family, community, culture and broader society.

Building on the resilience and strength of Aboriginal and Torres Strait Islander communities requires a collaborative approach that includes services outside the health sector, for example, housing, education, employment, recreation, family services, crime prevention and justice. The health sector contributes through support for promotion and prevention programs.

Social and emotional well being problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional well being people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.

Aboriginal and Torres Strait Islander people experience higher rates of both social and emotional well being problems and some mental disorders than other Australians. While a range of healing responses can be provided, responding to social and emotional well being problems and mental ill health is the core business of the health sector, including both primary care and mental health services. However, Aboriginal and Torres Strait Islander people experience reduced access to community based mental health care, particularly care that is sensitive to their specific needs.

Social and emotional well being problems can result from: grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage. Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, and where necessary, support during family reunification.

Mental health problems may include crisis reactions, anxiety states, depression, post-traumatic stress, self harm, and psychosis. Treating mental ill health can occur in primary health care or mental health settings and includes early intervention, treatment and monitoring, relapse prevention and access to specialist services, including rehabilitation and long term support. Services must be culturally appropriate and safe, and provide continuity of care across the life span. Mental health clinicians must recognise the impact of cultural and spiritual factors on the way mental health problems develop and present, in order to provide accurate diagnosis and effective treatment.

Over recent years a number of new responses have developed. These have included cultural and healing activities, community based promotion and prevention programs, and workforce development initiatives. Some mainstream services have progressed models for more culturally sensitive and responsive care or developed effective partnerships with Aboriginal and Torres Strait Islander providers.

A number of Aboriginal Community Controlled Health Services have initiated Social Health Teams that can provide both holistic management of social and emotional well being issues and effective treatment for mental ill health within the primary health care setting. The Teams provide a range of skills including community and cultural expertise, family support, mental health, and substance misuse and can improve access to mainstream mental health specialists through visiting outreach or partnership arrangements. Social Health Teams often support clients to access a range of other sectors such as housing and welfare. Where effective, these responses require further expansion and support.

Policy Context

This *Framework* sits within the implementation processes for two documents:

- The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NATSIHC, 2003-2013) provides for a whole-of-government response to health issues, including a particular focus on social and emotional well being;
- The *National Mental Health Plan 2003-2008* (NMHWG, 2003) provides a framework for national action to improve mental health care over the next five years, including increased access to services for Aboriginal and Torres Strait Islander peoples.

It is to be implemented within the collaborative planning processes provided by the Aboriginal and Torres Strait Islander Health Framework Agreements signed by the Australian Government, State or Territory Governments, ATSIC and the NACCHO affiliate in each State and Territory, and by the Torres Strait Regional Authority in the Torres Strait.

The *National Aboriginal Health Strategy* (NAHSWG, 1989) and *Ways Forward* (Swan and Raphael, 1995) provide the background and principles for this work.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health's focus on cross-sectoral action builds on the existing structures provided by Aboriginal and Torres Strait Islander organisations, including, but not limited to, ATSIC, Link Up family reunion services, Aboriginal Child Care Agencies and the Torres Strait Islander Advisory Board. Efforts to coordinate activities across programs and levels of government in areas such as the *Shared Future Shared Responsibility* trials, suicide prevention, substance misuse, and early childhood development and education also provide important links.

Key Strategic Directions

Australia's universal health care system provides access to basic health care including mental health and social and emotional well being services. In Aboriginal and Torres Strait Islander communities this requires three basic elements of care that must be supported by adequate resources, coordinated planning and a good knowledge base. These three elements of care are:

- action across all sectors to recognise and build on existing resilience and strength to enhance social and emotional well being, to promote mental health, and to reduce risk;
- access to primary health care services providing expert social and emotional well being and mental health primary care, including Social Health Teams; and
- responsive and accessible mental health services, with access to cultural expertise.

The Key Strategic Directions set out in this document aim to achieve these three fundamental elements of care for each Aboriginal and Torres Strait Islander community, building on progress that has already been made, and recognising effective models of care that have already been implemented.

The first Strategic Direction therefore recognises and builds on the strengths of Aboriginal and Torres Strait Islander families and communities and supports intersectoral action to enhance well being across the lifespan, and reduce risk.

The second Strategic Direction aims to strengthen the capacity and workforce of all Aboriginal Community Controlled Health Services to deliver social and emotional well being care.

The third Key Strategic Direction links to the *National Mental Health Plan 2003-2008* and sets out actions required to enhance responsiveness and access to mainstream mental health care, across the whole of the health system, citing existing successful models.

The fourth Key Strategic Direction aims to improve coordination, planning and resourcing to deliver all three elements of care more consistently to all communities. This includes joint planning processes at jurisdictional and regional levels between Aboriginal and Torres Strait Islander communities and health services and mental health planners and providers.

The fifth Key Strategic Direction aims to build the evidence base to ensure interventions are well targeted to levels of need, and use the most effective treatment and support approaches.

Implementation

Part Three of this *Framework* sets out roles, responsibilities and timeframes for implementation within the context of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (National Aboriginal and Torres Strait Islander Health Council, 2003) the *National Mental Health Plan 2003-2008* (NMHWG 2003), and the *Framework Agreement* planning processes.

At the national level it proposes a small Social and Emotional Well Being National Advisory Group to oversight implementation and monitoring. It also sets in place improved arrangements for communication between the Australian Health Ministers Advisory Council's national committees responsible for Aboriginal and Torres Strait Islander Health (Standing Committee for Aboriginal and Torres Strait Islander Health) and for mental health (National Mental Health Working Group).

Each jurisdiction is to develop its own implementation plan for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*. At the State and Territory level this *Social and Emotional Well Being Framework p*rovides for the development and implementation of social and emotional well being components of these implementation plans. To do this, mental health planners and Aboriginal and Torres Strait Islander Health Framework Agreement forums are to work together to ensure inclusion of key priorities from this *Framework, the National Mental Health Plan 2003-2008*, and existing State or Territory social and emotional well being plans.

At the local and regional level this *Framework* is to build on existing local and regional partnerships, or develop new implementation groups of service providers, to enhance coordination between Aboriginal Community Controlled Health Services, other primary health care providers, General Practitioners, mental health services and substance misuse services.

A complementary implementation plan will be developed for the Torres Strait, and Torres Strait Islanders on the mainland will be consulted in the development of jurisdiction level responses.

Part One

Guiding Principles

The guiding principles in *Ways Forward* are central to this developmental process (Swan and Raphael, 1995 for full version).

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

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

Understanding Social and Emotional Well Being

Understanding of social and emotional well being varies between different cultural groups and individuals as well as along the age and developmental spectrum. Well being can be defined as the:

> *"good or satisfactory condition of existence"* (Macquarie Dictionary).

A number of factors impact on our condition of existence, as well as peoples' definition of good or satisfactory. Clearly there are both objective and subjective components to understanding this concept. The World Health Organization's *Ottawa Charter for Health Promotion 1986,* states several basic requirements need to be met to achieve a level of satisfactory health, growth and development. They include peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. It goes on to state:

> *"health requires a secure foundation in these basic prerequisites."*

In addition to this, ensuring the safety of the individual, family and community in order to develop free from threat or harm is also of vital importance.

Health and Well Being

The understanding of health is also important as further outlined in the *Charter*:

> *"To reach a state of complete physical, mental and social well being, an individual or group must be able to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities"* (World Health Organization, 1986).

In order to achieve optimal conditions for health and well being, it is now readily accepted that many other factors can have either a positive or negative influence and include political, economic, environmental, social, spiritual, cultural, psychological, and physical conditions. What is apparent is that social and emotional well being is part of an holistic understanding of life itself. This is nothing new for Aboriginal and Torres Strait Islander peoples and is clearly articulated in various documents, including the *National Aboriginal Health Strategy's* definition of health:

> *"Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life"* (NAHSWP, 1989).

This broader understanding of health is also outlined in *Ways Forward* (Swan and Raphael, 1995) in:

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

Further, there are two additional dimensions that must be understood in their relationship to Aboriginal and Torres Strait Islander health and well being. The first dimension is the historical context and its legacy that underlies the high levels of morbidity and mortality in Aboriginal and Torres Strait Islander communities and continues to contribute to the ongoing difficulty in relationships and Reconciliation.

The final dimension is the future uncertainty surrounding the unresolved issues of land, control of resources, cultural security, the rights of self-determination and sovereignty, as these issues have been recognised as contributing to health and well being and reducing the health inequities in Aboriginal and Torres Strait Islander peoples within the international arena (Ring and Firman, 1998; Chandler and Lalonde, 1998).

Mental Health and Well Being

Mental health as outlined in the *National Mental Health Plan (2003-2008):*

> *"is a state of emotional and social well being in which the individual can cope with the normal stress of life and achieve his or her potential. It includes being able to work productively and contribute to community life."*

Mental health describes the capacity of the individuals and groups to interact inclusively and equitably with one another and with their environment in ways that promote subjective well being and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness. Its measurement is complex and there is no widely accepted measurement approach to date" (Australian Health Ministers, 2003).

This definition is about being well and being able to grow and develop within the context of family, community, culture and broader society to achieve optimal potential and balance in life. From the Aboriginal and Torres Strait Islander view, it must also incorporate a strengths approach, recognising the importance of connection to land, culture, spirituality, ancestry, family and community. Also, acknowledging the inherent resilience in surviving profound and ongoing adversity – yet retaining a sense of integrity, commitment to family, humour, compassion and respect for humanity.

From the well being perspective, the issues to be addressed include the broader social determinants of health, promotion and prevention programs, as well as early intervention in high-risk groups or during early warnings signs. Therefore, many solutions are outside of the health sector and include, for example, housing and community infrastructure, education, employment, recreation, welfare services, crime prevention and justice services, family and children's services, and building on community capacity. Important components within the health sector include comprehensive primary health care, community health, maternal and early childhood services, child development services, occupational health, screening programs, counselling and social support and family reunification programs.

Mental Ill Health

The *National Mental Health Plan* (2003-2008) further defines mental health problems and illness as:

"the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people" (Australian Health Ministers, 2003).

Mental health problems and mental illness are further differentiated based on the differences in severity, duration, as a temporary or expected reaction to life stressors, and whether the presenting problems meet the criteria and threshold for a diagnosable condition, such as outlined in the classification systems of mental disorders (such as DSM IVR, American Psychiatric Association, 1994; or ICD 10, World Health Organization, 1994). The distinction between mental health problems and mental illness, however, is not well defined, and in some cases may be inter-related.

Both mental health problems and mental illness can have a variable onset, duration, response to treatment and outcome and can be dependant on a variety of factors as well as identified risk, vulnerability and protective factors. This represents an illness approach, as compared to the well being definition, and hence the issues needing to be addressed are about restoring well being through treatment and intervention programs, support for individuals, family and communities and reducing the impact on others, such as children, in the case of parental mental illness. Other issues include adequate treatment and providing appropriate follow up and monitoring, relapse prevention and early intervention, access to specialised services, rehabilitation and temporary or permanent care facilities as necessary.

The Broader Context of Health, Well Being and Ill Health

Even with good social and emotional well being, individuals can still experience an episode of mental health difficulty or illness and in the presence of a long-term mental health condition, can still achieve an adequate level of social and emotional well being. Of particular importance for Aboriginal and Torres Strait Islander peoples is the impact of cultural and spiritual factors on the way mental health problems can develop. These factors are likely to influence the presentation of symptoms, the meaning and understanding of the problem, as well as the appropriateness and acceptability of treatment and the outcome.

Cultural factors can mediate the response to stressors, as well as how symptoms develop in certain conditions. In some cases, normal or expected cultural experiences may be misinterpreted as illness. Issues such as psychosocial stress must be seen within the cultural context in order to understand the behaviour and level of distress experienced.

The arrival of Europeans to Australia has had a profound impact on the health and well being of Aboriginal and Torres Strait Islander peoples. Indigenous Australians in general are the least healthy of all Indigenous populations within comparable developed countries and have a significantly lower level of access to appropriate health care than non-Indigenous Australians (NSFATSIH, 2003).

This is demonstrated by higher incidences of mental ill health including suicide, hospitalisation and substance misuse than other Australians. Factors such as earlier death, child and family separations, incarceration and infant mortality rates contribute to the level of grief, loss, trauma and anger experienced by Aboriginal and Torres Strait Islander individuals, families and communities (ABS and AIHW, 1999).

In essence, issues of social and emotional well being cover a broad range of problems which can result from unresolved grief and loss issues, trauma and abuse, domestic violence, issues associated with the legislated removal of children, substance misuse, physical health problems, genetic and child developmental problems, gender identity issues, child removals, incarceration, family breakdown, cultural dislocation, racism and discrimination and social disadvantage. These factors can influence the way a person thinks, feels and responds to situations. Mental health problems and mental illness are also encompassed, yet form a distinctive subset, within this broad holistic framework and include problems related to crisis reactions, anxiety and depression, post traumatic stress, suicide and self-harm behaviour, as well as psychotic disorders, affective disorders, and organic and degenerative disorders. These conditions are clearly impacted upon by the many factors discussed above and also contribute to an individual and family's capacity for social and emotional well being. Many of these issues are interconnected, coexist or influence each other.

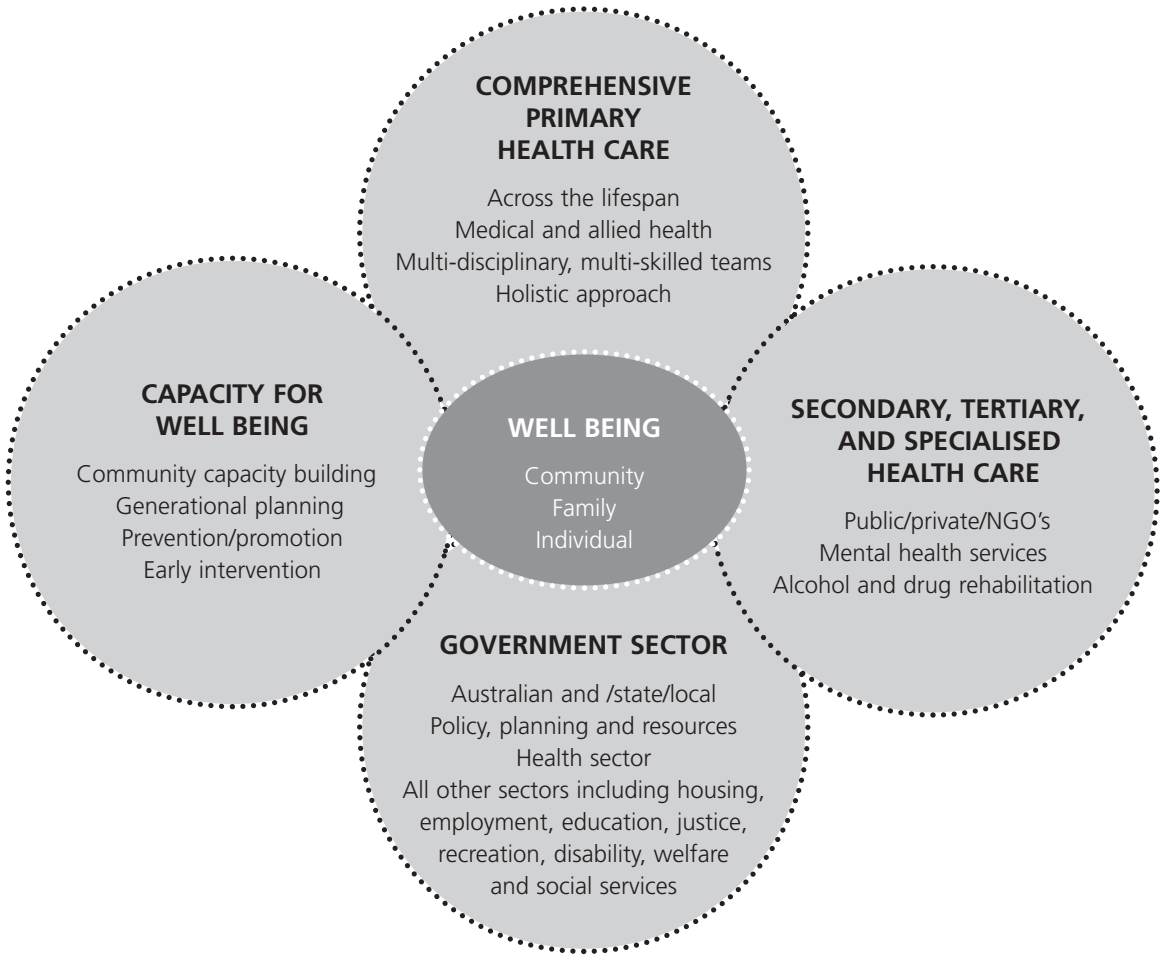
Establishing, Restoring and Treating Social and Emotional Well Being and Mental Health Problems

In summary, there needs to be the basic capacity to establish social and emotional well being early and maintain it throughout the lifecycle. There also needs to be the resources to adequately prevent and intervene early to enhance and restore well being as problems arise. Finally, there needs to be access to a full range of services and facilities for treatment and rehabilitation for significant distress and disorders. Every community has the right to expect that resources and assistance will be available to establish, restore and treat social and emotional well being and mental health problems, regardless of need or availability of services. Healthy, stable communities benefit the entire nation.

Figure 1:

Capacity for Well Being (Milroy, 2003):

Demonstrates the basic prerequisites for safety and well being.



In keeping with this broader understanding of difficulties in social and emotional well being and mental health comes an holistic framework for healing and recovery, incorporating spiritual, cultural, traditional and contemporary approaches, as well as collaboration with mainstream practices. Hence, in some instances, it may be necessary for a combination of interventions to be applied in order to address all of the relevant issues. It may require collaboration, partnerships, consultation and liaison, or joint case management across services, including specialist mental health, primary health care, Aboriginal Community Controlled Health Services and other agencies, as necessary, to ensure holistic management and follow up of co-morbidities.

An example of this broad based approach comes from the Social Health Team model incorporated into the primary health care system. The Social Health Team, consisting of a number of social and emotional well being workers and mental health professionals, work in collaboration with primary health care providers, mainstream mental health services as well as across sectors (housing, education and welfare) to provide holistic health care. In order to ensure the future success of this approach, there needs to be adequate recognition of the roles and expertise of the community workers and an understanding of the burden, responsibility of care and occupational health and safety issues they have as workers and as members of the community in which they serve. Adequate support, supervision and linking in with larger regional, state and national systems of care and professional development is essential.

In addition, it is important for the health sector to recognise the continuing duty of care for patients within this complex, multi-layered, multi-dimensional model of holistic health care delivery. Hence the need for excellent communication between service providers, clear lines of responsibility, joint case management, capacity for support and debriefing as well as combined strategic planning and development of outcomes to ensure sustainability. Systems of care cannot work in isolation and emphasis must be given to the development of linkages across sectors.

Spectrum of Care

The spectrum of care required is based on an understanding that social and emotional well being must incorporate recognition of, and appropriate treatment for, mental health problems and disorders. The importance of mental health issues across the lifespan, from conception to old age, is at last now being recognised. This includes the effect of mental illness occurring co-morbidly with drug and alcohol problems and other conditions.

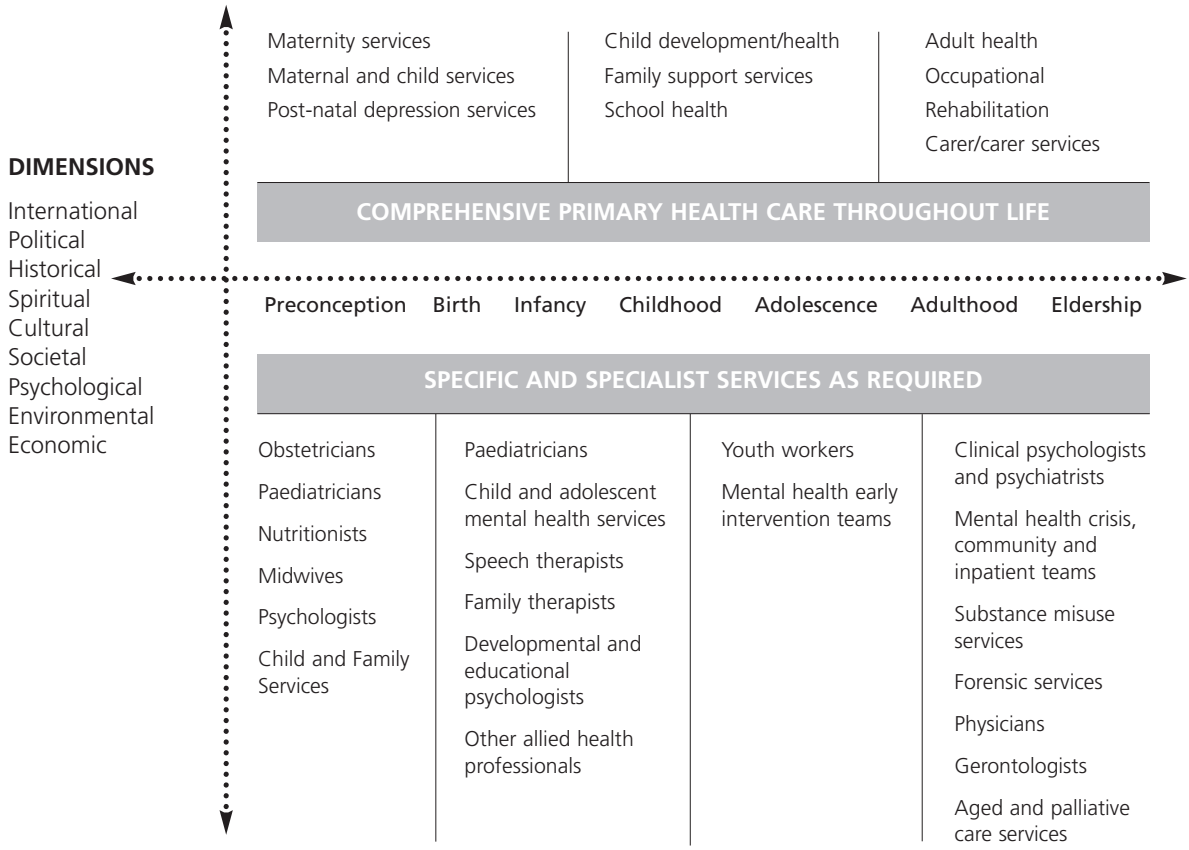
Interventions to improve mental health and reduce the impact of mental health problems and mental illness must be relevant to the needs of Aboriginal and Torres Strait Islander individuals and communities. These interventions must be comprehensive, encompassing the entire spectrum of interventions from prevention to recovery and relapse prevention (see Figure 1).

Effective long-term care requires strong linkages between primary health and mental health services. Only a balance of interventions across all human services sectors such as health, child protection, housing, education, employment and criminal justice can meet the diverse needs of Aboriginal and Torres Strait Islander communities (Australian Health Ministers, 2003).

Figure 2:

Continuum of Care (Milroy 2002):

Demonstrates that at any point along the age and developmental spectrum there are a variety of dimensions and services that impact on, and influence, health and mental health outcomes.



Policy Context

The development of this *Framework* has been auspiced by the National Aboriginal and Torres Strait Islander Health Council and the National Mental Health Working Group. It sits within the context of two important current policy initiatives:

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)

The *National Strategic Framework* provides for a whole-of-government approach to enhancing Aboriginal and Torres Strait Islander health, that has been endorsed for implementation through each governments Cabinet processes.

The *National Strategic Framework (NSFATSIH)* gives immediate priority to a number of key result areas. Key Result Area Four is specifically aimed at enhancing the emotional and social well being of Aboriginal and Torres Strait Islander peoples. This Key Result Area targets mental health, suicide, alcohol and substance misuse and family violence issues, including child abuse.

The *National Strategic Framework* commits governments to monitoring and implementation within their own jurisdictions, in collaboration with the forums established for joint planning under the Aboriginal and Torres Strait Islander Health Framework Agreements.

National Mental Health Plan (2003-2008)

The *National Mental Health Plan (NMHP)* has been developed by the Australian Health Ministers Advisory Council's National Mental Health Working Group. It defines national priorities for mental health care and service delivery reform over the next five years. Specific initiatives targeting Aboriginal and Torres Strait Islander social and emotional well being include improved access to services for Aboriginal and Torres Strait Islander peoples and participation in mental health policy making and planning.

The *National Mental Health Plan* emphasises the need for partnerships between mental health services and Aboriginal and Torres Strait Islander specific health services – with Aboriginal and Torres Strait Islander peoples taking a lead role. The *Plan* supports the implementation of this *Framework* through the development and implementation of State and Territory Aboriginal and Torres Strait Islander Social and Emotional Well Being Plans in consultation with Partnership Forums

Aboriginal and Torres Strait Islander Health Framework Agreements

This *Framework* will be implemented in conjunction with the *Aboriginal and Torres Strait Islander Health Framework Agreements* that have been developed in each State and Territory and the Torres Strait. The Framework Agreements commit the parties to joint regional planning to identify gaps and priorities within that jurisdiction, improved data collection, increased resources to reflect the higher level of need and improved access to both mainstream and Indigenous specific health and health related programs. In almost all States and Territories regional planning has been completed, and in most regions social and emotional well being has been identified as a priority.

The Framework Agreements are signed by four parties:

(i) Australian Government, (ii) State or Territory Health Ministers, (iii) the National Aboriginal Community Controlled Health Organisation affiliate, and (iv) the Aboriginal and Torres Strait Islander Commission (ATSIC).

A specific Framework Agreement for the Torres Strait is also signed by the Torres Strait Regional Authority.

Foundation Documents

This *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being* builds on the work of two determining documents for Aboriginal and Torres Strait Islander health. These are:

The National Aboriginal Health Strategy (1989)

The National Aboriginal Health Strategy (NAHSWP, 1989) provides the most comprehensive articulation of the health aspirations of Aboriginal and Torres Strait Islander peoples. The NAHS is extensively used by health services and service providers and continues to guide policy makers and planners;

Ways Forward (1995)

The *National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, Ways Forward* (Swan and Raphael, 1995) is of particular relevance as the first specific national analysis of Aboriginal and Torres Strait Islander mental health. The *Report* recommended the development of intersectoral links, particularly with substance misuse and forensic programs, and the need to develop the workforce. A key recommendation asserted that service delivery should focus on holistic, primary mental health care programs delivered locally by the Aboriginal Community Controlled Health Sector and staffed by Aboriginal or Torres Strait Islander workers.

Whole of Government and Community Approaches

As noted in the section on understanding social and emotional well being, achieving optimal conditions for health and well being within the Aboriginal holistic definition of health requires action outside of the health sector. A range of existing policies and services are already contributing to this effort and an increased focus on both health and non-health sector contributions to improving the health status of Aboriginal and Torres Strait Islander Australians is provided for by the NSFATSIH.

The *National Strategic Framework* recognises that Aboriginal and Torres Strait Islander health is a shared responsibility, requiring partnerships between Aboriginal and Torres Strait Islander organisations, individuals and communities, and a number of government agencies across all levels of government.

Aboriginal and Torres Strait Islander organisations are particularly important, providing Aboriginal and Torres Strait Islander leadership and advocacy, building on the existing strengths of Aboriginal and Torres Strait Islander communities, and ensuring culture and pride are maintained and strengthened. Aboriginal and Torres Strait Islander non-government organisations, such as Aboriginal Child Care Agencies, substance misuse services, Land Councils, educational groups, community housing groups and other community organisations are important in building social and emotional well being and in responding to those with mental health and substance use problems.

ATSIS provides funding to supplement mainstream programs and services for a range of specific Aboriginal and Torres Strait Islander programs and services, such as family violence prevention, legal representation, housing, recreation, and language and culture. ATSIS also funds Link Up services to provide family tracing and reunion services under the *Bringing Them Home* program.

Australian governments are also building their capacity to respond across agencies and across programs through a range of current initiatives. For example, the Council of Australian Governments' *Shared Responsibility, Shared Future* initiative is trialling whole-of-government cooperation between the Australian Government and State/Territory Governments across departments, to address community priorities in up to ten communities nationally. State and Territory governments have instituted similar initiatives, such as the NSW *New Ways of Doing Business with Aboriginal People.*

Similarly, the National Agenda for Early Childhood aims to provide for cross-agency collaboration to meet the development needs of babies, infants and young children, and the National Drug Strategy's *Aboriginal and Torres Strait Islander Complementary Action Plan* works across health, justice, liquor licensing and other sectors, to reduce the extent and impact of harmful substance use. In addition, the *National Indigenous English Literacy, Numeracy and Attendance Strategy* recognises the interdependency between health and educational outcomes.

Part Two

Key Strategic Directions

Part Two forms the core of this document, setting out the Key Strategic Directions that will guide action over the next five years.

Australia's universal health care system guarantees access to basic health care, including mental health and social and emotional well being as a fundamental right.

For Aboriginal and Torres Strait Islander communities this means three things:

- Action across all sectors to enhance social and emotional well being, promote mental health and prevent problems from arising.
- Access to well-resourced and professional primary health care service, including Social Health Teams linked to community initiatives and to mainstream services.
- Responsive mainstream health services linked in and accessible through the primary health care system.

The Key Strategic Directions set out in this document aim to achieve three fundamental elements of care for each Aboriginal and Torres Strait Islander community through building on progress that has already been made, and recognising effective models of care that have been developed.

The first Strategic Direction therefore recognises and builds on the strengths of Aboriginal and Torres Strait Islander families and communities and supports intersectoral action to enhance well being across the lifespan, and reduce risk.

The second Strategic Direction aims to strengthen the capacity of all Aboriginal Community Controlled Health Services to deliver social and emotional well being care.

The third Key Strategic Direction links to the *National Mental Health Plan (2003-2008)* and sets out actions required to enhance responsiveness and access to mainstream mental health care, citing existing successful models.

The fourth Key Strategic Direction aims to improve coordination, planning and resourcing models to deliver all three elements of care more consistently to all communities. Importantly, this includes joint planning processes at jurisdictional and regional levels between Aboriginal and Torres Strait Islander communities, and health services and mental health planners and providers.

The fifth Key Strategic Direction aims to build the evidence base to ensure interventions are well targeted to levels of need; and that they use the most effective treatment and support approaches.

Figure 3:
Conceptual Framework for Social and Emotional Well Being.

Purpose

Improved mental health and social and emotional well being for Aboriginal and Torres Strait Islander peoples.

Definitions:

Health does not just mean the physical well being of the individual but refers to the social, emotional and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.

Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities (Swan and Raphael, 1995).

Priorities

Improved state of mental health and social and emotional well being for Aboriginal and Torres Strait Islander peoples through:

1. Accessible, culturally sensitive services providing mental health care across all health sectors;
2. Accessible, culturally appropriate mental health and social and emotional well being services through ACCHSs;
3. Effective agreements and partnerships that are transparent and accountable;
4. Optimal resources to ensure effective service delivery;
5. A resourced, supported, competent and confident workforce; and
6. Coordination and collaboration across key sectors and organisations.

Key Strategic Directions

1. Focus on children, young people, families and communities.

1.1. Strengthening families to raise healthy, resilient infants, children, and young people.

1.2. Recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health care and healing.

1.3. Responding to grief, loss, trauma and anger.

2. Strengthen Aboriginal Community Controlled Health Services.

2.1. Building a skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector.

3. Improved access and responsiveness of mental health care.

3.1 Facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people.

4. Coordination of resources, programs, initiatives and planning.

4.1. Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being.

4.2. Improving coordination, planning and monitoring mechanisms.

5. Improve quality, data and research.

5.1. Developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional well being issues and that underpin improved service delivery.

Table 1:

The Key Strategic Directions each have Key Result Areas that include the components described in the following table:

Title	Sets out the main focus of the SEWB Strategy and Key Result Areas.
Rationale	Explains the reasons for targeting this area for action, including the available evidence for the most effective actions in the target area.
Who Needs To Be Involved	Broadly identifies the range of groups and organisations that need to be involved.
Linked Initiatives	Identifies the broad context within which this action is occurring. (Further detail of Linked Initiatives is at Appendix III).
Examples of Initiatives	Provides examples of working programs and initiatives that provide useful models for achieving the desired outcomes. The examples cited are not necessarily endorsed by the SHRG, but are cited as examples of initiatives in the context of the relevant Key Result Area. They also reflect the diversity of initiatives in operation.
Action Areas	Identifies a number of actions required to implement this *Framework* at national, jurisdictional or local levels.
Achievements Sought	Outlines what this action aims to achieve for communities, consumers and their families, or services.
Assessing Progress	Intended to provide checks that confirm whether or not Action Areas have been implemented.
Responsibility	Suggests organisations that are primarily responsible for implementing the Action Areas. Agencies with a lead responsibility are highlighted.

1. Key Strategic Direction
Focus on children, young people, families and communities.

1.1. Key Result Area: Strengthening families to raise healthy, resilient infants, children and young people.

Rationale

This Key Result Area focuses specifically on meeting the needs of children, families and young people because positive mental health outcomes in adults are, to a large extent, determined by health influences and experiences in early childhood (Mrazek and Haggerty, 1994). Most services however, are aimed at adults.

Support to mothers during pregnancy and immediately following birth contributes to positive learning outcomes and to children being able to meet age-appropriate milestones and to engage in healthy social and family relationships. Children who do not experience consistent and nurturing care have less positive life experiences and are more at risk of: developing mental health problems; having poor social competence; and, failing to achieve school success (Mrazek and Haggerty, 1994) and other developmental milestones. In later life, these children are more likely to inflict self-harm and enter into activities such as substance misuse, truancy, criminal activity and violence (CDHAC, 2000).

Past policies and practices relating to Aboriginal and Torres Strait Islander peoples have had a detrimental effect on effective parenting practices. For example, policies that separated Aboriginal families have directly resulted in a range of complex inter-generational social and emotional well being problems including loss of identity, low self-esteem, truancy and boredom, low education retention rates and fewer employment options (HREOC, 1997).

The Bringing Them Home Report (1997) made a range of recommendations to address the transgenerational impacts of family separations. These included specific counselling, parenting and family support programs. This recommendation should be followed through with prevention approaches targeting toddlers and preschoolers that encompass a variety of support and educational services and parenting skills training that address issues of health, education and child safety (Mrazek and Haggerty, 1994). Programs for children aged five to eleven years need to involve home and school settings, focusing on developing crucial social, emotional and problem solving life skills (CDHAC, 2000).

In Aboriginal and Torres Strait Islander societies children are the responsibility of the extended family and of the community. Aboriginal and Torres Strait Islander community organisations are an integral part of the social and kinship fabric of their communities (SNAICC, 2002). Interventions supporting families must therefore take those broader kinship and community structures into account.

School communities can make an effective contribution to assisting young people to make a healthy transition into adulthood, thereby reducing the risks for mental health problems. Protective factors include: a sense of belonging; development of problem solving skills; and, contributing to an individual's academic/sporting success.

Who needs to be involved

National

Related government agencies and national committees in health, community services, justice, police and education portfolios

Health Council

SNAICC

NACCHO

ATSIC/ATSIS

State/Territory

Framework Agreement partners

Departments of health, family and community services, justice, police, education, and Aboriginal and Torres Strait Islander affairs

NACCHO affiliates

Local/Regional

Schools, including ASSPA Committees

Local individuals, families and communities, including elders

General Practitioners

Aboriginal Health Workers

Aboriginal Child Care Agencies

ACCHSs

Other service providers in child care, education and health

Child and youth mental health services

Recreational organisations

Linked Initiatives

National Promotion, Prevention and Early Intervention Action Plan (2000)

National Indigenous Australians Sexual Health Strategy (2001- 2004)

National Drug Strategy: Aboriginal and Torres Strait Islander Complementary Strategy (2003)

National Indigenous English Literacy, Numeracy and Attendance Strategy

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan

Active Australia Strategy

Joint Taskforce for Developmental Health and Well Being

Child and Youth Health Interagency Working Group

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)

National Mental Health Plan (2003-2008)

National Suicide Prevention Strategy

Relationships with family members, including extended family are central to this process and local communities can play a role in providing opportunities for participation both in and out of school hours. Projects that are driven by local communities have proven to be successful (CDHAC, 2000).

Nationally, there is support for coordinated efforts between health, family and community services, correctional services, and the education sectors to improve such resilience and protective factors.

Examples of Initiatives:

Daruk Aboriginal Medical Service in Mt Druitt, NSW provides an antenatal program staffed by an Aboriginal health worker, midwife and a female General Practitioner. The AMS has established a partnership with Nepean Hospital Maternity Unit and has increased awareness amongst Aboriginal women about the importance of antenatal care. This has resulted in an increase in the number of women presenting earlier and more frequently for antenatal visits. As well as this, Daruk provides local Aboriginal people with referral to specialist and other health related services. This program is in the process of expanding into a Maternal and Child Health Program for children up to 12 years of age.

Ngua Gundi Mother Child Project in Woorabinda, Queensland was developed in collaboration with women in the community to provide quality health care for mothers and their babies. A midwifery model of care is provided in culturally sensitive settings, with home visiting provided by the Aboriginal health worker and midwife. A pregnancy network has been formed to support young parents and assist the development of parenting skills. Education and care is provided for the antenatal and postnatal period, including immunisation, breast feeding and baby care. As well as this, assistance is provided for family planning, sexually transmitted infections, domestic violence, substance misuse, relationship counselling and a range of mental health issues.

The Strong Women, Strong Babies, Strong Culture program has been developed in remote Aboriginal communities in the Northern Territory. The birth weight of babies born in the participating communities has been successfully increased. It is expected that greater birth weight will translate into better health outcomes in later life. In particular, there will be a reduced tendency to develop kidney disease, diabetes and other life shortening diseases which are linked to low birth weight. The Program is under the control of community women, is culturally based and the improved nutritional well being and health of the women has benefited their babies.

The **MindMatters** program is an Australia-wide program conducted by the Australian Principals Associations' Professional Development Council and the Curriculum Corporation, with funding from the Australian Department of Health and Ageing. It is a national mental health promotion and suicide prevention resource for secondary schools that has Aboriginal and Torres Strait Islander issues woven throughout. It takes a whole school approach that includes the school ethos and environment, the curriculum, and partnerships and services. Other *MindMatters* initiatives include *MindMatters Plus* for students with high support needs, *MindMatters* Plus General Practice initiative and *FamiliesMatter,* to engage parents, carers and families. The initiative has several components including resources for schools, a national professional development and training strategy, and a dedicated website.

Action Areas	Assessing Progress	Responsibility
1.1.1. Strengthen maternal and child health programs, with a focus on culturally appropriate family and parenting skills.	**Implementation:** Maternal and child health strategy developed by OATSIH. **By when:** December 2004. **Achievements Sought:** Increase in numbers of vulnerable parents and carers accessing maternal and child health care.	**Government Departments:** **DOHA.** **Services:** Maternal and child services. ACCHSs, NGOs.
1.1.2. Develop, support and implement age-appropriate assessment and intervention strategies for Aboriginal and Torres Strait Islander children and young people at risk of mental health and related problems.	**Implementation:** Assessment tools developed and piloted. **By when:** June 2006. **Achievements Sought:** Vulnerable young people are identified and appropriate treatment provided.	**Government Departments:** **DOHA.** **Services:** ACCHSs, mental health sector. **Others:** Research and epidemiology sectors, NACCHO and affiliates, Aboriginal Community Controlled Health Ethics Committees.
1.1.3. Fund, develop and implement community development programs that build on the capacity of local communities and their ability to respond to the needs of local children.	**Implementation:** Needs of children included in Framework Agreement Regional Plans. **By when:** Reported by June 2008. **Achievements Sought:** Evidence of increased level of local partnership responding to children's needs. Increase in community development programs targeting children.	**Government Departments:** **Family and Community Services**, DOHA, Housing, DEST, Centrelink, Aboriginal and Torres Strait Islander Affairs. **Services:** ACCHSs, other Aboriginal and Torres Strait Islander community organisations. **Others:** **Framework Agreement Forums**, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
1.1.4. Increase and improve community development, educational, recreational and cultural programs targeting youth, that focus on the healthy development of individuals through their teenage years into adulthood.	**Implementation:** Needs of young people included in Framework Agreement Regional Plans. **By when:** Ongoing, progress to be reported annually. **Achievements Sought:** Increase in community development programs targeting youth.	**Government Departments:** **DEST, ATSIC/ATSIS,** **Aboriginal and Torres Strait Islander Affairs,** **Family and Community Services** **Sport and Recreation**, **Health,** State and Territory Departments of Indigenous Affairs, Centrelink. **Services:** ACCHSs. **Others:** Framework Agreement Forums, ATSIC Regional Councils, NACCHO and affiliates, other Aboriginal community organisations, schools and local councils.
1.1.5. Support and monitor the impact of joint approaches across portfolios to ensure a focus on improving Aboriginal and Torres Strait Islander social and emotional well being within a broad framework.	**Implementation:** Clear referral and joint case management protocols developed for children, young people and families. **By when:** Joint case management protocols developed by June 2006. **Achievements Sought:** Increase in referrals between teams and in-services available for children, young people and families. Timely access to a range of services for children, young people and families.	**Government Departments:** **DOHA, DEST, ATSIC, Family and Community Services,** Centrelink. **Services:** ACCHSs, specialist services such as paediatricians, allied health and mental health. **Others:** NACCHO and affiliates, other Aboriginal community organisations.
1.1.6. Encourage the education sector to support culturally relevant mental health promotion programs in schools.	**Implementation:** Culturally relevant mental health activities implemented in schools. **By when:** Progress to be reported in the *MindMatters and CommunityMatters* evaluations. **Achievements Sought:** Increase in culturally sensitive mental health promotion activities in schools.	**Government Departments:** **Education**, DOHA. **Services:** Schools, ACCHS, mental health sector. **Others:** NACCHO and affiliates.

1.2 Key Result Area: Recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing.

Rationale

The Aboriginal definition of health (NAHS, 1989) requires the recognition that achieving optimal conditions for health and well being is dependent upon a variety of factors. These relate to individual, family and community experiences and the delivery of services. The social and emotional well being of individuals can be affected by physical health, sexual and gender identity, family relationships (including family violence, history of child abuse, family removals), education, employment and community relationships (including access to language and culture) and spirituality. An holistic approach able to respond to the specific health needs of elders, women, men, children, and young people is required.

Improvements in service provision are evidenced by strong networks within Aboriginal and Torres Strait Islander communities, where a range of these types of services are linked into, and incorporated within, the local Aboriginal or Torres Strait Islander community.

Aboriginal and Torres Strait community organisations play a key role in building these networks. Such organisations include: ACCHSs; Aboriginal Child Care Agencies; education groups; Link Up; Aboriginal Legal Services; substance misuse services; child protection services; Aboriginal housing services; refuges and hostels; sport and recreation groups; cultural and language groups; and, Land Councils.

Healing can happen in many different ways for individuals and communities. A range of these healing practices and programs occur outside of the responsibility of the health sector. Stolen Generation survivors have identified the importance of spirituality, specific Aboriginal approaches, and a cycle of healing. For example, family reunion services, art and cultural activities, memorials and ceremonial practices may all contribute to healing.

Aboriginal and Torres Strait organisations also advocate and provide the means for access to mainstream health and other relevant services. Many of the services lie outside of the health sector and include: housing; community infrastructure; education; employment; recreation; welfare services; crime prevention and justice services; child and family services; and, building community capacity. This can only be achieved through the development of strong and equal partnerships between Aboriginal and Torres Strait organisations and mainstream agencies. Evidence shows that where partnerships between their counterparts and other relevant sectors exist, improved and effective service delivery occurs.

Who needs to be involved

National

Australian Government agencies including health, education, employment, family and community services

National coordinating committees for related strategies

National peak Aboriginal and Torres Strait Islander organisations (NACCHO, SNAICC, NISMC, National Sorry Day Committee)

ATSIC/ATSIS

State/Territory

Framework Agreement partners

State and Territory Aboriginal and Torres Strait Islander community organisations

State government agencies and advisory groups, including health, education, employment, family, youth and community services, justice and corrective services

NACCHO affiliates

Local/Regional

Health, substance use and correctional services

Aboriginal and Torres Strait Islander people, particularly elders

Link Up and Stolen Generation groups

ACCHSs

NACCHO affiliates

ATSIC Regional Councils

Linked Initiatives

National Suicide Prevention Strategy

National Promotion, Prevention and Early Intervention Action Plan

National Indigenous Sexual Health Strategy (2001-2004)

National Drug Strategy: Aboriginal and Torres Strait Islander Complementary Strategy

National Framework for Improving the Health and Well Being of Aboriginal and Torres Strait Islander Males

Development of protocols for model health care delivery in custodial settings

Indigenous Employment Program

Stronger Families and Communities Strategy

Mindframe National Media Initiative 2003-2005

Examples of Initiatives:

Nunkuwarrin Yunti of SA Inc. accesses a range of Australian Government and State funding to provide a culturally appropriate community controlled primary health care service that includes clinical care and health promotion. The Counselling and Social Health Teams incorporate counselling, welfare services, a mental health nurse, visiting psychiatric services, prison outreach and visiting traditional healers. Other programs include: community gym; family and parenting services; Link Up program; a Regional Centre; and, sexual health program.

Anangu Pitjantjatjara Lands service organisation and the Department of Family and Community Services (FaCS) is leading a multi-agency project for a regional stores policy. The program aims to address nutritional issues such as the high prices and poor quality of food, and the lack of Anangu involvement in store management.

The **Community Unity** program was initiated by Yuelamu community in the Tanami Desert, 280 kilometres north west of Alice Springs to stem problem drinking resulting from boredom and exacerbated by a lack of discipline among local youth. The project had two aims: to curb drinking and unacceptable behaviour; and, to develop more recreational, social and cultural activities. The community set up its own Night Patrol and established activities at the Yuelamu Recreation Hall with two pool tables, TVs, videos and computers. An After School Program offers supervised sporting activities. The Northern Territory Government presented Yuelamu with a Better Practice in Local Government Award in 2001 for its impact on lowering the crime rate, improving the quality of life of the residents and the way the community took responsibility for community problems.

Marumali Healing Training Model program delivers a training curriculum that has been developed specifically targeting counsellors and health workers who are working with those who are suffering trauma and grief as a result of separation or removal. The training course is based on a model of healing developed by Ms Lorraine Peeters, an Aboriginal elder who was herself removed from her family as a child. The model is based on her personal experience of healing and was developed with input from mental health professionals.

Action Areas	Assessing Progress	Responsibility
1.2.1. Promote access to aged care services, including palliative care, that is culturally sensitive to the SEWB needs of older Aboriginal and Torres Strait Islander peoples.	**Implementation:** Evaluation providing examples of culturally sensitive comprehensive aged care programs for older Aboriginal and Torres Strait Islander peoples. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increase in the provision of respectful, comprehensive and coordinated care, including home based support services.	**Government Departments:** **DOHA**, Family and Community Services. **Services:** Aged and palliative care services, mental health sector, ACCHSs. **Others:** ATSIC Regional Councils, NACCHO and affiliates.
1.2.2. Increase the levels of mental health awareness within Aboriginal and Torres Strait Islander communities to reduce stigma.	**Implementation:** Development of specific innovative programs and support for existing programs aimed at increasing mental health awareness and resilience. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increased awareness and understanding of mental health problems and disorders, including anti-discrimination initiatives.	**Government Departments:** **Health.** **Services:** Mental health sector and ACCHSs. **Others:** Print, radio and electronic media, including Aboriginal and Torres Strait Islander media, ATSIC Regional Councils, NACCHO and affiliates.
1.2.3. Support anti-discrimination initiatives aimed at identifying and combating the impact of racism on the well being of Aboriginal and Torres Strait Islander peoples.	**Implementation:** Specific guidelines consistent with the implementation of the *NMHP* 2003-2008. **By when:** Evaluated in the NMHP 2003-2008, December 2008. **Achievements Sought:** Responsible and realistic portrayal of Aboriginal and Torres Strait Islander people in media reporting that build on initiatives to raise community awareness about the impact of discrimination.	**Government Departments:** **DOHA, ATSIS.** **Services:** Aboriginal and Torres Strait Islander community organisations, including ACCHSs, mainstream health. **Others:** **NMHWG, Media**, including Aboriginal and Torres Strait Islander media, NACCHO and affiliates.
1.2.4. Develop programs to reinforce male cultural identity and include Aboriginal and Torres Strait Islander men in taking an active role in men's health care.	**Implementation:** Implementation of the *National Framework for Improving the Health and Well Being of Aboriginal and Torres Strait Islander Males.* **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increased number of men able to access culturally sensitive, gender specific services and increased value placed on male roles and identity.	**Government Departments:** **ATSIS, DOHA.** **Services:** Aboriginal and Torres Strait Islander community organisations, including ACCHSs. **Others:** Framework Agreement Forums, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
1.2.5. Improve linkages and pathways across all services and sectors to ensure collaborative responses for needs based care.	**Implementation:** Evaluation shows examples of linkages across sectors including private and public health care, housing, education and training and employment services. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Optimal provision of comprehensive needs based care that incorporates a holistic and coordinated approach to the associated factors for SEWB.	**Government Departments:** DOHA, Family and Community Services, Housing, DEST, Centrelink, State/Territory Departments of Indigenous Affairs. **Services:** ACCHSs, mental health and substance misuse sectors. **Others:** **Framework Agreement Forums,** NACCHO and affiliates.
1.2.6. Strengthen programs that provide effective treatment of mental health problems, substance misuse, and chronic disease.	**Implementation:** Evidence shows an increase in culturally sensitive services employing Aboriginal and Torres Strait Islander health workers. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increased number of Aboriginal and Torres Strait Islander people able to access comprehensive, culturally sensitive services.	**Government Departments:** **DOHA**. **Services:** Aboriginal and Torres Strait Islander community organisations, including ACCHSs, mental health sectors. **Others:** Divisions of General Practice, NACCHO and affiliates.
1.2.7. Build linkages and coordination between responses to the *Bringing Them Home Report.*	**Implementation:** Recommendations of MCATSIA evaluation of the *Bringing Them Home* response implemented by the Australian Government and State and Territory Governments. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Clear referral protocols developed for Link Up, BTH and SEWB services, so that those affected by past policies of separation are effectively supported.	**Government Departments:** **ATSIS, Departments of Immigration, Multicultural and Indigenous Affairs, DOHA,** State/Territory Departments of Indigenous Affairs. **Services:** Link Ups, ACCHSs, health services, other community services. **Others:** **MCATSIA**, Aboriginal and Torres Strait Islander NGOs, NACCHO and affiliates.

1.3 Key Result Area: Responding to grief, loss, trauma and anger.

Rationale

Aboriginal and Torres Strait Islander people experience higher rates of risk factors for mental health and social and emotional well being problems than other Australians. Higher rates of exposure to grief, loss and trauma are unique aspects of this experience (Swan and Raphael, 1995). Programs must address not only current circumstances, but also complex histories of loss and grief over generations.

Factors contributing to higher risk, and to higher rates of grief, loss and trauma have been identified and include:

- Erosion of protective family and community structures also affected by past policies of forced family separation (HREOC, 1997);
- Ongoing experience of social disadvantage and exclusion (AIHW, 2001);
- Frequent deaths within kinship structures due to earlier average age at death, higher infant mortality, and higher rates of deaths of young people due to suicide, self-harm, injury and violence (AIHW, 2001);
- Ongoing higher rates of removal of children by government authorities, or within kinship structures (SNAICC, 2002);
- Higher rates of imprisonment of both adults and young people and deaths in custody (ATSIC, 1997);
- Higher rates of community and family violence and injuries (ABS, 2002).

This situation is worsened by the overlap between risk factors for mental health and social and emotional well being problems with those for suicide, crime, violence, substance use and injury and chronic disease (Patton et al, 1997; Resnick et al, 1997; Zubrick et al, 1995). These problems compound each other and contribute to ongoing cycles of crisis, grief, loss and trauma in individuals, families and communities (Tatz, 1999; Pearson; 2000; Anderson, 2002).

The *Rumbalara Community Study (2001)* confirms that a past history of growing up apart from family, recent or frequent deaths in the family, child abuse and loss of language and culture are directly related to risk of mental health problems.

The Rumbalara study also confirms that depression and anxiety in Aboriginal adults is associated with an increase in substance misuse and with poor physical health. While many Aboriginal and Torres Strait Islander peoples are abstinent, those that do use alcohol or other drugs and more likely to do so at harmful levels (AIHW, 2001). Coordinated responses are needed across mental health, substance use and primary health care programs.

On the basis of evaluation of existing programs, the National Advisory Council for Suicide Prevention (Commonwealth of Australia 2000) identifies priority for life promotion programs that: have a focus on building community capacity; empower and integrate local action; support and respect men and elders; and recognise the importance of traditional healers.

Who needs to be involved

National

Australian Government agencies including health, education, employment, family and community services

National coordinating committees for related strategies

National peak Aboriginal and Torres Strait Islander organisations (NACCHO, SNAICC, NISMC)

ATSIC/ATSIS

State/Territory

Framework Agreement partners

State and Territory Aboriginal and Torres Strait Islander community organisations

State government agencies and advisory groups including health, education, employment, family, youth and community services, justice and corrective services

NACCHO affiliates

Local/Regional

ACCHSs

Health, substance use and correctional services

Aboriginal and Torres Strait Islander community members

Link Up and Stolen Generation groups

Linked Initiatives

National Suicide Prevention Strategy

National Promotion, Prevention and Early Intervention Action Plan

National Indigenous Sexual Health Strategy (2001-2004)

National Drug Strategy: Aboriginal and Torres Strait Islander Complementary Strategy

National Framework for Improving the Health and Well Being of Aboriginal and Torres Strait Islander Males

Development of protocols for model health care delivery in custodial settings

Indigenous Employment Program

Stronger Families and Communities Strategy

Examples of Initiatives:

Circle Sentencing in Nowra, NSW is a new approach to sentencing young repeat Aboriginal offenders involving local elders, the Court Magistrate and victims of the crime. The trial program commenced in February 2002. The first review of the program was published in August 2003, and the program is now being expanded to Dubbo, Brewarrina, Walgett and Bourke. Traditional court rules and etiquette do not apply in Circle Sentencing, where elders discuss the crimes and appropriate punishment with the offender. This has proved to have a greater impact than facing a traditional court with offenders encouraged to take responsibility for their behaviour. Traditional punishments such as spearing are not allowed in NSW, however innovative sentences often involve community service, drug and alcohol rehabilitation and counselling programs.

A number of **Aboriginal Medical Services** nationwide have established visiting services to Aboriginal and Torres Strait Islander people in prison. These services include blood pressure screening, health education, links with mental health counselling and arrangements for community follow up and with mainstream services. In NSW for example, a partnership agreement has been signed by AHMRC of NSW and NSW Corrections Health. This has initiated MoUs between a number of NSW ACCHSs and Corrections Health for ACCHSs to provide health care to inmates.

The **Rumbalara Aboriginal Cooperative Wongi Cultural Healing Team** in Shepparton, Victoria has been established to provide holistic and culturally sensitive mental health support. An agreement has been established between the Area Mental Health Service and Rumbalara Aboriginal Cooperative to share information on intakes and discharges, so that support is provided in a timely and coordinated manner. Collaborative case management ensures that Aboriginal clients receive the most appropriate care.

Suicide Prevention in Aboriginal Communities conducted by Indigenous Psychological Services is a statewide WA initiative developed in response to the high incidences of suicides in the region. These forums ascribe to a community development approach and are conducted with service providers, young people, and local Aboriginal community members in these regions and are rigorously evaluated. The overall aim is the reduction of Aboriginal people attempting and completing suicide. Other project objectives include: skill development; increasing knowledge about depression and suicidal behaviour; increasing the ability to recognise, support and link into appropriate services; increased ability to provide assistance to Aboriginal people who are depressed or suicidal; and, the development of local community 'gatekeepers.'

Action Areas	Assessing Progress	Responsibility
1.3.1. Provide Aboriginal and Torres Strait Islander outreach programs for those at risk, including those in contact with the criminal justice system.	**Implementation:** Evaluation shows evidence of joint planning and partnership between health, substance misuse and mental health, and correctional services. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Continuity of care available for those confined to, or leaving correctional institutions.	**Government Departments:** **DOHA**, Family and Community Services, **Criminal justice systems** **Services:** ACCHSs and other Aboriginal and Torres Strait Islander organisations, mental health and substance misuse sectors, NGOs, Correctional health services. **Others:** Aboriginal legal services, NACCHO and affiliates.
1.3.2. Provide prevention, early intervention and rehabilitation programs that break cycles of violence, abuse and substance misuse.	**Implementation:** Screening and early intervention programs available for those at risk and during times of trauma, family problems or offending behaviours. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Families at risk have a structured, safe care plan across local agencies.	**Government Departments:** **DOHA**, Family and Community Services, Criminal Justice system. **Services:** ACCHSs and other Aboriginal and Torres Strait Islander organisations, mainstream health services, NGOs. **Others:** Aboriginal legal services, NACCHO and affiliates.
1.3.3. Reduce harmful substance misuse through supporting programs that promote positive mental health and well being.	**Implementation:** Staff of primary health care and substance misuse services develop the skills to recognise, refer and/or address trauma, grief, loss and anger issues, including mental health problems and suicide risk. Locally developed referral protocols implemented in a range of services. **By when:** Reported on in the Framework evaluation 2009. **Achievements Sought:** Increased range of promotion, prevention, and early intervention programs accessible to those with mental health and substance misuse problems.	**Government Departments:** **DOHA, Education and Training.** **Services:** ACCHSs and other Aboriginal and Torres Strait Islander organisations, mental health and substance misuse sectors, NGOs. **Others:** NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
1.3.4. Strategies for community agreed programs for alcohol harm reduction.	**Implementation:** Evidence of increased community capacity and participation in fostering environments that promote good social and emotional well being. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increased community capacity to address trauma, grief, loss and anger issues, and mental health problems including suicide risk Decreased community and family violence and alcohol related diseases.	**Government Departments:** **DOHA, Licensing Boards,** Local Government, Small Business. **Services:** Mental health and substance misuse sectors, ACCHSs and other Aboriginal and Torres Strait Islander organisations. **Others:** Hotels and liquor suppliers ATSIC Regional Councils, NACCHO and affiliates.
1.3.5. Provide culturally appropriate and historically informed programs and interventions to help people with their healing process from cumulative experiences of grief, loss trauma, and anger.	**Implementation:** SEWB programs deliver specialist interventions in response to grief, loss, trauma and anger. **By when:** Reported on in the *Framework* evaluation 2009. **Achievements Sought:** Increased mental health awareness and access to needs based services within Aboriginal and Torres Strait Islander communities.	**Government Departments:** **ATSIS, Health.** **Services:** ACCHSs, Link Ups, and other Aboriginal and Torres Strait Islander organisations, mainstream health services, private psychiatrists and psychologists. **Others:** National Sorry Day Committee, Stolen Generation groups, Divisions of General Practice, NACCHO and affiliates.
1.3.6. Acknowledge and recognise the causes of individual and community anger and provide effective programs to reduce the risk of violent behaviour and self-harm.	**Implementation:** Scoping of effective anger management and suicide prevention programs. **By when:** By June 2006. **Achievements Sought:** Decrease in self harm and family violence and an increase in community cohesion.	**Government Departments:** **Health.** **Services:** Mainstream health sectors, Divisions of General Practice, Private psychiatrists and psychologists, suicide prevention and mental health, NGO's, ACCHSs and other Aboriginal and Torres Strait Islander organisations. **Others:** NACCHO and affiliates.

2. Key Strategic Direction Strengthen Aboriginal Community Controlled Health Services.

2.1 Key Result Area: Building a skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector.

Rationale

Aboriginal Community Controlled Health Services (ACCHSs) deliver a range of services required to meet the complex and interactive health needs of Aboriginal and Torres Strait Islander peoples (Health Council, 2002). Strengthening the ACCHS workforce to effectively respond to mental health and social and emotional well being issues is therefore crucial to the success of this *Framework*.

Commitment is needed to recurrent funding with minimum of three to five year funding cycles, five business year plans, job security, professional development opportunities and career pathways (*NACCHO Consultation Report*, 2003).

ACCHSs provide a central role due to the religious, cultural, spiritual and social needs they address. They provide culturally appropriate primary health care that is specific to the needs of their communities. For many people, services that are offered by ACCHSs provide a sense of belonging. ACCHSs provide:

- Community ownership, as the community has developed and shaped the service;
- A built-in health care complaints system;
- A service that is consumer driven and everyone is a consumer;
- A community elected ACCHS Board. Board members are consumers of the service, many of whom are elected to represent the community at a regional, state and national level. All associated responsibilities are met unpaid;
- A constant memorial of community members past and present who have worked tirelessly to develop services;
- A meeting place, teaching place, learning place - it's our place;
- A place to go when you feel crook;
- A place to go when you need food or to make an urgent phone call;
- Emotional support, and a safe place to cry;
- A place to heal;
- A supportive place to track and contact family members;
- Assistance when family and friends pass away; and
- Culturally respectful support and assistance wherever possible, including assistance with funeral preparations and the return of loved ones back to country for burial (*NACCHO Consultation Report*, 2003).

The NACCHO consultations identified that the demand for programs to meet the mental health and social and emotional well being needs of clients is growing, in part through the awareness of available services and because clients feel more comfortable to seek assistance. High percentages (over 50%) of people using Aboriginal Community Controlled Health Services have a diagnosable mental disorder in addition to any other presenting problem (McKendrick et al, 1992).

Who needs to be involved

National

NACCHO

Regional Centres Working Group

VET sector – Community Services and Health Training Australia,

Australian National Training Authority

Australian Government Departments (DEWR, DEST, DOHA)

AHMAC Aboriginal Health Workforce Working Group

Professional associations (eg RANZCP, AIDA, CATSIN, CATSISWA)

State/Territory

Framework Agreement partners

State Training Authorities

Universities and colleges

Aboriginal Health Workers

Organisations and registration bodies

NACCHO affiliates

Local/Regional

Regional Centres

ACCHSs

SEWB workers and managers

Training providers

Linked Initiatives

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2002)

'gettin em n keepin em' Report of the Indigenous Nursing Education Working Group

Aboriginal and Torres Strait Islander Health Framework Agreements

State and Territory Aboriginal and Torres Strait Islander mental health and well being policies

National Mental Health Plan (2003-2008)

OATSIH/NACCHO Service Activity Reporting

CSHTA Aboriginal Health Worker competencies (2002)

In order to be responsive, ACCHSs require recurrent financial resources to meet the mental health, social, emotional, spiritual and cultural needs of their community.

Social Health Teams[1] within a small number of ACCHSs are multi-skilled and multi-disciplinary teams that provide a range of social health services and have been determined, within the sector, to be the most appropriate method of support (NACCHO, 2001). The work requires specialised knowledge of history, culture and social health problems as well as skills in providing culturally sensitive interventions, including responses to Stolen Generations issues, grief, loss, trauma and anger, substance misuse, family and parenting problems, suicide and mental health crisis.

Social Health Teams should comprise of a minimum of two counsellors (with a gender balance of male and female), and could include, dependent upon local need, a multi-skilled and multi-disciplinary team of:

- Mental health professionals;
- Youth workers;
- Family support workers;
- Drug and alcohol workers;
- Sexual health workers;
- Traditional healers and cultural consultants, when required;
- Welfare/support workers;
- Mental health promotion/support and recreation workers; and
- Project officer/community officers to coordinate, manage and plan for events such as emergencies, crisis responses and debriefing.

Cultural and spiritual factors may influence the way mental health problems can develop, including the presentation of symptoms, the meaning and understanding of the problem and the appropriateness and acceptability of treatment and outcomes. For these reasons, early intervention in an Aboriginal and Torres Strait Islander comprehensive primary health care settings is the ideal method of intervention. The comprehensive primary health care approach provides an opportunity to deliver the range of services required. Adequate resources can deliver earlier interventions at the community level and reduce disruption to the lives of individuals, their families and communities.

Larger and better resourced ACCHSs often become the provider of choice of mental health care for Aboriginal and Torres Strait Islander peoples with a serious mental disorder, providing active case management and follow up, psycho/social education, medication management, and family and community support, with consultation and liaison support from mainstream mental health services.

Work undertaken in this area requires linkages, partnerships and cooperation with mainstream services, visiting services and outreach services. Currently there is a mix of service provision based on what the community determines. Therefore, it will be different for each service as communities are at different stages of development, depending upon the level of resources available within the area. Developing relationships with other agencies is complex and takes time and requires commitment from all levels of the services system.

Increasing the numbers of Aboriginal and Torres Strait Islander people qualified to do social and emotional well being work requires specific strategies to enhance recruitment, retention and support to students, who often also have work and family and community responsibilities. On-the-job and informal training, recognition of existing personal and cultural skills and articulation of training provided in the Vocational Education and Training sector within the tertiary sector is required (SCATSIH, 2002; Howson, 2002; Urbis Keys Young, 2001). It is important that training for SEWB workers is based on detailed consultation regarding community needs. Regional Centres have made important gains in conducting community consultations and in developing curricula. Their role has also been critical in supporting, advocating for, and brokering training for staff of Aboriginal Community Controlled Health Services (Urbis Keys Young, 2001).

Access to training can be facilitated through the network of Regional Centres around Australia. Consistent with recommendations of the earlier *Ways Forward* report (Swan and Raphael, 1995), workers in Aboriginal Community Controlled Health Services report the need for more support in developing and implementing good practice and stronger links and supportive partnerships with the mainstream mental health sector (Urbis Keys Young, 2001).

[1] For the purpose of this document, Social Health Teams are multi-disciplinary teams based within ACCHSs, providing a range of social health services.

Examples of Initiatives:

Aboriginal Health Worker Forum was established in New South Wales in 2000. The Forum was reviewed in June and July 2002 and is now in its second term. The role of the Forum is to foster improvement in the working environment, career and development opportunities and professional standing of Aboriginal health workers in NSW Health, thus creating better understanding and acknowledgement of the unique part that Aboriginal health workers play in Aboriginal health.

Kimberley Aboriginal Medical Services' Council Inc. Regional Centre for Social and Emotional Well Being is currently developing a Regional Aboriginal Mental Health Plan. The Centre provides an Advanced Diploma in SEWB (accredited) and Introduction to Counselling and Factors Impacting on Mental Health. Other activities include links with training providers for culturally appropriate training in issues such as suicide and child sexual abuse.

Nunkuwarrin Yunti of SA Inc. The SA Centre for Indigenous Social and Emotional Well Being is a partnership between Nunkuwarrin Yunti of SA Inc. and the Aboriginal Health Council of SA. The Regional Centre program delivers an Aboriginal Mental Health (Narrative Therapy) Diploma Course and provides quarterly workshops for counsellors operating in Aboriginal Community Controlled Health Services and Substance Misuse Services across the State and the Link Up Program.

The **Wu Chopperen Social Health Program** located in an ACCHS in Cairns, Queensland, provides social and emotional well being support to assist clients to maintain a healthy and positive lifestyle. All staff members are Aboriginal and/or Torres Strait Islander, excluding the drug and alcohol worker who is non-Aboriginal. The team works closely with other health practitioners of Wu Chopperen and with mainstream mental health services. It also provides ongoing support and rehabilitation for people with serious mental illness living in the community, through access to State Government funds.

Action Areas	Assessing Progress	Responsibility
2.1.1. Provide optimal resources to ACCHSs to deliver flexible social and emotional well being programs and needs based care.	**Implementation:** SAR data shows an increase in specialist SEWB positions within ACCHSs. **By when:** By June 2007. **Achievements Sought:** Workforce is available to provide appropriate care, including out of hours and visiting services when required.	**Government Departments:** **DOHA**. HIC, Medical Benefits Scheme. **Services:** ACCHSs. **Others:** NACCHO and affiliates.
2.1.2. Further support ACCHSs to continue to provide innovative, flexible, traditional and more culturally appropriate approaches to healing.	**Implementation:** Restructure OATSIH funding systems to provide more flexibility for ACCHSs. **By when:** By June 2005. **Achievements Sought:** Optimal resources available to support the mental health and SEWB work of ACCHSs.	**Government Departments:** **OATSIH.** **Services:** ACCHSs. **Others:** NACCHO and affiliates.
2.1.3. Develop national social and emotional well being competency standards that are linked to other appropriate competency standards, such as the Community Services and Health Training Package, the National Mental Health Practice Standards, and Aboriginal Health Worker competencies.	**Implementation:** Consultations commence on SEWB competencies. **By when:** June 2008. **Achievements Sought:** ACCHS staff are confident and resourced to provide appropriate treatment and care to clients with SEWB problems.	**Government Departments:** DOHA, DEST, Education and Training. **Services:** ACCHSs. **Others:** **CSHTA**, NACCHO and affiliates, Regional Centres, Aboriginal Colleges, tertiary institutions, VET sector – ANTA, State Training Authorities, Professional colleges and associations, including CATSIN, AIDA, CATSISWA, RANZCP, Australian Psychological Society, Australian Association of Social Workers etc.
2.1.4. Improve management support and infrastructure for Social and Emotional Well Being Regional Centres and social and emotional well being workers in ACCHSs.	**Implementation:** Evaluation shows that guidelines and policies are in place within services to support, supervise and debrief workers. **By when:** By mid-term evaluation. **Achievements Sought:** SEWB workers receive debriefing, professional development and support.	**Government Departments:** **DOHA.** **Services:** ACCHSs, Regional Centres. **Others:** NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
2.1.5. Expand and tap into education and training opportunities and resources offered by the Vocational Education and Training sector and the tertiary education sector.	**Implementation:** Increased numbers of, and increased qualifications for, Aboriginal and Torres Strait Islander workers in ACCHSs relevant to mental health and SEWB fields. Increase in a range of training options, such as cadetships, traineeships and scholarships. **By when:** Dec 2009. **Achievements Sought:** Fully functioning and supported ACCHSs and SEWB Regional Centres. **Implementation:** Increased numbers of, and increased qualifications for, Aboriginal and Torres Strait Islander SEWB workers in the ACCHS.	**Government Departments:** **Education and Training, DOHA.** **Services:** ACCHSs, Regional Centres, Aboriginal colleges. **Others:** NACCHO and affiliates, tertiary institutions, VET sector – CSHTA, ANTA, and other professional colleges, professional associations (eg. AIDA, CATSIN).
2.1.6. Develop, implement and monitor strategies to recruit, retain and support Aboriginal and Torres Strait Islander workers in the mental health and social and emotional well being field.	**Implementation:** Through the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2002).* **By when:** Dec 2009. **Achievements Sought:** Increased numbers and improved retention of Aboriginal and Torres Strait Islander workers in the mental health and SEWB field.	**Government Departments:** **DOHA, Education and Training.** **Services:** ACCHSs. **Others:** NACCHO and affiliates, tertiary institutions and Aboriginal and Torres Strait Islander professional associations.
2.1.7 Ensure that training addresses Aboriginal social and emotional well being needs, particularly grief, loss, trauma and anger, including Stolen Generation issues.	**Implementation:** Consultations commence on SEWB competencies. **By when:** June 2008. **Achievements Sought:** All specialist SEWB staff receive training in anger, grief, loss and trauma work and in Stolen Generation issues.	**Government Departments:** **DOHA**, DEST. **Services:** ACCHSs. **Others**: VET sector – **CSHTA**, ANTA, and other professional colleges, Regional Centres, Aboriginal colleges, NACCHO and affiliates, tertiary institutions.

Action Areas	Assessing Progress	Responsibilit
2.1.8. Develop policies, guidelines, assessment formats, crisis management protocols and other procedures for mental health and social and emotional well being related programs in ACCHSs.	**Implementation:** Evidence that good practice guidelines have been developed and implemented. **By when:** By June 2005. **Achievements Sought:** Services report that social and emotional well being service delivery is consistent with good practice guidelines. Clients in need receive a high quality service and workers are clear about of what is expected of them.	**Government Departments:** OATSIH, DOHA, Education and Training. **Services:** ACCHSs, Regional Centres. **Others:** **NACCHO and affiliates**, professional associations.
2.1.9. Increase the capacity of Regional Centres to deliver support and in-service training to counsellors and other workers in the SEWB field, and to ensure that training opportunities are available to meet community identified needs.	**Implementation:** Regional Centre Performance Indicators show evidence of increased activity. **By when:** By June 2005. **Achievements Sought:** Services report that social and emotional well being service delivery is consistent with good practice guidelines. A confident and supported workforce which responds effectively to a range of mental health and SEWB issues.	**Government Departments:** **DOHA**, Education and Training. **Services:** ACCHSs. **Others:** **Regional Centres**, NACCHO and affiliates, tertiary institutions, VET sector – CSHTA, ANTA, Professional associations, Registered Training Organisations, Aboriginal colleges.

3. Key Strategic Direction
Improved access and responsiveness of mental health care.

3.1. Key Result Area:
Facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people.

Rationale

The *National Mental Health Plan (2003-2008)* adopts a population health approach. The determinants of mental health at a population level comprise of a range of psychosocial and environmental factors including, income, employment, poverty, education and access to community resources. Mental health care should be responsive to the unique needs of Aboriginal and Torres Strait Islander people (Australian Health Ministers, 2003). The *National Mental Health Plan* (2003-2008) also makes specific commitments to improved access and to developing effective partnerships to improve service responsiveness to Aboriginal and Torres Strait Islander peoples.

Mental health care is provided through a range of mainstream health sectors. Services such as: hospitals; community health services including child and family; specialist mental health; drug and alcohol services, including rehabilitation; General Practitioners; Corrections Health; private psychiatrists and psychologists; and other allied health professionals, all have a role to play.

Evidence indicates that Aboriginal and Torres Strait Islander peoples find accessing mainstream services a difficult, and in some cases a traumatic experience. This is in part due to past associations of health care provision with removal of children, or with discriminatory treatment. As a result, Aboriginal and Torres Strait Islander peoples may delay seeking help for mental health problems until a crisis occurs (Health Council, 2002); (Swan and Raphael, 1995); (Coade and O'Leary, 1999).

International evidence on the provision of Indigenous health services shows that they are most effective when delivered by Indigenous health professionals (Health Council, 2002). However, Australia's Aboriginal and Torres Strait Islander population is small in numbers, and as a percentage of the population (ABS, 2002) is disadvantaged in educational attainment and is under-represented across the health professions generally (AIHW, 1999).

Strategies to increase identification and early intervention approaches delivered in the community, at earlier stages of mental health problems and disorders, are required to provide more effective and less traumatic mental health care and to reduce the impact of illness on the life of the client, their family and the community.

Aboriginal and Torres Strait Islander people with mental ill health and their families, require equitable access to mainstream mental health care. Ensuring that inpatient, community and crisis services are culturally sensitive and linked to effective support and referral from primary health services, is crucial to providing support to Aboriginal and Torres Strait Islander clients and their families.

Who needs to be involved

National

National Mental Health Working Group and sub-committees

Australian Government departments (DEWR, DEST, DOHA), Aboriginal and Torres Strait Islander professional associations (AIDA, CATSIN, CATSISWA)

Mental Health professional bodies (RANZCP, Australian Association of Social Workers, Australian Psychological Society, RACGP etc)

AHMAC Aboriginal Health Workforce Working Group

Peak bodies (NACCHO, Mental Health Council of Australia, NACSP)

State/Territory

Mental health directorates

Framework Agreement partners

Universities

Professional registration boards

NACCHO affiliates

Local/Regional

Mental health services

General Practitioners

Area health service managers

Aboriginal community organisations

ACCHSs

Linked initiatives

National Mental Health Plan (2003-2008)

gettin em n keepin em Report of the Indigenous Nursing Education Working Group

National Mental Health Practice Standards Implementation Group Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2002)

State and Territory Aboriginal and Torres Strait Islander mental health policies and programs

Better Outcomes in Mental Health Care

AMHAC Cultural Respect Framework

This requires significant responses from mainstream mental health services, including building on existing initiatives and developing strong and effective partnerships with Aboriginal Community Controlled Health Services.

Other priorities include increasing the accessibility and availability of specialist mental health services for children and young people. People with comorbid conditions, such as comorbid substance use disorders, intellectual disability, acquired brain injuries and physical illness and disability often have complex needs that require a coordinated response from multiple service sectors (Australian Health Ministers, 2003).

Over the last few decades mental health sector policies, programs and strategies have emphasised the need to better service Aboriginal and Torres Strait Islander peoples (Australian Health Ministers, 1992 and 1998; CDHAC, 2000a, CDHAC, 2000b). Urbis Keys Young, (2001) showed that reform had begun, citing initiatives such as the development of Aboriginal and Torres Strait Islander mental health plans in a number of states and territories, specific service delivery initiatives, such as identified inpatient beds for Aboriginal health clients, the support of multi-disciplinary teams, and the employment of Aboriginal and Torres Strait Islander mental health workers.

Improving access to mainstream mental health care requires increasing the knowledge and confidence of workers in the mainstream mental health sector (Thornicroft and Betts, 2002). Four major areas must be addressed in order to ensure that mental health workers in mainstream provide culturally appropriate care to Aboriginal and Torres Strait Islander patients and their families. These include:

- Increasing the numbers and status of Aboriginal and Torres Strait Islander mental health workers and other health professionals;
- Enhancing the skills and training of non-Indigenous mental health professionals;
- Providing a supportive and culturally sensitive work environment and management structures; and
- Equity in the distribution of mental health professionals in rural and remote locations.

Access to timely, community based, mental health care is affected by inequitable distribution of mental health professionals in rural and remote locations (Thornicroft and Betts, 2002). Such locations report reduced access to private psychiatrists and General Practitioners through the Medicare system (ABS & AIHW, 2002); (Thornicroft and Betts, 2002). Recommended workforce strategies include increasing incentives for rural and remote private practice and skill development within primary health care services to deliver mental health interventions.

Aboriginal and Torres Strait Islander people can present to mental health services with concerns that are triggered and maintained by cultural issues. The engagement of cultural consultants can assist resolution of those issues.

The *NACCHO Consultation Report (2003)* identified that Aboriginal and Torres Strait Islander mental health workers are not recognised as professionals by their colleagues in mainstream settings despite, having gained mental health qualifications within the vocational education or tertiary sector.

Tertiary curricula often do not include Aboriginal and Torres Strait Islander mental health issues and course structures tend not to be appropriate to support Aboriginal and Torres Strait Islander students. University courses need to revise curricula to include Aboriginal and Torres Strait Islander mental health issues to meet the requirements of the National Mental Health Practice Standards.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) identified a need to increase the numbers and status of Aboriginal and Torres Strait Islander mental health workers by providing: formalised support; recognition of their role; and, salary and career structures that are portable across organisations (RANZCP, 2003). The experience of mental health services in NSW suggests that support for Aboriginal and Torres Strait Islander mental health workers should include:

- Access to ongoing professional supervision;
- External support from Aboriginal organisations;
- Access to continuing education and training;
- Opportunities to provide training to non-Indigenous staff; and
- Support for attendance at relevant seminars and conferences (NSW Health, 1999).

Examples of Initiatives:

An **Aboriginal Health Impact Statement** has been developed by NSW Health and the AHMRC of NSW to ensure that the health needs and interests of Aboriginal people are integrated into the development and implementation of mainstream health policies. This means that appropriate consultation and negotiation have taken place and consideration given to Aboriginal health needs. All NSW Health staff developing health policies, programs or major strategies are required to use and complete the impact statement.

AHRMC of NSW and the Centre for Mental Health and NSW Health have been operating in partnership for a number of years.

VicHealth's Mental Health Promotion Plan has developed a community leadership program to promote emotional and spiritual well being in Koori communities. The program draws on the wisdom and experience of older people and acknowledges that the extended family is the basis of communities. Five community leadership programs have been funded and while each is unique, all projects reflect the themes of strengthening culture, community and family.

The Central Australian Remote Mental Health Team **Leave No Footprints** consists of a combined community effort and a small team of twelve staff from a range of government and non-government services. Most of the team belongs to local clans and language districts. The team overcomes considerable cultural diversity and geographical distances to provide treatment and support that is culturally sensitive and encourages community connection. The psychiatrist provides clinical supervision to mental health workers and treatment models incorporate traditional healing.

Indigenous Psychological Services provides combined workshops for training including: ''Working with Suicidal and Depressed Aboriginal Clients'' and ''Psychological Assessment of Aboriginal Clients.'' These workshops have been presented extensively throughout Western Australia, with support from local Aboriginal and Torres Strait Islander people working in the field of mental health. The workshops focus not only on the complexities of conducting psychological assessments, but also provide practical, theory driven strategies aimed at minimising the extent of bias that exists within assessments of Aboriginal clients.

Charles Sturt University Djirruwang Program is a specific mental health Degree restricted to Aboriginal and Torres Strait Islander students. The program offers a 'block release' training model and is popular with those already working in the field. It offers exit points at Certificate and Diploma level, but to date has shown high retention rates for students through to Degree level. Training focuses on clinical care, self-care and on developing competencies on the job. NSW has linked the program with traineeships for Aboriginal mental health workers in the far west. The program is aligning itself with the community services and health training package, Aboriginal health worker competencies and the National Mental Health Practice Standards, to increase professional recognition of graduates in other States and Territories.

The program initially received broad health service and Aboriginal community/worker support from the south east NSW area. The initial steering committee comprised 21 members, 16 were Aboriginal people representing a variety of organisations, including local traditional owners. It has concluded a number of external evaluations providing stakeholder and student feedback, to ensure continuing relevance.

Central Sydney Area Health Service and Aboriginal Medical Service Redfern is a partnership between the CSAHS and AMS Redfern provides for the delivery of mental health care within the AMS Redfern. This model is enhanced by the presence of an experienced Aboriginal Clinical Nurse Consultant employed by CSAHS, who is able to provide advocacy back into the mainstream service to support mental health workers in culturally appropriate service delivery. The Consultant is supported by the multi-skilled team and social health and Emotional and Social Wellbeing Regional Centre staff within AMS Redfern.

Action Areas	Assessing Progress	Responsibility
3.1.1. Develop and implement state and territory Aboriginal and Torres Strait Islander mental health and Social and Emotional Well Being Plans.	**Implementation:** Support the development and implementation of Social and Emotional Well Being Plans for each State and Territory. **By when:** June 2004. **Achievements Sought:** Increased numbers of Aboriginal and Torres Strait Islander people receiving community based mental health care. Accessible, culturally sensitive services providing mental health care across all health sectors.	**Government Departments:** **DOHA.** **Services:** Mental health sector, ACCHSs. **Others:** **Framework Agreement Forums**, NACCHO and affiliates.
3.1.2. Identify, monitor and disseminate information about effective models of services and partnership that improve service responsiveness to Aboriginal and Torres Strait Islander people in partnership with ACCHSs.	**Implementation:** A system established to share information about effective models of service and care. **By when:** June 2008. **Achievements Sought:** Processes in place for service collaboration, including dissemination of effective care models.	**Government Departments:** **Health.** **Services:** Mental health sector, ACCHSs. **Others:** Tertiary institutions, Professional colleges, NACCHO and affiliates.
3.1.3 Tertiary institutions and professional colleges provide training for all mental health professionals on Aboriginal and Torres Strait Islander mental health issues.	**Implementation:** Increased numbers of health curriculums incorporate Aboriginal mental health content and meet National Mental Health Practice Standards. **By when:** June 2008. **Achievements Sought:** All specialist mental health staff receive training in Aboriginal and Torres Strait Islander mental health issues. Tertiary education initiatives to recruit and retain Aboriginal and Torres Strait Islander students.	**Government Departments:** **Health, DEST.** **Services:** Mental health sector, Professional colleges. **Others:** Tertiary institutions, National Mental Health Practice Standards Implementation Group, Workforce Working Group, AIDA, CATSIN, RANZCP, Regional Centres, NACCHO and affiliates, NCATSISWA, other professional associations.

Action Areas	Assessing Progress	Responsibility
3.1.4. Provide in-service training for all non-Indigenous mental health workers in the knowledge, skills and attitudes required to meet the needs of Aboriginal and Torres Strait Islander patients and their families.	**Implementation:** National Practice Standards Implementation Working Group to include a focus on cross cultural practice. **By when:** June 2006. **Achievements Sought:** Non-Indigenous staff meet National Practice Standards with regard to cross cultural practice.	**Government Departments:** **DOHA.** **Services:** Mental health sector, ACCHSs. **Others:** Professional colleges, National Mental Health Practice Standards Implementation Group, RANZCP, other professional associations, NACCHO and affiliates.
3.1.5. Cultural awareness training for mental health managers, with the aim of improving the capacity of health services to attract and retain Aboriginal and Torres Strait Islander staff.	**Implementation:** Cultural Respect Framework implemented throughout the public health sector. **By when:** June 2008. **Achievements Sought:** Increased recruitment and retention of Aboriginal and Torres Strait Islander staff throughout the mainstream health system. Resourced and confident mental health workforce.	**Government Departments:** **DOHA.** **Services:** Mental health sector, ACCHSs. **Others:** Professional colleges, NACCHO and affiliates.
3.1.6. Develop strategies to encourage psychiatrists, psychologists and other allied health professionals to work in Aboriginal and Torres Strait Islander communities.	**Implementation:** Incentive schemes available. **By when:** June 2008. **Achievements Sought:** Increased availability of mental health workers in discrete and remote communities.	**Government Departments:** **HIC, DOHA.** **Services:** Mental health sector, rural health, private practice, psychiatrists and psychologists, ACCHSs. **Others:** Professional colleges, associations and registration bodies, NACCHO and affiliates.
3.1.7. Increase the numbers of identified Aboriginal and Torres Strait Islander mental health worker positions and provision of appropriate on the job support and supervision.	**Implementation:** Mental health services have strategies in place to support Aboriginal and Torres Strait Islander staff. **By when:** June 2008. **Achievements Sought:** Increase the numbers of identified Aboriginal and Torres Strait Islander mental health worker positions.	**Government Departments:** **DOHA**, DEST. **Services:** Mental health sector, ACCHSs. **Others:** Professional colleges, associations and registration bodies, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
3.1.8. Negotiate transferable professional recognition and credit for appropriately qualified Aboriginal and Torres Strait Islander mental health workers. This should include supporting the professional development of Aboriginal mental health workers.	**Implementation:** Negotiations commenced regarding professional registration and qualification requirements. **By when:** June 2008. **Achievements Sought:** Increased numbers, pay, working conditions and qualifications of Aboriginal and Torres Strait Islander mental health workers. Mental health services and professional associations providing supervision and other professional development programs for Aboriginal mental health workers.	**Government Departments:** **DOHA, DEWR.** **Services:** Mental health sector, ACCHSs. **Others:** RANZCP, AIDA, Tertiary institutions, VET sector – CSHTA, ANTA, Professional colleges, associations and registration bodies, Mental Health Peak bodies, NACCHO and affiliates.
3.1.9. Expand opportunities for Aboriginal and Torres Strait Islander peoples to enter the professions through educational opportunities, scholarships, cadetships and mentoring.	**Implementation:** Increased range of support and opportunities to engage and retain students in professional courses. **By when:** June 2008. **Achievements Sought:** More Aboriginal and Torres Strait Islander professionals.	**Government Departments:** **DOHA, DEWR.** **Services:** Mental health sector, ACCHSs. **Others:** Tertiary institutions, Professional colleges (RANZCP, RACGP), AIDA, CATSIN, NCATSISWA, ATSIPA, associations and registration bodies, NACCHO and affiliates.
3.1.10. Inclusion of Aboriginal and Torres Strait Islander representation on Mental Health Review Tribunals, Guardianship Boards, NMHWG, Mental Health Council of Australia, and other mainstream mental health peak bodies.	**Implementation:** SEWB implementation plans include processes for Aboriginal and Torres Strait Islander representation on these boards. **By when:** June 2006. **Achievements Sought:** Significant representation of Aboriginal and Torres Strait Islander people on mental health planning boards and committees.	**Government Departments:** **DOHA.** **Services:** Mental health sector, ACCHSs, mental health NGOs. **Others:** Regional consumer consultative bodies, Mental Health Review Tribunals, Guardianship Boards, **NMHWG**, Mental Health Peak Bodies, Professional Associations, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
3.1.11. Mental health services promoting awareness about mental health by providing training and support for Aboriginal and Torres Strait Islander organisations.	**Implementation:** Mental health services provide community education and awareness programs. **By when:** December 2009. **Achievements Sought:** Increased understanding of mental health among community organisations.	**Government Departments:** **DOHA.** **Services:** Mental health sector, relevant Aboriginal and Torres Strait Islander organisations.
3.1.12. Provide training for General Practitioners in Aboriginal and Torres Strait Islander mental health issues.	**Implementation:** Better Outcomes in Mental Health Care accreditation training for practitioners includes Aboriginal and Torres Strait Islander mental health content. **By when:** June 2005. **Achievements Sought:** Aboriginal and Torres Strait Islander people are able to obtain local, culturally sensitive and confidential services for mental health problems.	**Government Departments:** **DOHA.** **Services:** General Practitioners, ACCHSs, community health services. **Others:** RACGP, AIDA, NACCHO and affiliates.

4. Key Strategic Direction Coordination of resources, programs, initiatives and planning.

4.1. Key Result Area: Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being.

Rationale

Expenditure on Aboriginal and Torres Strait Islander health services is lower than would be required to equitably meet levels of health need (Commonwealth Grants Commission, 2001); (ABS & AIHW, 2002). This expenditure reflects an over reliance on hospital care and is based on inadequate access to primary care and specialist services (ABS & AIHW, 2002; ABS, 2002). As well as this, mainstream funding programs such as Medicare do not meet the needs of Aboriginal and Torres Strait Islander peoples (Keys Young, 1997). While funds allocated to targeted programs are well spent, they are unable to fully compensate for inadequate mainstream funding systems (Australian National Audit Office, 2002).

Recent reviews have found that priority for any additional expenditure on Aboriginal and Torres Strait Islander health has to be for the delivery of comprehensive primary health care services.

Comprehensive primary health care services have the most potential to deliver improved health outcomes for Aboriginal and Torres Strait Islander peoples (NATSIHC, 2003). However, many ACCHSs do not receive any social and emotional well being funding and as a result, only 38 per cent are able to provide specialist counsellors. In addition, multiple funding streams for social health services results in duplication of reporting for ACCHSs.

This SEWB *Framework* has identified a range of program and service developments that will require resources. There are at least four possibilities. Some:

- Will link with existing processes and structures;
- Can be implemented within existing resources;
- Can be supported by better coordinating resources between sectors; and,
- Will need additional funding.

Responsibility for implementation and funding is shared between a number of sectors such as health, education and community services and across the Australian, State and Territory Governments.

While each funding body will need to make its own decisions regarding resource commitments and funding systems, there are three priority initiatives. Firstly, optimal resources need to be provided to ACCHSs to support SEWB programs, including Social Health Teams. Secondly, funding through state and territory mainstream services should be better targeted to meet the needs of Aboriginal and Torres Strait Islander populations. This should coincide with national efforts to increase access for Aboriginal and Torres Strait Islander peoples to mainstream programs such as Medicare, rural health programs, Better Outcomes in Mental Health Care Initiatives, National Drug Strategy and the Pharmaceutical Benefits Scheme.

Who needs to be involved

National

DOHA
DEWR
DEST
Department of Finance,
Human services departments
HIC
Commonwealth Grants Commission
Private Health Insurers
Philanthropic organisations
NACCHO
ATSIC/ATSIS

State/Territory

State/Territory Health Forum Partners
NACCHO affiliates
Local/Regional
Area health services
ACCHSs and other related services

Linked Initiatives

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)
Aboriginal and Torres Strait Islander Health Framework Agreements
State and Territory Aboriginal and Torres Strait Islander mental health policies
National Mental Health Plan (2003-2008)
Regional Health Strategy
Commonwealth and State/Territory health and welfare programs
Primary Health Care Access Program

Funding needs to be coordinated across a range of settings to ensure optimal access to services, including private, public and non-government providers, and in urban, regional and remote locations. Remote locations have specific issues with access to services. Integrated funding packages across health funders that can provide payment for services, travel and accommodation support and backup support and training for primary health care staff to support visiting specialists is required. Experience in other specialist areas has demonstrated that health improvements can be gained through visiting specialist programs if properly coordinated with sustainable community care.

State and Territory Governments and the Health Insurance Commission do not currently report in any systematic way on Aboriginal and Torres Strait Islander mental health expenditure through mainstream funding programs or private provider services. The Australian Institute for Health and Welfare report on expenditure on Aboriginal and Torres Strait Islander health was forced to rely on data from only a few states and territories, each of which had used a different method for estimating costs (ABS & AIHW, 2002). This situation will improve with the development of standardised mental health data sets and more accurate identification of Aboriginal and Torres Strait Islander peoples.

Examples of Initiatives:

In the **Anangu-Pitjantjatjara** Lands the SA Department of Human Services has been working closely with the Anangu Pitjantjatjara Council and the Australian Government Departments of Health and Aged Care and Family and Community Services to draft a new model of funding allocation based on an audit of current levels of services funding.

One current model that enables State and Territory Governments and the Australian Government to commit to joint maintenance and increases of funding is the Primary Health Care Access Program (PHCAP). The Program aims to raise Australian Government funding levels to rates commensurate with per capita need and regional costing of the delivery of health services. PHCAP is being implemented through the Framework Agreement partnerships and utilises the regional planning undertaken in each jurisdiction as a basis for priority site selection and more detailed PHCAP local area planning. As implementation has been staged, there have been 17 priority areas identified and approved across three jurisdictions to date, with the remaining state/territory partnerships now working on priority site identification.

The Australian Government Department of Health and Aged Care, in partnership with States, Territories and the private sector, is establishing a number of National Demonstration Projects in **Integrated Mental Health Services**. The two key features of the four National Demonstration Projects are: Public and private providers working together with consumers and carers to develop an integrated service delivery system; and, the establishment of one funding pool that brings together Australian Government, State, non-government and potentially private funds.

In the Top End, in the Northern Territory, the ***Learning Both Ways Agreement*** is a collaboration between the Division of General Practice (TEDGP), NT Department of Health and Community Services, Batchelor Institute of Indigenous Tertiary Education, the Northern Territory University and Danila Dilba Aboriginal Mental Health Workers. The program provides training and support infrastructure for these workers, acknowledging them as the experts in Aboriginal and Torres Strait Islander mental health care and the delivery of culturally responsive services. The Agreement has been supported by the Northern Territory Government and the ***beyondblue*** initiative. This means that all parties recognise the essential knowledge held by AMHWs around culture, family and traditional ways of working in mental health, and work to facilitate shared primary mental health care between AMHWs, GPs and the visiting mental health team in an environment of cross-cultural learning.

Action Areas	Assessing Progress	Responsibility
4.1.1. Provide funding that enables Aboriginal Community Controlled Health Services to more flexibly deliver mental health and social and emotional well being programs.	**Implementation:** OATSIH accountability requirements for ACCHSs are streamlined and focus on outcomes. **By when:** June 2005. **Achievements Sought:** Optimal resources for, and improved access to, mental health and SEWB services in ACCHSs.	**Government Departments:** **OATSIH.** **Services:** ACCHSs, other Aboriginal and Torres Strait Islander primary health care or SEWB providers. **Others:** Framework Agreement Forums, NACCHO and affiliates.
4.1.2 Increase mainstream funding to ACCHSs to operate mental health and SEWB programs to respond to grief and loss issues, suicide, substance misuse, family violence and child abuse.	**Implementation:** Mid-term and final evaluation shows changes in funding arrangements to ACCHSs. **By when:** June 2008. **Achievements Sought:** Optimal resources for, and improved access to, mental health and SEWB services in ACCHSs.	**Government Departments:** **DOHA**, Family and Community, DEST, State and Territory Governments, HIC. **Services:** ACCHSs. **Others:** Framework Agreement Forums, NACCHO and affiliates.
4.1.3. Develop consistent reporting mechanisms between funding bodies that enable ACCHSs to report on their occasions of service delivery.	**Implementation:** Consistent national reporting developed. **By when:** June 2007. **Achievements Sought:** Reduced reporting burden for ACCHSs.	**Government Departments:** **DOHA.** **Services:** ACCHSs, mental health sector, mental health NGOs. **Others:** Framework Agreement Forums, AIHW, NMHWG, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
4.1.4. Provide and coordinate funding to respond to Bringing Them Home issues including innovative, flexible and more culturally sensitive approaches to healing.	**Implementation:** Incorporate BTH counsellors into a holistic social health response. Coordinated response to BTH issues across portfolios. **By when:** June 2005. **Achievements Sought:** Increased community access to a range of healing programs.	**Government Departments:** **ATSIS**, **DOHA**, State/Territory Departments, Indigenous Affairs. **Services:** ACCHSs, Link Up, mental health sector, other Aboriginal and Torres Strait Islander services. **Others:** NACCHO and affiliates, tertiary institutions, Stolen Generation groups, National Sorry Day Committee.
4.1.5. Develop mechanisms for all governments to report on mental health and social and emotional well being expenditure and on outcomes.	**Implementation:** Aboriginal and Torres Strait Islander peoples biennial health report on expenditure is able to provide accurate mental health data. **By when:** June 2006. **Achievements Sought:** Comprehensive mental health data available to inform health planning.	**Government Departments:** **AIHW**, DOHA, HIC, ABS. **Others:** **National Mental Health Working Group,** NACCHO and affiliates, Framework Agreement Forums.
4.1.6. Develop strategies to improve the accountability of mainstream services for the delivery of culturally sensitive mental health services for Aboriginal and Torres Strait Islander people. This may include analysis based on staff performance agreements or business plans or funding agreements.	**Implementation:** Increased evidence of SEWB activity reflected in mainstream mental health business plans and reported in future health expenditure reports. **By when:** June 2008. **Achievements Sought:** Increased access to culturally sensitive mental health care.	**Government Departments:** **DOHA, AIHW.** **Services:** Specialist mental health sector, hospitals, mental health NGOs, ACCHSs. **Others:** **National Mental Health Working Group,** NACCHO and affiliates, Framework Agreement Forums.

4.2. Key Result Area: Improving coordination, planning and monitoring mechanisms.

Rationale

As noted in Part Three, planning and monitoring responsibilities for this *SEWB Framework* will operate at three levels:

- National processes and committees to monitor overall progress across all jurisdictions and sectors;
- State and Territory processes through mental health planners and Framework Agreement Forums to oversight, coordinate and monitor implementation within each jurisdiction; and
- Local and regional service delivery planning between service providers.

SCATSIH and the National Mental Health Working Group are responsible for implementing, monitoring and evaluating policy frameworks that provide context for this *SEWB Framework*. They will have key roles in oversighting implementation and evaluation of this *Framework* through the SEWB National Advisory Group.

All jurisdictions will develop implementation plans for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* in consultation with Framework Agreement Forums. As part of this responsibility they will need to develop implementation plans for this *SEWB Framework* through the Framework Agreement Forums, together with the mental health directorates. Mental health planners will be included in these Framework Agreement processes in relation to social and emotional well being issues.

Implementation groups specific to service providers in the Aboriginal and Torres Strait Islander health, mental health, substance use, and family and community services areas will need to establish local protocols and partnership agreements and monitor case management practices.

While there is limited empirical evidence, influential policy documents support the need for improved coordination and planning in meeting Aboriginal and Torres Strait Islander health needs. These include the *Aboriginal and Torres Strait Islander Health Framework Agreements, Aboriginal and Torres Strait Islander Health National Performance Indicators* (Cooperative Research Centre for Aboriginal and Tropical Health for the Australian Institute of Health and Welfare 2000) and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health.*

The Council of Australian Governments recently highlighted the need for improved coordination across governments and portfolios in improving responsiveness to the priorities identified by Aboriginal and Torres Strait Islander communities (COAG, 2003).

Similarly, national committees such as the National Advisory Council on Suicide Prevention, the Joint Taskforce for Developmental Health and Well Being and the National Mental Health Promotion, Prevention and Early Intervention Working Group have emphasised the need for coordination across the health, family and community services and education sectors to underpin shared interests in promoting resilience, strengthening community capacity and responding to young people at risk.

Who needs to be involved

National

Health Council,

National Mental Health Working Group,

DOHA,

FACS

National peak bodies (NACCHO, National Indigenous Substance Misuse Council, SNAICC, Mental Health Council of Australia) Related national committees (NACSP, ATSIC/ATSIS)

State/Territory

Framework Agreement partners,

Mental health directorates,

The Australian Government and its departments and State and Territory Governments, departments and agencies (health, community services, Aboriginal and Torres Strait Islander affairs, child protection and police)

NACCHO affiliates

Local/Regional

Service providers (health, child protection, etc)

ACCHSs

Community organisations

Linked initiatives

COAG initiative *Shared Responsibility Shared Future* child and youth initiatives

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2008)

National Mental Health Plan (2003-2013)

State and Territory Aboriginal and Torres Strait Islander Health

Framework Agreements

State and Territory Aboriginal and Torres Strait Islander Mental Health and well being policies

National Suicide Prevention Strategy

National Promotion, Prevention and Early Intervention Action Plan (2000)

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* stresses the need for intersectoral linkages and committees to address child abuse and family violence. The *Evaluation of the Emotional and Social Well Being Action Plan* recommended greater coordination between the mental health sector and the Aboriginal and Torres Strait Islander health sector, and that Framework Agreement Forums incorporate social and emotional well being issues into their planning processes (Urbis Keys Young, 2001). It also highlighted the need for improved coordination with related sectors and programs, such as suicide prevention.

Examples of Initiatives:

New Ways of Doing Business is the new Aboriginal affairs plan that will guide the way in which the NSW Government does business with Aboriginal people over the next ten years. The plan provides a framework for building stronger and more effective partnerships between the Government and Aboriginal communities to address the social disadvantage experienced by Aboriginal people. It also provides for a more coordinated response and flexible approach by government agencies to delivering services to Aboriginal people at both a regional and local level, and for the participation of Aboriginal people in decisions about how services are delivered.

There are eight clusters that identify priority areas for action. They include: health, education, justice, economic development, families and young people, culture and heritage, housing and infrastructure, and new ways of doing business.

A **Joint Guarantee of Service** between the Departments of Health and Housing in NSW has been signed for Aboriginal people with mental health problems. It provides a clear outline of the role and responsibility to provide access to safe affordable housing and to meet ongoing support needs. This includes participation of the NGO housing sectors such as Aboriginal and community housing services.

Council of Australian Government's (COAG) *Shared Responsibility, Shared Future* is a trial of whole-of-government cooperation for the delivery of effective responses for the needs of Aboriginal peoples and Torres Strait Islanders. It is being undertaken in up to ten communities or regions. The aim is to improve the way governments interact with each other, so that approaches are flexible and targeted to specific local needs. The Indigenous Communities Coordination Taskforce has been formed to support the Secretaries Group in Indigenous Projects to oversee Australian Government involvement. It is very likely that some of the COAG trials will focus on social and emotional well being, thereby providing models for future improvements for coordination and planning.

The **Building Solid Families Initiative** in Western Australia (WA) provided through the Australian Government through ATSIC, and the WA State Government through the Department of Health, delivers a coordinated service to Aboriginal people affected by past government removal policies. It targets Aboriginal individuals, families and communities affected by; family separation; trauma, grief and loss; mental health problems; and, those at risk of self-harm. WA Link Up services and related services (eg youth at risk counselling services) are configured on a Statewide basis and are delivered regionally through this shared funding model. Formal links are also being progressed with the Australian Department of Health and Ageing (eg Bringing Them Home Counselling positions and social and emotional health and well being Regional Centres) and WA Department for Community Development, Family Information Records Bureau. The model has not been attempted or achieved elsewhere within Australia.

Action Areas	Assessing Progress	Responsibility
4.2.1. Drawing on existing State and Territory mental health and SEWB Plans and this *SEWB Framework* support and develop SEWB implementation plans.	**Implementation:** Implementation plans developed. **By when:** June 2005. **Achievements Sought:** A coordinated approach to delivery of SEWB services which is inclusive of all stakeholders.	**Government Departments:** **DOHA**. **Services:** Mental health and other health sectors, ACCHSs, other Aboriginal and Torres Strait Islander organisations. **Others:** **Framework Agreement Forums**, NACCHO and affiliates.
4.2.2. Establish cross-agency forums at the State and Territory level to examine regulatory issues and policy and practice relating to family violence, child abuse, and child protection.	**Implementation:** Evaluation shows establishment of cross-agency forums as specified. **By when:** June 2006. **Achievements Sought:** Improved responses to incidents of child abuse in Aboriginal and Torres Strait Islander communities.	**Government Departments:** **Family and Community Services Departments**, DOHA, ATSIS, Departments of Indigenous Affairs, Justice System, Education. **Services:** Aboriginal Child Care Agencies, mental health sector, child protection services, other relevant Aboriginal and Torres Strait Islander organisations, child and family NGOs, ACCHSs. **Others:** SNAICC, Aboriginal Justice Advisory Councils, NACCHO and affiliates.
4.2.3. Develop joint government programs and projects to assist families and communities to address social and emotional well being, substance misuse, violence and child and sexual abuse, with a particular focus on age range and genders.	**Implementation:** Evaluation shows initiation of projects to prevent and respond to child abuse with a range of funding partners. **By when:** June 2006. **Achievements Sought:** Inter-agency partnership agreements and protocols that are established and regularly reviewed.	**Government Departments:** **Family and Community Services**, DOHA, **ATSIS**, Departments of Indigenous Affairs, Justice System. **Services:** ACCHSs, Aboriginal Child Care Agencies, mental health sector, child protection services, other relevant Aboriginal and Torres Strait Islander organisations, child and family NGOs. **Others:** SNAICC, Aboriginal Justice Advisory Councils, NACCHO and affiliates.

Action Areas	Assessing Progress	Responsibility
4.2.4. Form regional/local level implementation groups between service providers to coordinate service delivery across mental health, Aboriginal Community Controlled Health Services, substance use, and general practice services.	**Implementation:** Establishment of implementation groups reporting to the Framework Agreement Forums. **By when:** June 2006. **Achievements Sought:** Aboriginal and Torres Strait Islander people and families with multiple and complex needs receive timely, effective needs based care.	**Government Departments:** **DOHA.** **Services:** ACCHSs, mental health sector and substance misuse sectors. **Others:** **Framework Agreement Forums**, NACCHO and affiliates, Divisions of General Practice.
4.2.5. Incorporate SEWB as a standing agenda item for Framework Agreement Forums.	**Implementation:** Framework Agreement Forums include social and emotional well being issues as a standing agenda item. **By when:** June 2004. **Achievements Sought:** Framework Agreement processes incorporate mental heath services and social and emotional well being issues within overall health planning.	**Government Departments:** **DOHA, ATSIS.** **Others:** **Framework Agreement Forums.**
4.2.6. Report nationally on progress across jurisdictions mid-way and at the end of the five year implementation period.	**Implementation:** Evaluation plan developed. **By when:** December 2004. **Achievements Sought:** Overall national evaluations publicly available and credible and reflect progress in each jurisdiction in implementing this *Framework*.	**Government Departments:** DOHA. **Services:** ACCHSs, mental health sector, child protection services. **Others:** **SEWB National Advisory Group, Framework Agreement Forums.** NACCHO and affiliates, SCATSIH, NMHWG, NATSIHC, Divisions of General Practice.

5. Key Strategic Direction
Improve quality, data and research.

5.1 Key Result Area:
Developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional well being and that underpin improved service delivery.

Rationale

A wide range of information relevant to a variety of audiences is required to underpin progress in improving Aboriginal and Torres Strait Islander social and emotional well being. This information includes data and research identifying:

- levels of need, risk factors and causative factors to underpin advocacy and planning;
- levels of access, effort and expenditure to underpin resource allocation, accountability, planning and advocacy;
- consumer outcomes from services, or indicating the effectiveness of services and good practice to underpin service delivery, workforce support and service reform.

There has been historical tension around the definition, collection, analysis and publication of routinely collected data (administrative data) and around the conduct and dissemination of research generally, and in particular relating to Aboriginal and Torres Strait Islander mental health and social and emotional well being. Some reasons for this tension include:

- the desire not to attract further negative sentiment towards Aboriginal and Torres Strait Islander communities through reporting higher incidences of mental health problems than mainstream communities;
- the fact that some Aboriginal and Torres Strait Islander peoples have been over-researched;
- that research often results in outcomes for the researcher, with no benefit to the community in terms of increased information, services or skills and findings have sometimes been published in a manner which has breached privacy and confidentiality;
- the delay in resourcing and implementing the routine collection of health and mental health data from the ACCHS sector as provided for in the NACCHO Data Protocols (1997).

Key components and approaches that underpin successful and ethical research include:

- Aboriginal and Torres Strait Islander ownership and control;
- Working partnerships between Aboriginal and Torres Strait Islander organisations and universities, and with NACCHO State/Territory affiliates Data and Ethics Committees;
- Utilisation of NACCHO State/Territory affiliate Aboriginal Health Data and Ethics Committees;
- Giving priority driven research due attention;
- Sensitive approaches and methodologies mindful of local protocols;

Who needs to be involved

National

NACCHO

Research and data bodies

ABS

AIHW

National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data

National Health and Medical Research Council

DOHA

Coalition of Aboriginal Health Ethics Committees

State/Territory

State and Territory NACCHO affiliates

NACCHO affiliates' Ethics Committee's

State/Territory health departments

Local/Regional

Universities

Researchers

Aboriginal and Torres Strait Islander communities

ACCHSs

Linked Initiatives

NAGATSIHID work on nationally agreed protocols

National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)

National Mental Health Plan (2003-2008)

National Aboriginal and Torres Strait Islander Health Information Plan

NSW Aboriginal Health Partnership Agreement Health Management Guidelines

NSW Aboriginal Health Information Guidelines (1998)

SCATSIH review process for *National Performance Indicators* for Aboriginal and Torres Strait Islander Health NPIs)

OATSIH/NACCHO Service Activity Reporting

Bringing Them Home Performance Indicators

NACCHO Data Protocols (1997)

- The employment of, and/or skills transfer to, Aboriginal and Torres Strait Islander peoples in all aspects of the research process, including project management, research and research analysis;
- A holistic, multi-disciplinary approach whenever possible; and
- A high level of technical expertise.

Any work supported under this *SEWB Framework* should be consistent with these components and approaches and within broader Aboriginal and Torres Strait Islander health and mental health research and data initiatives. Current activities include:

- Developing an Aboriginal and Torres Strait Islander Health Performance Framework to support the monitoring and evaluation of the *NSFATSIH*;
- Improving measurement of outputs and outcomes produced by public and private mental health service providers (including the identification and definition of agreed data items);
- Addressing the need for nationally agreed protocols on reporting Aboriginal and Torres Strait Islander administrative data;
- Working towards an agreed approach to collecting national data on the mental health status of the Aboriginal and Torres Strait Islander population;
- On-going data development work and implementation of the National Performance Indicators for Aboriginal and Torres Strait Islander Health;

National consultations on research in 2002 developed the National Health and Medical Research Council Road Map: *A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health Through Research.* Theme five encourages a focus on research in previously under-researched Aboriginal and Torres Strait Islander populations and communities. Mental health was identified as an area requiring more research. A major theme identified was the need to focus on building and understanding the resilience of Aboriginal and Torres Strait Islander children, families and communities.

Various local, regional and national guidelines provide a guide for the ethical conduct of SEWB research in Aboriginal and Torres Strait Islander communities.

The *Evaluation of the Emotional and Social Well being Action Plan* found that areas of data and research had been difficult to advance. The *Evaluation* recommended that OATSIH and NACCHO work together to agree on a national framework for data collection (Urbis Keys Young, 2001).

The *International Mid-Term Review of the 2nd National Mental Health Plan* for Australia recommended establishing a baseline for the occurrence and nature of social and emotional well being problems among Aboriginal and Torres Strait Islander communities (Thornicroft and Betts, 2002). A national study of mental health research priorities found that too little mental health research was directed towards identifying the needs of Aboriginal and Torres Strait Islander peoples (Centre for Mental Health Research, 2001).

Examples of Initiatives:

NACCHO, and the partnership between AH&MRC of NSW and The Centre for Mental Health within NSW Health worked with the ABS through the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data to finalise a range of SEWB and mental health questions for the 2004 Indigenous Health Survey. Results of this survey should be reported in 2006.

The **NSW Aboriginal Health Information Guidelines** ensure that there is consistency and good practice in the management of health related information about Aboriginal peoples in NSW. This includes the issues concerning collection, ownership, storage, security, access, release, usage, reporting and interpretation of information.

Woongi Cultural Healing Group, Rumbalara Medical Service and Melbourne University Department of Psychiatry worked together to conduct a qualitative and quantitative SEWB study in the Shepparton region in Victoria. Training was provided to members of the local Aboriginal community to conduct and collate the research. This study was used to guide service delivery.

Action Areas	Assessing Progress	Responsibility
5.1.1. Develop and utilise culturally sensitive mental health and social and emotional well being data collection methods.	**Implementation:** Culturally appropriate social and emotional well being data collection methods tested and implemented, including the piloting of a tool by ABS in the NHS. **By when:** June 2005. **Achievements Sought:** Health system planning will be informed by accurate data and an understanding of needs.	**Government Departments:** **ABS**, **AIHW**, DOHA. **Services:** ACCHSs, mental health sector. **Others:** CAHEC, NHMRC, Researchers and universities, NACCHO and affiliates.
5.1.2. Increase support for sound, community supported social and emotional well being data, research and evaluation initiatives.	**Implementation:** Patient Information and Recall System is adapted to collect mental health and SEWB data. **By when:** June 2006. **Achievements Sought:** Wide range of published SEWB research that is accessible to health services.	**Government Departments:** **ABS**, **AIHW**, DOHA. **Services:** ACCHSs, mental health sector. **Others:** CAHEC, NHMRC, Researchers and universities Health Clearing House, NACCHO and affiliates' Ethics Committees.
5.1.3. Publish and disseminate social and emotional well being research and data outcomes in ways that support health service and community decision making and respects privacy and cultural protocols.	**Implementation:** Assistance to transfer unpublished community based reports (grey literature) to peer reviewed publications. **By when:** June 2008. **Achievements Sought:** A broader base of mental health and social and emotional well being articles published in a range of journals and other appropriate forums.	**Government Departments:** **DOHA**, Family and Community Services, Education and Training. **Services:** ACCHSs, mental health sector, child protection services, child and family NGOs. **Others:** NACCHO and affiliates, NACCHO and affiliates Ethics Committees, AIHW, NHMRC, CAHEC.

Action Areas	Assessing Progress	Responsibility
5.1.4. Encourage mental health data collection, analysis and research organisations to actively recruit and retain Aboriginal and Torres Strait Islander statisticians, researchers and evaluators.	**Implementation:** Improvements in recruitment and retention of Aboriginal and Torres Strait Islander students and graduates in health and related courses and processes to encourage interest in research. **By when:** December 2009. **Achievements Sought:** Increase in number of Aboriginal and Torres Strait Islander mental health and SEWB, statisticians, researchers and evaluators publishing their work.	**Government Departments:** **ABS**, **AIHW**, DOHA, DEST, DEWR. **Services:** ACCHSs, mental health sector. **Others:** NACCHO and affiliates, CAHEC, DEST, NHMRC, Researchers and universities, Colleges.
5.1.5. Encourage research that explores the effectiveness of mental health and social and emotional well being interventions through the development of complementary outcome measures and instruments.	**Implementation:** Data and research tools tested and available for measuring Aboriginal and Torres Strait Islander mental health and social and emotional well being. **By when:** December 2009. **Achievements Sought:** Health care informed by the best available evidence for effective mental health and social and emotional well being interventions.	**Government Departments:** **DOHA**, ABS, **AIHW.** **Services:** ACCHSs, mental health sector. **Others:** NACCHO and affiliates, NACCHO and affiliates' Ethics Committees, NHMRC, Researchers and universities, CAHEC.
5.1.6. Ensure that all research complies with identified Aboriginal and Torres Strait Islander ethical guidelines and is funded and conducted in line with the rights of communities to participate in the design and implementation of research.	**Implementation:** Evaluation shows that ethics committees use the appropriate ethical guidelines and that there is community consent and participation in research. **By when:** December 2009. **Achievements Sought:** Increase in the number of grants for Aboriginal and Torres Strait Islander mental health and social and emotional well being research funded by NHMRC and other research funding bodies.	**Government Departments:** ABS, **AIHW**, DOHA. **Services:** ACCHSs, mental health sector. **Others:** NACCHO and affiliates, NACCHO and affiliates' Ethics Committees, NHMRC, Researchers and universities, CAHEC.

Part Three

Implementation, monitoring and evaluation

Background

This *SEWB Framework* sits within the context of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (2003-2013) and the *National Mental Health Plan* (2003-2008). Implementation will sit within the implementation, monitoring and evaluation arrangements for these two documents.

A SEWB National Advisory Group, consisting of NACCHO, OATSIH, NMHWG and SCATSIH, will oversee the implementation of this *SEWB Framework* as recommended by the *Evaluation* of the *Aboriginal and Torres Strait Islander Emotional and Social Well Being Action Plan (1996–2000)*, with secretariat support provided by OATSIH. This includes undertaking further work to develop practical and effective performance measures in collaboration with other national performance assessment and reporting initiatives.

National

Organisation	Roles and Responsibilities	Timeframe
Australian Health Ministers Advisory Council	Overall responsibility for national implementation of both the NSFATSIH and the NMHP.	Next five - ten years
SEWB National Advisory Group	Meet to allocate national responsibilities for implementation and monitoring.	By May 2004
SEWB National Advisory Group	Meet regularly to oversee implementation.	Over life of *Framework*
SEWB National Advisory Group	Will develop a detailed Evaluation Plan in consultation with relevant experts.	By December 2004
SCATSIH	Implementation of national components of *SEWB Framework* most relevant to Aboriginal and Torres Strait Islander health sector.	Over life of *Framework*
NMHWG	Implementation of commitments contained in the *NMHP*, particularly those primarily relevant to mainstream mental health services, private providers, general practitioners and non-government organisations.	Over life of *Framework*
NACCHO	Will represent ACCHSs throughout the implementation and evaluation process.	Over life of *Framework*
NACCHO and OATSIH	Will further develop SAR and DASAR to identify mental health and SEWB occasions of service.	By June 2006
NMHWG, SCATSIH	Will meet to coordinate their responsibilities.	By June 2004
OATSIH	Write to other Australian Government agencies regarding commitments made under this *SEWB Framework* relevant to their portfolio and where required organise bilateral meetings.	By June 2004

Health Council/NMHWG	Ensure *Evaluation Plan* is consistent with other evaluation and monitoring processes, including SAR.	By December 2004
Health Council	Oversee and publish mid-term review of implementation.	By December 2006
Health Council	Oversee and publish final evaluation.	By December 2009
OATSIH	Develop Australian Government Implementation Plan.	By December 2004
NMHWG, SCATSIH	Meet annually to report on progress of national and jurisdictional implementation.	2005, 2006, 2007, 2008

State and Territory

As a component of the implementation of *NSFATSIH*, each State and Territory Government has committed to the development of Implementation Plans. The Plans will be developed in conjunction with Framework Agreement Forums and will include social and emotional well being responses. As well as this, the *NMHP* commits State and Territory Governments to support the implementation of this *SEWB Framework* and the development and implementation of *Aboriginal and Torres Strait Islander Social and Emotional Well Being Plans*. These actions must be consistent and complementary.

Organisation	Roles and Responsibilities	Timeframe
State and Territory Governments and Health Ministers	Overall responsibility for implementation of *NSFATSIH* and *NMHP* in their jurisdiction.	Over life of *Framework*
State and Territory health departments	Implementation or development of Aboriginal and Torres Strait Islander Social and Emotional Well Being Plans in conjunction with *NSFATSIH* implementation processes and Framework Agreement partners.	Over life of *Framework*
Framework Agreement Forums	Include SEWB as a standing agenda item and provide mid-term and final reports to the National Advisory Group.	At least every six months for life of *Framework*
Framework Agreement Forums and mental health directorates	Support establishment of local implementation groups.	By end June 2006
State and Territory mental health directorates	Work in partnership with NACCHO affiliate to improve access to public and state funded mainstream mental health services.	By end of *Framework*
State and Territory mental health directorates	To participate in Framework Agreement Forums when SEWB issues are to be discussed.	Over life of *Framework*
Mental health directorates	To improve identification of Aboriginal and Torres Strait Islander people in mental health data sets.	By end June 2006
State and Territory Governments	Provide information as required by the Performance Indicators through the Framework Agreement Forums.	By end June 2006 and by end December 2008

State and Territory Governments	Will comply with, and work within, existing partnership agreements with Aboriginal peak bodies and human service agencies.	Over life of *Framework*
Framework Agreement Forums	Revise and enhance Regional Plans to ensure responses to social and emotional well being issues across the whole of the health system.	Over life of *Framework*

Each State and Territory has agreed to participate in, and provide standardised information towards, monitoring and evaluation of the *NSFATSIH*, respecting and building on existing monitoring arrangements and annual reporting processes through the Framework Agreement Forums. They have also agreed, through the *NMHP*, to monitor the performance of mental health services concerning Aboriginal and Torres Strait Islander SEWB issues. These processes are to be coordinated through the Framework Agreement Forums and reported to the SEWB National Advisory Group.

Regional and Local

Consistent with existing regional planning processes (under State and Territory Aboriginal Health Framework Agreement Forums) regional level implementation groups of service providers will be required to ensure that at the local level, service linkages and coordination is built on and maintained. The role of these groups will be to oversee the implementation of specific Key Strategic Directions and Key Result Areas relevant to service delivery and consumer and community participation. Membership of the groups will be, at a minimum, mental health services, ACCHSs or other local Aboriginal and Torres Strait Islander health services, substance use services and Divisions of General Practice. Depending on local configurations of services, implementation groups may include other service providers, particularly other local Aboriginal and Torres Strait Islander organisations, or family and children's services.

Organisation	Roles and Responsibilities	Timeframe
Local Implementation Groups	Establishment and monitoring of local service delivery arrangements.	Established within two years
Area health services	Review of services to ensure responsiveness to local Aboriginal and Torres Strait Islander communities, including a commitment to SEWB in Business Plans, Performance Development Plans and other documentation.	By the end of June 2005
Area health services and ACCHSs	Delivery of mental health care through partnerships between mental health services and Aboriginal and Torres Strait Islander specific health services.	Over life of *Framework*
ACCHSs	Provision of service delivery information to national collection processes.	Annually through SAR and BTH reporting
ACCHSs	Implementation of good practice initiatives including continued support for SEWB workers.	As resources are developed and provided, and within resource constraints

It is expected that these groups, where they do not already exist, will be established during the first two years of the implementation of this *SEWB Framework*. They will determine their own local priorities for implementation and be accountable to the Framework Agreement Forums on progress. At the local level, mental health services will also need to establish appropriate consultation and service delivery mechanisms with Aboriginal and Torres Strait Islander people. This should include establishing, within their management structures, business plans, staffing profiles and staff competencies and expectations regarding high quality and appropriate services to Aboriginal and Torres Strait Islander peoples.

Similarly, as resources become available, Boards and CEOs of ACCHSs will be responsible for implementing good practice initiatives.

Torres Strait Islanders

It is recognised that Torres Strait Islander people have a unique culture and therefore different needs from health services, and will require specific attention in implementing this *SEWB Framework*. It is also acknowledged that significant numbers of Torres Strait Islander people live throughout mainland Australia. Queensland Health has committed to developing a complementary SEWB *Framework* specific to the needs of Torres Strait Islander people, focusing on Northern Queensland.

Organisation	Roles and Responsibilities	Timeframe
Torres Strait Framework	Develop a specific implementation plan Agreement Forum for the Torres Strait region.	By Dec 2004
Torres Strait Islander Advisory Board (ATSIC)	Advocate nationally to ensure inclusion of Torres Strait Islander issues in jurisdiction level planning and in implementation of this *SEWB Framework.*	By Dec 2004

Appendix I

Social Health Reference Group - Membership

The Reference Group is made up of a majority of Aboriginal and Torres Strait Islander people from a range of organisations with expertise in Aboriginal and Torres Strait Islander social and emotional well being. It includes representatives from the Aboriginal Community Controlled Health Sector, mainstream mental health, peak bodies in the mental health and suicide prevention, government and non-government organisations.

Dr Sally Goold OAM (Chairperson)	National Aboriginal and Torres Strait Islander Health Council
Ms Cheryl Furner	National Mental Health Working Group
Ms Pat Delaney	Co-Author of '*Ways Forward*' National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health
Prof. Beverley Raphael	National Promotion, Prevention and Early Intervention Working Group
Ms Dea Thiele	National Aboriginal Community Controlled Health Organisation
Ms Polly Sumner	National Aboriginal Community Controlled Health Organisation
Prof. Ian Webster	National Advisory Council for Suicide Prevention
Ms Maureen O'Meara	Standing Committee on Aboriginal and Torres Strait Islander Health
Ms Deevina Murphy	Mental Health Council of Australia
Mr Dermot Casey	Department of Health and Ageing
Ms Margaret Norington	Department of Health and Ageing
Ms Rosie Howson	Social and Emotional Well Being Regional Centre Working Group
Ms Dawn Fleming	Social and Emotional Well Being Regional Centres, NT
Mr Marsat Ketchell	Torres Strait Islander representative
Mr Lance James	Social Health Team representative
Mr Mick Adams	Aboriginal and Torres Strait Islander Male Health Reference Group representative
Ms Ann Louis	Aboriginal Psychologist
Dr Helen Milroy	Aboriginal Psychiatrist
Ms Tracey Westerman	Aboriginal Psychologist

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Appendix II

Terms of Reference

The Terms of Reference for the Social Health Reference Group are to:

1. Develop a revised *Social and Emotional Well Being Strategic Framework* linked to the revised *National Strategic Framework for Aboriginal and Torres Strait Islander Health.*
    - Revised plan to include a five-year plan for progressing social and emotional well being in the community controlled sector.
    - Revised plan to link with the development of a 3rd *National Mental Health Plan*, with a focus on implementation of existing State, Territory and National commitments.

2. Engage in productive consultation to inform policy development with a wide range of key stakeholders.

3. Develop a communications strategy that will ensure that stakeholders are kept informed.

4. Identify and develop a staged approach to implementation, reporting, monitoring, support and evaluation activities in the *Action Plan*.

Appendix III

Related National Strategies and their Secretariats

Strategy	Committee/Secretariat	Summary
National Drug Strategic Framework	Department of Health and Ageing (DOHA) Population Health Division (PHD)	*The National Drug Strategic Framework* maintains the policy principles of harm minimisation and presents a shared vision, a framework for cooperation and a basis for coordinated action to reduce harm caused by drugs in Australia. http://www.nationaldrugstrategy.gov.au/ndsf/index.htm
Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2006	DOHA (PHD)	The *Action Plan* is a nationally coordinated and integrated approach to reduce drug related harm among Aboriginal and Torres Strait Islander peoples. http://www.nationaldrugstrategy.gov.au/resources/publist.htm
National Public Health Partnership (NPHP) Aboriginal and Torres Strait Islander Working Group	DOHA (ATSIWG)	It is a partnership between the Australian Government, State and Territory health authorities, the NHMRC and the AIHW and is a forum for coordination, review and reporting of national public health strategies, including drug use. http://www.nphp.gov.au
National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan/Eat Well Australia 2000-2010	DOHA (PHD)	*Eat Well Australia* and the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan* constitute a two pronged strategic framework to guide Australia's investment in public health nutrition over the next decade. http://www.nphp.gov.au/publications
National Indigenous Australians' Sexual Health Strategy (1996/97-2003/04)	DOHA (OATSIH)	The *National Indigenous Australians' Sexual Health Strategy* is a complementary strategy to the national HIV/AIDS and Hepatitis C Strategies. Its focus is the prevention of HIV and other sexually transmissible infections. http://www.health.gov.au/oatsih/pubs/ancard.htm

Strategy	Committee/Secretariat	Summary
National Injury Prevention Plan (2001-2003)	DOHA	The Strategic Injury Prevention Partnership (SIPP) provides a forum for leadership in injury prevention and is also responsible for implementing the *National Injury Prevention Plan*. A strategy on Aboriginal and Torres Strait Islander Injury Prevention is being developed. http://www.health.gov.au/pubhlth/strateg/injury/sources.htm
National Suicide Prevention Strategy	DOHA (MHSPB)	In 1999, $48 million was committed over five years to fund national suicide prevention projects and to support local community initiatives such as *LIFE: Living Is For Everyone: A Framework for Prevention of Suicide and Self-harm in Australia.* LIFE identifies the building of partnerships with Indigenous Australians and building community capacity as priority areas. http://www.health.gov.au/hsdd/mentalhe/sp/
National Strategic Framework for Aboriginal and Torres Strait Islander Health	DOHA (OATSIH)	This *SEWB Framework* oversees the ongoing improvement of Aboriginal and Torres Strait Islander health by all governments through nine Key Result Areas: Community Controlled Primary Health Care Services; health system delivery framework; a competent health workforce; social and emotional well being; environmental health; wider strategies that impact on health; data, research and evidence; resources and finance; and accountability. http://www.phaa.net.au/advocacy_issues/atsicworkshop.htm
Mindframe National Media Initiative 2003	DOHA	*Mindframe* is a national initiative for promoting responsible and accurate media reporting of suicide, mental health and mental illness. http://www.health.gov.au/hsdd/mentalhe/mhinfo/ems/media.htm
Regional Health Strategy: More Doctors, Better Services (2000-2004)	DOHA	$550 million over four years to fund 13 rural health initiatives focusing on enhancing rural health education and training, increasing workforce support for health professionals, in particular nursing, and strengthening existing measures to provide sustainable rural health services for the future. http://www.health.gov.au/budget2000/ruralcov.htm

Strategy	Committee/Secretariat	Summary
National Strategy for an Ageing Australia	DOHA	The *National Strategy for Ageing* is a broad framework which identifies a whole-of-community and government response to meet the needs of ageing Australians in the areas of healthy ageing, independence and self provision, mature age workers, world class care and attitudes, lifestyle and community support. http:// www.health.gov.au/acc/ofoa/ageing_policy/index
Partnerships Against Domestic Violence	Department of Prime Minister & Cabinet (PM&C)	Provides funding for Australian Government, National, State and Territory projects under six priority themes: Helping children and young people who may have experienced or witnessed domestic violence to break the cycle of violence and develop healthy relationships; Helping adults to break the pattern of violence; Protecting people at risk; Working with the community; Information and good practice and finding out what works; and, Helping people in regional Australia. http://www.padv.pmc.gov.au
Youth Pathways Action Plan	Department Education, Science and Training (DEST)	The Youth Pathways Action Plan Taskforce was set up in 1999 to support young people and their families through the transition from being students at school, to an independent adult life. http://www.youthpathways.gov.au/report.htm
National School Drug Education Strategy	DEST	The *National School Drug Education Strategy* demonstrates the Australian Government's recognition that schools are critical places to educate young people on the harm of drug misuse. http://www.detya.gov.au/archive/schools/publications/1999/strategy.htm
National Anti Crime Strategy (NACS)	Department of the Attorney-General's Office	NACS is a shared initiative of State and Territory Governments supported by the Australian Government. The focus is on crime prevention and ensuring all agencies and officials cooperate to develop and promote best practice in crime prevention. The project has developed models of intervention with adolescents in Aboriginal and Torres Strait Islander communities to prevent domestic violence. http://www.cpu.sa.gov.au/nacs_background.htm

Strategy	Committee/Secretariat	Summary
Reconnect – Youth Homelessness Strategy	Department of Family & Community Services (FaCS)	The *Strategy* objective is to improve the level of engagement of homeless young people, or those at risk of homelessness, with family, work, education, training, and the community. Engagement of Indigenous communities is a key outcome. http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/respubs/nav.htm#Youth
Stronger Families and Communities Strategy (2000- 2004)	FaCS	$240 million over four years to prevention and early intervention initiatives for Australian families and communities to: build strength and resilience; identify and resolve local issues; manage the impact of social and economic change; and, explore opportunities for development. Targeted assistance for Indigenous communities. http://www.facs.gov.au/sfcs/products.htm
National Homelessness Strategy 2001	FaCS	The *Strategy* builds on existing initiatives and has four themes: prevention; early intervention; working together; and, crisis transition and support. http://www.facs.gov.au/internet/facsinternet.nsf/AboutFaCS/Programs/house-homelessnessstrategy.htm
National Mental Health Strategy (NMHS)	ACT Health (NMHWG)	The *NMHS* provides the framework for activity in mental health reform in Australia. *The National Mental Health Policy* sets four objectives for mental health in Australia: Promote the mental health of the Australian community; Where possible, prevent the development of mental disorders; Reduce the impact of mental disorders on individuals, families and the community; and: Assure the rights of people with mental disorders. http://www.health.gov.au/hsdd/mentalhe/
The National Mental Health Plan 2003-2008	DOHA (MHB)	The third *Mental Health Plan* aims to consolidate the achievements of the First and Second *Plans* and address the gaps identified in both. The *Plan* adopts a population health framework and acknowledges that specific actions are needed for Aboriginal and Torres Strait Peoples. http://www.health.gov.au/hsdd/mentalhe/resources/

Strategy	Committee/Secretariat	Summary
Bringing Them Home 1998-2002	DOHA ATSIC AIATSIS FaCS	The Australian Government health component includes funds directed at counselling, education, training and support and innovative healing responses. ATSIS continues to support the national network of Link Up Programs and language and cultural programs and AIATSIS provides training and support through a family tracing unit. FaCs administers parenting and family support programs. http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen
Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002	DOHA (OATSIH)	The *Workforce Strategic Framework* is a five to ten year reform agenda to build a more competent health workforce for Aboriginal and Torres Strait Islander health. http://www.health.gov.au/oatsih/pubs/wrkstrgy1.htm
Council of Australian Governments Commitment to Reconciliation - Framework for reporting on Indigenous Australian's disadvantage		In November 2001, COAG agreed to underpin its commitment to Reconciliation through trialling a whole of government cooperative approach in up to ten Aboriginal and Torres Strait Islander communities or regions. The aim is to improve the way governments interact with each other and with communities to deliver more effective responses to meet the needs of Indigenous Australians. It is expected lessons learnt from these cooperative approaches will be able to be applied more broadly. http://www.ag.gov.au
Better Health Outcomes in Mental Health Care (2001-2005)	DOHA MHSPB	Includes $120.4 million over four years to improve the quality of care provided through general practice to Australians with a mental health illness. http://www.mentalhealth.gov.au/
Primary Health Care Access Program (PHCAP)	DOHA (OATSIH)	PHCAP has three objectives: Increase the availability of appropriate primary health care services where they are currently inadequate; Reform the local health system to better meet the needs of Indigenous peoples; and, Empowering individuals and communities to take greater responsibility for their own health. It includes developing a framework for the expansion of comprehensive primary health care services and working partnerships between the Australian Government and State and Territory Governments. PHCAP also works with other Forum partners such as ATSIS, ACCHSs and local communities. http://www.health.gov.au/oatsih/pubs/phcap.htm

Strategy	Committee/Secretariat	Summary
National Indigenous English Literacy, Numeracy and Attendance Strategy (NIELNS)	DEST	The objective of the *National Indigenous English Literacy and Numeracy Strategy* is to achieve English literacy and numeracy for Indigenous students at levels comparable to those achieved by other young Australians. http://www.dest.gov.au/schools/indigenous/nielns.htm
Aboriginal and Torres Strait Islander Study Assistance Scheme (ABSTUDY)	DEST	ABSTUDY provides a means-tested living allowance and other supplementary benefits to eligible Aboriginal and Torres Strait Islander secondary and tertiary students who are studying. Primary school students living at home and aged 14 years or more on 1 January in the year of study may also be eligible for assistance. http://www.dest.gov.au/schools/indigenous/abstudy.htm

Appendix IV

Glossary of Terms

Aboriginal Community Controlled Health Services (ACCHSs)
ACCHSs are primary health care services initiated by, and based in a local Aboriginal community and governed by an Aboriginal body elected by the local Aboriginal community to deliver holistic and culturally appropriate care to people within their communities. A service that contains these elements represents true community control and best practice. However, it is acknowledged that there are a variety of existing governance structures that may be considered stages along a process that can lead over time to the development of a fully community controlled best practice service (NATSIHC, 2002).

Aboriginal health related services
Services include, but are not restricted to, health promotion and disease prevention services, substance misuse, men and women's health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking, the amelioration of poverty within Aboriginal communities (NACCHO in AH&MRC of NSW, 1999).

Australian Health Ministers Advisory Council (AHMAC)
Is the primary national advisory body which reports to the Australian Health Ministers' Conference and facilitates governments' participation in national programs, thereby achieving a degree of uniformity. The members are the heads of Australian Government, State and Territory Government health authorities.

Council of Australian Governments (COAG)
Is a forum for the Heads of Australian, State and Territory Governments to meet and discuss issues of national interest and mutual concern and determine appropriate responses.

Community control, cooperation, support, participation and partnerships
Community control is the local community having local control of issues that directly affect their community. Aboriginal and Torres Strait Islander peoples must determine and control the pace, shape and manner of change and decision-making at local, regional, State and National levels (NAHS, 1989). Cooperation and support, in this context, means respecting and working within existing frameworks at the State, Territory and National level.

Comorbidity
A condition when a person is diagnosed as having complex issues arising from two or more health problems. For example, a person may have an alcohol or drug abuse problem in addition to some other diagnosis, usually psychiatric, for example a mood disorder and schizophrenia.

Comprehensive Primary Health Care
Comprehensive Primary Health Care services provide a range of services to the community. Whilst it is possible for a stand alone health service to provide all the necessary elements, it is more likely that a range of health providers and organisations will work together to provide the different services needed for a given population. At the local level, the key elements of comprehensive primary health care include: clinical services (including the treatment of acute illness, emergency care and the management of chronic conditions); population health programs (such as immunisation, antenatal care, screening and specific health promotion programs); and specific public health programs for health gain (such as nutrition, mental health and substance misuse programs); facilitation of access to hospitals and community services such as aged care; and client/community assistance and advocacy on health related matters within the health and non-health sectors (NSFATSIH, 2003).

Cultural Consultant
The acquisition of knowledge and skill by mental health practitioners can be facilitated by the therapist's engagement of a Cultural Consultant who can act as a 'guide' to culture, beliefs and practices.

Early intervention
This describes interventions appropriate for, and specifically targeting people displaying early signs and symptoms of mental health disorders, mental health and social and emotional well being problems and people who are developing or experiencing a first episode of mental disorder. It is focused more on the individual and requires the early identification of signs and symptoms and intervention in supportive and sensitive ways that do not cause negative outcomes, such as increased stress and stigma (CDHAC, 2000).

Family
Aboriginal and Torres Strait Islander culture has strong kinship ties and extended family networks. Notions of families encapsulates a diverse range of reciprocal ties of obligation and mutual support.

Framework Agreements
Framework Agreements commit the parties to: increasing the level of resources to reflect the higher level of need; improving access to both mainstream and Indigenous-specific health and health related programs; joint planning processes which allow for full and formal Aboriginal and Torres Strait Islander participation in decision-making and determination of priorities; and, improved data collection and evaluation.

Health
Health does not just mean the physical well being of an individual, but refers to the social, emotional and cultural well being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities. This is an evolving definition (NACCHO in Swan and Raphael, 1995).

Holistic approach
An holistic approach to health incorporates a comprehensive approach to service delivery and treatment where coordination of a client's needs and total care takes priority. It is an acknowledgement that economic and social conditions affect physical and emotional well being. Care therefore needs to take into account physical, environmental, cultural, and spiritual factors for achieving social and emotional well being.

Mental health
Is the capacity of the individual, the groups and the environment to interact with one another in ways that promote subjective well being, the optimal development and use of mental abilities (cognitive, affective or emotional and relational), the achievements of individual and collective goals consistent with the attainment and presentation of conditions of fundamental equality (Swan and Raphael, 1995). Mental health is incorporated into the holistic approach to health care as defined in the definition of health.

Mental health
The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective well being, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice (Australian Health Ministers, 1991).

Mental health promotion
Is a process aimed at changing environments (social, physical, economic, educational and cultural) and enhancing the 'coping' capacity of communities, families and individuals, by giving people the power, knowledge, skills and necessary resources (CDHAC, 2000).

National Aboriginal Community Controlled Health Organisation (NACCHO)
NACCHO is the peak body on Aboriginal health and well being, representing over 100 health and substance misuse services in Australia operated by organisations that are incorporated and controlled by Aboriginal peoples. NACCHO at the national level, and its affiliates at the State/Territory level, provide a voice for Aboriginal Community Controlled Health Services in national negotiations, forums, consultations, policy development and planning.

Health Council (NATSIHC)
NATSIHC provides advice to the Australian Government Minister for Health and Ageing on matters relating to the health and substance misuse services provided to Aboriginal and Torres Strait Islander peoples. It monitors and advises on implementation of the Framework Agreements and on ways to improve the interaction between mainstream services and ACCHSs at the national level.

Primary Health Care
Is the first level of contact of individuals, families and the community with the health care system. In Aboriginal communities this is usually through a local ACCHS or satellite Aboriginal community health clinic. It includes Aboriginal and Torres Strait Islander Health Services, General Practitioners, community nursing, the Royal Flying Doctor Service, community health and dental health services. Primary health care services provide clinical and community health care and play a gatekeeper role in facilitating access to specialist health services (NATSIHC, 2002).

Primary Health Care Access Program (PHCAP)
One current model that enables the Australian Government and State and Territory Governments to commit to joint maintenance and increases in funding is the Primary Health Care Access Program (PHCAP). PHCAP is being implemented through the Framework Agreement partnerships and utilises the regional planning undertaken in each jurisdiction as a basis for priority site selection and more detailed PHCAP local area planning. As implementation has been staged, there have been 17 priority areas identified and approved across three jurisdictions to date, with the remaining state/territory partnerships now working on priority site identification.

Protective factors
Protective factors reduce the likelihood that a disorder will develop and contribute to peoples' resilience in the face of adversity and moderate the impact of stress and transient symptoms on the person's social and emotional well being (CDHAC, 2000).

Risk factors
Factors that increase the likelihood that a disorder will develop and exacerbate the burden of an existing disorder. Risk factors indicate a person's vulnerability and may include genetic, biological, behavioural, socio-cultural and demographic conditions and characteristics. The risk and protective factors to mental health occur in everyday life and include perinatal influences, family, home and all other relationships, schools and workplaces, in sport, art and recreational activities, influences from the media, social and cultural activities, the physical health of individuals and the physical, social and economic 'health' of communities (CDHAC, 2000).

Service Activity Report (SAR)
Service Activity Reporting is a joint data collection project of the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Office for Aboriginal and Torres Strait Islander Health (OATSIH). Service level data on health care and health related activities is collected by questionnaire from Australian Government funded Aboriginal primary health care services on an annual basis.

Social Health Teams
Social Health Teams are multi-skilled and multi-disciplinary teams that provide a range of social health services within the primary health care framework, including mental health, substance use, grief and family and welfare support, and been determined within the sector to be most appropriate model of support (NACCHO SEWB Policy, 2001).

Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH)
SCATSIH is the sub-committee of AHMAC responsible for Aboriginal and Torres Strait Islander Health. AHMAC comprises the CEO's of the Australian Government and State/Territory departments responsible for health and for reports to health ministers.

Appendix V

Acronyms and Abbreviations

ACCAs	Aboriginal Child Care Agencies
ACCHS	Aboriginal Community Controlled Health Service
ACCHSs	Aboriginal Community Controlled Health Services
AHMAC	Australian Health Ministers Advisory Council
AH&MRC of NSW	Aboriginal Health and Medical Research Council of NSW
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIDA	Australian Indigenous Doctors Association
AIHW	Australian Institute of Health and Welfare
ANTA	Australian National Training Authority
ASSPA	Aboriginal Student Support and Parental Awareness program
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIS	Aboriginal and Torres Strait Islander Services
ATSIWG	National Public Health Partnerships Aboriginal and Torres Strait Working Group
BEACH	Bettering Evaluation And Care of Health
BTH	*Bringing Them Home*
CAHEC	Coalition of Aboriginal Health Ethics Committees
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses
CCPHCS	Community Controlled Primary Health Care Sector (See ACCHS)
CDHAC	Commonwealth Department of Health and Aged Care
CEO	Chief Executive Officer
CHINS	*Community Housing and Infrastructure Needs Survey*
COAG	Council of Australian Governments
CSHTA	Community Services and Health Training Australia
DASAR	Drug and Alcohol Service Activity Reporting
DEST	Department of Education, Science and Technology
DEWR	Department Employment and Workplace Relations
DOHA	Department of Health and Ageing
DSM IV	American Psychiatric Association (1994), Diagnostic and Statistical Manual of Mental Disorders; Fourth Ed. (DSM-IV).
FaCS	Commonwealth Department of Family and Community Services
GPs	General Practitioners
Health Council	National Aboriginal and Torres Strait Islander Health Council
HIC	Health Insurance Commission
HREOC	Human Rights and Equal Opportunity Commission
ICHR	Institute for Child Health Research
KRA	Key Result Area
MCATSIA	Ministerial Council of Aboriginal and Torres Strait Islander Affairs
MHSPB	Mental Health and Suicide Prevention Branch
MoU	Memorandum of Understanding

NACCHO	National Aboriginal Community Controlled Health Organisation
NACSP	National Advisory Committee for Suicide Prevention
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NAHS	*National Aboriginal Health Strategy*
NAHSWP	National Aboriginal Health Strategy Working Party
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NCATSISWA	National Coalition of Aboriginal and Torres Strait Islander Social Workers Association
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
NIASHS	*National Indigenous Australians Sexual Health Strategy*
NISMC	National Indigenous Substance Misuse Council
NMHP	*National Mental Health Plan* (2003-2008)
NMHS	*National Mental Health Strategy*
NMHWG	National Mental Health Working Group
NPHP	National Public Health Partnership
NPI	National Performance Indicator
NSFATSIH	*National Strategic Framework for Aboriginal and Torres Strait Islander Health* (2003-2013)
NSW	New South Wales
NT	Northern Territory
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefits Scheme
PHD	Population Health Division
PM&C	Prime Minister and Cabinet
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
Regional Centres	Social and Emotional Well Being Regional Centres
SA	South Australia
SAR	Service Activity Reporting
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
SEWB	Social and emotional well being
SHRG	Social Health Reference Group
SNAICC	Secretariat for National Aboriginal and Islander Child Care
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service
VET	Vocational Education and Training
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Appendix VI

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