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The Gayaa Dhuwi (Proud Spirit) Declaration – a Call to Action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system

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\textbf{ABSTRACT}

The Gayaa Dhuwi (Proud Spirit) Declaration aims to improve the mental health of Aboriginal and Torres Strait Islander peoples by supporting their leadership in those parts of the mental health system that work with Aboriginal and Torres Strait Islander populations. A further aim is to promote an appropriate balance of clinical and culturally-informed mental health system responses, including by providing access to cultural healing, to mental health problems in Aboriginal and Torres Strait persons. Developed by the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) as a companion document to the international Wharerātā Declaration, the Gayaa Dhuwi (Proud Spirit) Declaration also sets out principles for governments, professional bodies and other stakeholders to support Aboriginal and Torres Strait Islander leadership in the Australian mental health system; and principles for working with Aboriginal and Torres Strait Islander mental health leaders as they exercise culturally informed leadership within the Australian mental health system. The Gayaa Dhuwi (Proud Spirit) Declaration is being promoted by NATSILMH as a new paradigm for shaping mental health system responses to Aboriginal and Torres Strait Islander mental health problems.

\textbf{The challenge}

There is a significant and growing gap between mental health and related outcomes reported for Aboriginal and Torres Strait Islander peoples and non-Indigenous people in Australia:

- \textit{Psychological distress:} In 2012–2013, 30\% of respondents to the \textit{Australian Aboriginal and Torres Strait Islander Health Survey} (AATSIHS) over 18 years of age reported high or very high psychological distress levels in the 4 weeks before the survey interview (Australian Bureau of Statistics [ABS], 2013\textit{a}). That is nearly three times the non-Indigenous rate (ABS 2013\textit{a}). In 2004–2005, high and very high psychological distress levels
were reported by 27% of respondents suggesting an increase in Aboriginal and Torres Strait Islander psychological distress rates over the past decade (ABS 2013a).

- **Mental health problems:** Over the period July 2008–June 2010, Aboriginal and Torres Strait Islander males were hospitalised for mental health-related conditions at 2.2 times the rate of non-Indigenous males; and Aboriginal and Torres Strait Islander females at 1.5 times the rate of non-Indigenous females (AIHW, 2013). Rates of psychiatric disability from selected jurisdictions (including conditions like schizophrenia) are double that of non-Indigenous people (AIHW, 2014).

- **Suicide:** The overall Aboriginal and Torres Strait Islander suicide rate was twice the non-Indigenous rate over 2001–2010 (ABS, 2012a). Around 100 Aboriginal and Torres Strait Islander deaths by suicide per year took place over that decade. In 2012, 117 suicides were reported (ABS, 2012b).

Closing the mental health gap can be expected to make a critical contribution to achieving the Council of Australian Governments (COAG) ‘Closing the Gap’ Target to close the gap in life expectancy by 2030. Mental health and related conditions have been estimated to account for as much as 22% of the health gap measured in Disability Life Adjusted Years (12% to mental health conditions, 4% to suicide, and 6% to alcohol and substance abuse) (Vos, Barker, Stanley, & Lopez, 2007).

Some of the social determinants impacting negatively on Aboriginal and Torres Strait Islander peoples’ mental health are shared with non-Indigenous people. These include poverty, poorer health and access to health services, lack of education, unemployment, lack of transport, and poor and overcrowded housing.

However, they are experienced by greater numbers of Aboriginal and Torres Strait Islander people, and more intensely:

- The Productivity Commission’s 2013 study *Deep and persistent disadvantage in Australia* used the Social Exclusion Monitor populated with Household, Income and Labour Dynamics in Australia survey data (McLachlan, Gilfillan, & Gordon, 2013). It reported that in 2010, about 9% of Aboriginal and Torres Strait Islander people suffered deep and persistent disadvantage compared to about 5% of all Australians (McLachlan et al., 2013). Deep and persistent disadvantage is broadly defined as low income and assets, deep social exclusion and little social mobility (McLachlan et al., 2013).

- **Adverse childhood experiences:** These are stressful and traumatic life events for children. They can include a death in the family; injury; household alcohol or drug problems; child abuse or neglect; living in out-of-home care; and being bullied at school (Jacobs, Agho, & Raphael, 2012). Aboriginal and Torres Strait Islander families have a much higher recorded prevalence of childhood adversities that can impact on mental health in later life when compared to non-Indigenous families (Jacobs et al., 2012; Zubrick et al., 2005).

- **Stressful life events:** Aboriginal and Torres Strait Islander peoples report these at 1.4 times the rate of non-Indigenous people (ABS, 2013b). Stressful life events can be traumatic and impact on mental health. They include: serious illness, serious accident, mental illness, serious disability; death of a family member or close friend, divorce or separation, not able to get a job, involuntary loss of job, alcohol or drug-related
problems, gambling problems, witness to violence, abuse or violent crime, and trouble with the police (ABS, 2014).

Aboriginal and Torres Strait Islander peoples also uniquely experience additional determinants of poorer mental health. These include day-to-day and systemic racism and discrimination, disempowerment, cultural stresses, and inhibited access to country.

Compounding this, Aboriginal and Torres Strait Islander peoples have lower access to mental health services and professionals. In 2013–2014, 269 organisations were funded by the Australian Government specifically to provide health services to Aboriginal and Torres Strait Islander people. Services for mental health and social and emotional well-being (SEWB) issues were among the top 5 gaps reported for 61% of the 269 organisations (AIHW, 2015).

Disadvantage and negative social determinants contribute to high levels of serious psychological distress among Indigenous peoples. As such, efforts to address these, including through the Australian Government priority focus on unemployment, poor school attendance and unsafe communities, is an important part of working to improve mental health and related areas.

However, working to address these Australian Government priority areas without addressing mental health and social and emotional well-being cannot be expected to have sustainable impacts.

Resilience in particular, is critical to better mental health for Aboriginal and Torres Strait Islander peoples. Such resilience is, in turn, connected to the concept of SEWB. SEWB as a source of resilience can help protect against the worst impacts of stressful life events for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander concepts of SEWB recognise the importance of employment, housing and education to well-being. However, they also include unique culturally shaped factors including the importance of culture, and cultural relationships to family and kin, community, country, and spirituality and ancestors and acknowledge their importance to the well-being of Indigenous individuals and collectives (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014).

The landmark 1995 *Ways forward* report, the first national analysis of Aboriginal and Torres Strait Islander mental health, made it clear that Indigenous concepts of mental health and SEWB, and the unique stressors experienced by Aboriginal and Torres Strait Islander peoples, required policy approaches to these areas that differed from those developed for non-Indigenous people (Swan & Raphael, 1995).

Yet poor understanding of Aboriginal and Torres Strait Islander life experiences, stressors and concept of SEWB and how it relates to mental health has posed problems to policy-makers and to mental health service delivery in the past two decades.

Change across all levels of the mental health system is required to address this crisis. Such must be guided by the principle of self-determination. This is not only a right of Indigenous peoples in relation to matters that impact upon them in international law, but ensures the best outcomes by placing Indigenous peoples as mental health consumers at the centre of relevant policy, service and program design processes, as well as the monitoring of their ongoing performance and ensuring quality improvements over time.

This is the value of the *Gayaa Dhuwi (Proud Spirit) Declaration*. Arranged across five themes, it contains principles to help ensure the required changes occur through embedding Indigenous leadership in critical parts of the Australian mental health system.
However, this goes beyond just a piece of paper and some fine words. An essential part of the Declaration is a Call to Action for Australian governments to commit to, and a means by which the highest attainable standards of mental health and suicide prevention outcomes for Indigenous peoples can be realised.

**Developing the Gayaa Dhuwi (Proud Spirit) Declaration**

Now more than ever, Aboriginal and Torres Strait Islander leadership is needed to highlight from within the Australian mental health system the unique mental health challenges faced by Aboriginal and Torres Strait Islander peoples, and to champion our cultural strengths and SEWB as critical sources of resilience, well-being, healing and mental health for us. The Gayaa Dhuwi (Proud Spirit) Declaration aims to ensure such leadership is embedded and supported in the Australian mental health system.

This is not to the exclusion of clinical approaches, but to contribute with them to better mental health outcomes and lower rates of suicide. The Gayaa Dhuwi (Proud Spirit) Declaration is about harnessing Aboriginal and Torres Strait Islander leadership to get the best of both worlds.

The Gayaa Dhuwi (Proud Spirit) Declaration is part of an international movement of Indigenous leaders working in the mental health systems in post-colonial countries. Specifically, it has its origins in the Wharerata Group of Indigenous mental health leaders from Canada, the US, Australia, Samoa and New Zealand who developed the seminal Wharerata Declaration in 2010 (Sones et al., 2010).

The Wharerata Group based the Wharerata Declaration on a vision of a world in which the negative effects of colonisation on Indigenous mental health are reversed, and Indigenous peoples have renewed pride in their culture and their ability to succeed in wider society, and have visibility as contributing members in their countries.

Critical to this vision was Indigenous leadership to re-balance the mental health system to, in addition to clinical practices, support the recognition of Indigenous culturally shaped understandings of SEWB and mental health and our access to cultural healers and culturally informed healing methods.

Importantly, the Wharerata Declaration is focused almost entirely on the importance and the unique qualities of Indigenous leadership to ensure that rebalancing was made.

The Wharerata Declaration also aims to align domestic mental health policy, services and programs with human rights principles (particularly the right of Indigenous peoples to self-determination as set out in the UN Declaration on the rights of Indigenous peoples (UN General Assembly, 2007) and to the highest attainable standard of mental health by the right to health (United Nations General Assembly, 1966).

However, despite this, the Wharerata Declaration is not ‘universal’ and it was agreed by the Wharerata Group that each country’s Indigenous peoples should adapt the Wharerata Declaration to their situation.

Member countries of the International Initiative for Mental Health Leadership endorsed the Wharerata Declaration in 2010 and now promote it as a key part of their work. And then, through the March 2013 Sydney Declaration (Sydney Declaration), the Wharerata Declaration was endorsed in Australia by key government mental health agencies including the:
• National Mental Health Commission;
• New South Wales Mental Health Commission;
• Western Australian Government Mental Health Commission;
• Australian Capital Territory Health Directorate; and the
• mental health/substance abuse divisions of the health departments of South Australia, Victoria, Northern Territory and Tasmania.

Further, since its establishment on 1 July 2013, the Queensland Mental Health Commission has supported the development of Indigenous leadership capacity in partnership with other commissions and parties.

This endorsement underpinned the formation of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) in 2013–2014 (see: www.natsilmh.org.au for further information).

Guided by the Wharerata Declaration, NATSILMH is an independent entity that is supported by the four Australian mental health commissions to provide national leadership in Aboriginal and Torres Strait Islander mental health, SEWB and suicide prevention, and to advise the commissions in these areas.

A priority task of NATSILMH was to adapt the Wharerata Declaration for use by Aboriginal and Torres Strait Islander peoples in Australia – a process that led to the Gayaa Dhuwi (Proud Spirit) Declaration.

The process began with the drafting of a discussion paper that first circulated among the Australian mental health commissions. Then began – within very limited resources – consultations. Over the next five to six months, NATSILMH sought feedback from key stakeholders. This included feedback from the National Aboriginal Community Controlled Health Organisation and the National Aboriginal and Torres Strait Islander Healing Foundation (both of whom are also members of NATSILMH, but in an independent capacity) among other stakeholders.

The Queensland Mental Health Commission also held a community workshop through which NATSILMH heard from Aboriginal and Torres Strait Islander community members and their take on the draft document. And finally, members of the Wharerata Group and other experts were consulted.

Over time, it became clear to NATSILMH that what was being developed was more than an adaptation of the Wharerata Declaration, and they now describe the Gayaa Dhuwi (Proud Spirit) Declaration as a ‘companion declaration’: one that has its own life and existence.

An overview of the Gayaa Dhuwi (Proud Spirit) Declaration

The Declaration comprises three main sections:

• First, there is a preamble, designed to set the scene and provide some context for the main part of the Declaration.
• Second is the main part of the Declaration, arranged according to five themes.
• Third, is an Appendix, which contains nine principles of SEWB that were initially proposed as part of the seminal 1995 Ways forward report, the report of the first national consultancy into Indigenous mental health. Twenty years later, they are still as relevant
as they ever were.

The main part of the Declaration is structured according to the five themes of the seminal Wharerata Declaration.

Themes 1–3 set out the challenge ahead – for the mental health system to recognise and incorporate Indigenous culturally informed approaches, and otherwise support a ‘best of both worlds’ approach to Aboriginal and Torres Strait Islander mental health:

- Theme 1 is on Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing. It asserts that they should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.
- What the above means is developed in Theme 2 – that Aboriginal and Torres Strait Islander peoples should have access to both culturally informed healing methods, and our cultural healers in particular, as well as clinical practices, in order to achieve the highest attainable standard of mental health. And Theme 2 expands its scope – so that the responsibility of the mental health and related professions is spelled out.
- Theme 3 further extends Theme 1 and talks about the need to adapt outcome measures to Aboriginal and Torres Strait Islander cultural understandings. Further, it talks about ways to develop an evidence base that can include and provide due respect to those cultural understandings, rather than to exclude them inadvertently.

Themes 4 and 5 are on the nature of Aboriginal and Torres Strait Islander leadership itself – its unique accountability to our communities and the wider Aboriginal and Torres Strait Islander population. And the unique culturally informed ways that leadership is exercised:

- Theme 4 discusses the need for Aboriginal and Torres Strait Islander people to be ‘trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system’, and lead in particular in those areas that many of us come into contact with.
- And finally, Theme 5 discusses other ways that the Australian mental health system can value and support our leaders within it.

Appendix 1 to this paper is the complete Gayaa Dhuwi (Proud Spirit) Declaration. But equally important is the Call to Action that accompanies the Declaration and is included as Appendix 2. To summarise the Call to Action:

- The first call is for all Australian governments in a bipartisan way, and in particular their health and mental health departments, to formally adopt and commit to supporting the Gayaa Dhuwi (Proud Spirit) Declaration by the 30th of June 2016.
- The second is for them to develop an implementation component of the Gayaa Dhuwi (Proud Spirit) Declaration by the 30th of June 2017.
- The thirds call is for mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to formally
adopt and commit to supporting the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2016

- The fourth call is for these bodies to develop an implementation component of the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2017.

Key elements of the implementation components above should include:

- Building access to cultural healers and cultural healing.
- Supporting the development of Aboriginal and Torres Strait Islander values-based SEWB and mental health outcome measures in combination with clinical outcome measures.
- Developing, and resourcing the implementation of policies to ensure that Aboriginal and Torres Strait Islander people are trained, employed, empowered and valued to work (and, where appropriate, lead) across the mental health system; and
- Developing, and resourcing the implementation of policies to ensure the Australian mental health system supports Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership within that system, within their communities, and among their constituents.

Over 2016, NATSILMH will invite all Australian governments, health professional bodies, educational institutions and any other organisations or professionals working with Aboriginal and Torres Strait Islander peoples and communities to improve their mental health and lower suicide rates to pledge their support for the *Gayaa Dhuwi (Proud Spirit) Declaration* by adopting it as a part of their Reconciliation Action Plans or other means.

Such pledges can be made through the NATSILMH website: [www.natsilmh.org.au](http://www.natsilmh.org.au).

**Notes**

1. Sones et al. (2010).
2. For further information about the International Initiative for Mental Health Leadership see: [http://www.iimhl.com](http://www.iimhl.com).
9. This phrase was adapted from: Calma T (Aboriginal and Torres Strait Islander Social Justice Commissioner), *Social Justice Report 2005*, Human Rights and Equal Opportunity

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

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

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

(a) Aboriginal or Torres Strait Islander mental health workers; and
(b) significant members of the person’s community, including elders and traditional healers.

11. See endnote 5.
12. See endnote 4.

Disclosure statement

No potential conflict of interest was reported by the authors.

References


Appendix 1

GAYAA DHUWI (PROUD SPIRIT) DECLARATION

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

Introduction

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

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

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

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

The Name of the Declaration

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

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

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

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

The Gayaa Dhuwi (Proud Spirit) Declaration

On Aboriginal and Torres Strait Islander Leadership Across All Parts Of The Australian Mental Health System To Achieve The Highest Attainable Standard of Mental Health And Suicide Prevention Outcomes For Aboriginal and Torres Strait Islander Peoples

Preamble

- Aboriginal and Torres Strait Islander peoples belong to the oldest living cultures on Earth. These cultures sustained Aboriginal and Torres Strait Islander people, families and communities for tens of thousands of years, and remain a source of pride, strength and wellbeing in the present.
In common with Indigenous peoples in many countries, Aboriginal and Torres Strait Islander peoples connect their mental health to strong Indigenous identities, to participation in their cultures, families and communities, and to their relationship to their lands and seas, ancestors, and the spiritual dimension of existence. This holistic concept of health that includes mental health is referred to as social and emotional wellbeing.

Key principles of social and emotional wellbeing were identified in the 1989 National Aboriginal Health Strategy, expanded in the 1995 Ways Forward report, and summarised in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2004–2009. These enduring principles are adopted by this Declaration and appended to it.

Aboriginal and Torres Strait Islander peoples have also maintained their cultural healers and healing methods that address wellbeing and mental health problems.

In common with Indigenous peoples in many countries, Aboriginal and Torres Strait Islander peoples are subject to the profound impacts of colonisation, racism, social exclusion and other negative historical and social determinants on their wellbeing and mental health.

Aboriginal and Torres Strait Islander peoples experience significantly higher rates of mental health problems and suicide than other Australians. Impacts are felt in all areas of life: physical health, employment, education, family life, community life, and cultural life.

The Australian mental health system includes, but is not limited to, public and/or privately operated promotion and prevention programs, primary services, specialist services, and support services that provide care to patients. All parts of this system should be accountable and responsive to Aboriginal and Torres Strait Islander peoples for improved mental health and suicide prevention outcomes as they transition across it.

Across their lifespan, many Aboriginal and Torres Strait Islander people are unable to access the mental health services and professionals they need because of the distance to services, the cost of services, and cultural, language and other barriers within those services. Such barriers must continue to be addressed if Aboriginal and Torres Strait Islander mental health is to improve.

Aboriginal and Torres Strait Islander people with mental health problems were historically subject to the dominance of imposed non-Indigenous mental health paradigms, a lack of cultural competence of mainstream mental health professionals, and a lack of cultural safety in services and programs. Such professionals, services and programs were often ineffective. While the situation has improved, there is still a need to be vigilant.

The Australian mental health system is yet to universally accept the important role of cultural healers and healing methods in helping to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples are under-represented in the mental health professions, services and programs that should be accountable and responsive to them. Historically, these professions, services and programs have excluded Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples require healing and restoration to wellbeing and mental health both individually and on collective levels.

Human rights, including the rights in the United Nations Declaration on the Rights of Indigenous Peoples, provide a framework for restoring the wellbeing and mental health of Aboriginal and Torres Strait Islander peoples. Important rights in this context include their right to:

- the highest attainable standard of mental health;
- self-determination, and to lead in partnership in decision-making that affects their mental health and wellbeing in addition to all other areas of their lives;
- access cultural healers and healing methods for treating wellbeing and mental health problems; and
- accessible, affordable, appropriate, and culturally safe and competent mental health programs, services and professionals without direct or indirect discrimination, and across their lifespan.

It is not credible to suggest that Australia, one of the world’s wealthiest nations, cannot solve a mental health crisis affecting three percent of its citizens. The high rates of Aboriginal and...
Torres Strait Islander mental health problems and suicide are a social justice and human rights issue in this context.

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

The Gayaa Dhuwi (Proud Spirit) Declaration

On Aboriginal and Torres Strait Islander Leadership Across All Parts Of The Australian Mental Health System To Achieve The Highest Attainable Standard of Mental Health And Suicide Prevention Outcomes For Aboriginal and Torres Strait Islander Peoples

1. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.
   - The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development and service and program delivery.
   - Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must have access to cultural healers and healing methods.
   - Across their lifespan, Aboriginal and Torres Strait Islander people should have access to affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination.

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

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

4. Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and to be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
   - Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
   - Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples.
   - Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead in all areas of government activity in Australia that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people.
5. Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

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

Nine Principles Of Aboriginal And Torres Strait Islander Social And Emotional Wellbeing

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

This Framework’s Guiding Principles are:

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

Aboriginal and Torres Strait Islander peoples have different cultures and histories and in many instances different needs. Nevertheless, both groups are affected by the problems that face them as Indigenous peoples of Australia. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.
* The original principle referred only to land. Contemporary understandings of this principle include 'sea' with land in acknowledgement of the importance of the connections to the sea to some Aboriginal and Torres Strait Islander peoples.

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

**Appendix 2**

A Call To Action

Following the launch of the *Gayaa Dhuwi (Proud Spirit) Declaration* on 27 August 2015, the National Aboriginal Leadership in Mental Health makes the following Call to Action for its adoption and implementation across the Australian mental health system.

1. For all Australian governments in a bipartisan way, and in particular their health and mental health departments, to formally adopt and commit to supporting the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2016.

2. For all Australian governments, and in particular their health and mental health departments, to work with Aboriginal and Torres Strait Islander leaders in mental health and related areas to develop an implementation component of the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2017.

3. For all mental health professionals and professional associations, and educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to formally adopt and commit to supporting the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2016.

4. For all mental health professional associations, educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention) to work with Aboriginal and Torres Strait Islander leaders in mental health and related areas to develop an implementation component of the *Gayaa Dhuwi (Proud Spirit) Declaration* by the 30th of June 2017.

5. Key elements of the implementation components above should include:

   - Building access to cultural healers and cultural healing across all parts of the Australian mental health system as it works with Aboriginal and Torres Strait Islander peoples.
   - Supporting the development of Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures.
   - Developing, and resourcing the implementation of, policies to ensure that Aboriginal and Torres Strait Islander people are trained, employed, empowered and valued to work (and, where appropriate, lead) at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
   - Developing, and resourcing the implementation of, policies to ensure the Australian mental health system supports Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership within that system, within their communities, and among their constituents.