

Jeanette Radcliffe

Secretary, Senate Standing Committee on Community Affairs References Committee

KALACC Submission to the Inquiry into the Accessibility and quality of mental health services in rural and remote Australia

15 April 2018

Dear Ms Radcliffe,

Thank you for the opportunity of providing a submission to this current Inquiry. In relation to the Terms of Reference, KALACC has little or no interest in the following terms:

- (a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate;
- (c) the nature of the mental health workforce;
- (d) the challenges of delivering mental health services in the regions;
- (e) attitudes towards mental health services;
- (f) opportunities that technology presents for improved service delivery.

We emailed the committee on 05 April expressing concern, indeed alarm, at the scope of the Terms of Reference and associated Media Reporting. Our alarm is based on the highly credible view that Aboriginal suicide in the Kimberley has very little to do with clinical mental health and indeed Government's continued and perennial focus on clinical mental health is itself one of the greatest, if not the greatest, impediment to effective responses to the chronic crisis of Aboriginal suicide in the Kimberley.

In that correspondence of 05 April we attached for your information a copy of KALACC's 03 August 2017 Submission to WA Coroner Ros Fogliani. The title of that submission to the Coroner is 'Still More Counsellors?' This is a phrase coined by world renowned expert in Indigenous suicide, Professor Michael J Chandler. Chandler writes as follows:

if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.

(1).

KALACC has considerable interest in the following Term of Reference:

- (b) the higher rate of suicide in rural and remote Australia.

We take the opportunity now to summarise the views which we presented to the WA Coroner last year and to also make reference to the Commonwealth Government's key planning processes regarding Aboriginal wellbeing:

- Close the Gap Refresh <https://closingthegaprefresh.pmc.gov.au/about>
- My Life My Lead
<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consulation>

Regards

Wes Morris



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"To assist and promote the ceremonies, songs and dance of Kimberley Aboriginal people, to encourage and strengthen their social, cultural and legal values and ensure their traditions a place in Australian society."

Facts and Findings

1. Close the Gap Refresh <https://closingthegaprefresh.pmc.gov.au/about>

The Commonwealth Government [Department of Prime Minister and Cabinet] is currently undertaking a Close the Gap Refresh national consultation. The PowerPoint Presentation currently being used by the Department of Prime Minister and Cabinet in its consultation process includes the following words:

We cannot talk about improving the lives of Aboriginal and Torres Strait Islander peoples without also talking about the central role of culture.

The importance of culture is shared by Aboriginal and Torres Strait Islander peoples across Australia.

Country, family and kinship, language, heritage, customary law and ceremony shape peoples' identity, their connection to others and to the world.

Closing the gap in health, education, employment and other outcomes is very important.

However, prosperity is more than just material wellbeing.

It is about being able to enjoy the same opportunities as non-Indigenous Australians while also preserving, practicing and strengthening Aboriginal and Torres Strait Islanders' unique cultures.

2. My Life My Lead

[http://www.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F667DACA2580D400014BF1/\\$File/My%20Life%20My%20Lead%20-%20Priority%20Area%20One%20Culture%20at%20the%20centre%20of%20change.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F667DACA2580D400014BF1/$File/My%20Life%20My%20Lead%20-%20Priority%20Area%20One%20Culture%20at%20the%20centre%20of%20change.pdf)

The Commonwealth Government [Department of Health] develops Annual Implementation Plans for the rolling Aboriginal Health Plan. These are informed by the My Life My Lead strategy, which states in part as follows, *Priority Area 1, Culture at the Centre of Change*:

A Strategic approach informed and underpinned by the following principles will achieve real change:

- Strong connections to culture and family are vital for good health and wellbeing

3. SOLUTIONS THAT WORK: WHAT THE EVIDENCE AND OUR PEOPLE TELL US Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

<http://www.atsispep.sis.uwa.edu.au/>

The Department of Prime Minister and Cabinet commissioned the University of Western Australia to develop a major report in to how to reduce levels of Aboriginal suicide. ATSIPEP Recommendation # 2 reads as follows:

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care. [Page 4]

4. Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas.

[http://www.parliament.wa.gov.au/parliament/commit.nsf/\(\\$all\)/B7C324463C7E020A4825806E00050947](http://www.parliament.wa.gov.au/parliament/commit.nsf/($all)/B7C324463C7E020A4825806E00050947)

In November 2016 the WA Parliament Standing Committee on Education and Health published its report, *Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*. The Message Stick Report states as follows in the Chairman's Foreword:

Perhaps the most important, yet least enacted [recommendations], were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate.

Page two of the Executive Summary states as follows:

Aboriginal youth suicide is indicative of a distressed community and effective solutions must be community focussed. Aboriginal culture and identity has been degraded by colonisation and discrimination. Restoring this culture and sense of identity has been consistently identified as a key protective factor.

Previous reports and inquiries have recommended that this can be achieved through various means, primary of which is culturally-based programs, such as on-country camps and activities. By necessity, these programs must be owned and led by local communities. Yet the lack of priority given to these programs by government indicates that their importance continues to be overlooked.

The Findings and Recommendations in that Report include as follows:

Finding 8 Page 57

There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature.

Finding 14 Page 79

Aboriginal community-owned and led programs are generally accepted as being more efficient and effective than programs run by external parties.

Recommendation 13 Page 79

That the Western Australian Government shifts its focus from government owned and run programs and services for Aboriginal people to Aboriginal owned and run programs. The Committee acknowledges that this will be a gradual process; however, it can begin immediately by designing strategies, services and programs with the aim of empowering Aboriginal communities.

5. Current Levels of Investment in to Aboriginal Cultural Programs

- 5.1. The Indigenous Cultural Support (ICS) Program was run by the Commonwealth Arts Department from 2006 through to 2016 and then terminated.
- 5.2. The Commonwealth Arts Department currently runs the Indigenous Languages and Arts (ILA) Program.
- 5.3. Cultural Maintenance activities were specifically supported under the ICS program and they are explicitly out of scope in the ILA program.
- 5.4. KALACC met with Senator Nigel Scullion in Canberra in October 2017 and the Minister for Indigenous Affairs categorically stated that the Department of Prime Minister and Cabinet, through the Indigenous Advancement Strategy, did not support cultural maintenance activities and did not view itself as having responsibility for activities which properly lay with other agencies.
- 5.5. The Productivity Commission advises that at present 0.74% of the combined Commonwealth and State Government investments in to Aboriginal Affairs in Western Australia are allocated to culturally based programs. 99.26% of Indigenous expenditure in WA goes in to things other than culturally based programs.

6. Yiriman Project Business Plan

For 10 years Mr Gary Banks was Chair of the Productivity Commission. In this role he was Australia's chief measurer of what works and what doesn't work and he was also responsible for publishing the COAG *Indigenous Expenditure Reports* and the *Overcoming Indigenous Disadvantage Reports*. On page 9 of Issue No 25, December 2012, of *Reconciliation News*, Mr Banks writes as follows:

Yiriman has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project's culturally- based model into any of their boxes. Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young.

What has made both Yiriman and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals. Really the only challenge these organisations should present for public policy is how to harness and propagate them. (3)

In November 2010 KALACC had provided to the Commonwealth and State Governments a copy of the *Yiriman Business Plan*. This Business Plan has been funded by the Commonwealth Department of Health and had been developed for KALACC by a consultant selected from the Department of Health's panel of approved consultants. Mr Banks was observing in December 2012 the lack of Government response to that Business Plan. But at time of writing, April 2018, over seven years later, there is still no response from the Department of Health or from broader government such as the Department of Prime Minister and Cabinet.

KALACC Assertions

1. Close the Gap Refresh

As a nation we currently expend \$33B on expenditure related to Aboriginal people. For 10 years we have invested in a failed Close the Gap Strategy, which has been entirely predicated upon deficits discourses which position Aboriginal communities as being dysfunctional and Aboriginal people as being deficient, if not actually delinquent. The Government has now embarked on a Close the Gap Refresh Strategy which seeks to invest in a strengths – based approach to improving Aboriginal outcomes. Whilst it is 10 years late, it is a most welcome shift in stance and for the first time ever culture, as the number one asset and strength of Aboriginal people will be recognised and valued.

2. My Life My Lead

Like the Close the Gap Refresh, My Life My Lead is to be strongly welcomed. However, KALACC is represented on both the Working Party and the Executive Steering Committee to the Kimberley Suicide Prevention Regional Trial. We have asked many times how initiatives like My Life My Lead will contribute towards the implementation and work of the Regional Trial. We are yet to receive a response or any clear guidance on this matter.

3. Australia Council for the Arts Submission to the Close the Gap Refresh Consultations

The Australia Council for the Arts is Australia's peak Arts Funding body. In the 09 April final draft of Council's Response to the Close the Gap Refresh Discussion Paper, Council provides three recommendations to Government:

- Consolidated, targeted investment in First Nations arts, culture and cultural maintenance outcomes as a strategic priority area within the Closing the Gap framework. The aims are to increase opportunities for First Nations people to directly engage in arts and cultural activity, and cultural maintenance and renewal. This requires outcome measures in the framework.
- Simultaneous recognition of Indigenous cultures as a foundation across the framework, with investment in culturally based programs to improve outcomes in early childhood, education, employment, health and wellbeing, community safety, justice and suicide prevention.
- A flexible, localised community development approach that empowers communities to utilise their cultural knowledge and build on their unique strengths, with prioritised funding for First Nations-led organisations and solutions that is sufficient for long term planning.

In the same submission Council also notes as follows:

For decades, First Nations peoples have advocated for the critical role of culture – as a necessary part of the solution to Indigenous disadvantage, and for the healing and strengthening of individuals and communities. Numerous inquiries have demonstrated the link between interrupted culture and Indigenous disadvantage, and the importance of valuing culture in addressing this impact. While the importance of culture is increasingly highlighted in the Prime Minister’s Closing the Gap reports, culture has been the missing element from the Closing the Gap framework to date. Funding for First Nations culture made up just 1% of total direct government expenditure for Indigenous Australians in 2015–16 (see Appendix A), and cultural outcomes have not featured in the measurement framework.

KALACC wholeheartedly concurs with and endorses these views from the Australia Council. Investment in to culturally based programs in WA currently represents 0.74% of the combined State and Commonwealth investment in to Aboriginal expenditure in Western Australia. As long as cultural remains peripheral to Government then there will be no closing of the gap. So, we welcome the rhetoric around a strengths based agenda and the central role of culture, but the situation at the present time could not be any further from there.

4. Nothing Works Better Than Culture to Reduce Indigenous Suicide and This is a Message That State and Commonwealth Governments Are Deeply, Deeply Reluctant to Hear.

The *Message Stick Report* states as follows in the Chairman’s Foreword:

Over the years there have been a plethora of inquiries undertaken, reports written and recommendations made which attempt to address the crisis of Aboriginal youth suicide. Significant amounts of government funds have been spent providing a variety of programs and services to address the complex and interrelated risk factors which may contribute to a young person suiciding. It was important to the Committee to not just repeat what has been done in the past. As such, it decided to analyse relevant recommendations of previous inquiries, over 40 reports, to see if they had been effectively implemented. In many cases we found that they had not. The rising rates of suicide clearly confirm this.

The various reports and inquiries the Committee considered during this Inquiry made a broad range of recommendations. Perhaps the most important, yet least enacted, were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate. Similarly, many recommendations advocated for greater engagement of Aboriginal people in developing strategies, programs and services, yet the Committee was presented with little evidence demonstrating the government was meaningfully consulting or partnering with Aboriginal communities.

The ***Message Stick Report*** has a particular focus on the failings and shortcomings of the State Government. However, in the Commonwealth context we note that towards the end of the last Labor Commonwealth Government that on 23 May 2013 Mark Butler, Warren Snowdon and Melissa Parke issued a Media Statement - INTEGRATED STRATEGY TO REDUCE INDIGENOUS SUICIDE. That Media Statement advised of a \$17.8M in new funding. That initiative was never implemented.

Under the current Liberal Government the Department of Prime Minister and Cabinet commissioned the ATSIPEP Report. But Recommendation # 2 reads:

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care.

KALACC, which is a member of the Executive Steering Committee and the Working Group to the Kimberley Suicide Prevention Trial, is unable to identify how the Government is currently implementing that recommendation.

KALACC thanks the Hon Ken Wyatt for his advice of 15 January, as attached, which reads in part:

Culture is central to Aboriginal and Torres Strait Islander wellbeing and needs to be embraced and embedded across a range of ATSI and mainstream services – both as a protector and enabler of health and wellbeing.

We also thank the Minister for his advice in regards to the \$28.25M provided to PHNs for the provision of ATSI culturally sensitive mental health services.

KALACC, which is a member of the Executive Steering Committee and the Working Group to the Kimberley Suicide Prevention Trial, is unable to identify how the Government is currently supporting culturally based services – as distinct from ‘culturally sensitive mental health services.’

Recommendations for Actions to Reduce Aboriginal Suicide In the Kimberley Region.

1. That the Commonwealth Government respond meaningfully to the **ATSISPEP Report** and the **Message Stick Report** and provide specific funding and program responses to the recommendations supporting culturally based programs [as distinct from ‘culturally – appropriate or culturally – sensitive programs].
2. KALACC endorses the three Recommendations from the Australia Council for the Arts:
 - Consolidated, targeted investment in First Nations arts, culture and cultural maintenance outcomes as a strategic priority area within the Closing the Gap framework. The aims are to increase opportunities for First Nations people to directly engage in arts and cultural activity, and cultural maintenance and renewal. This requires outcome measures in the framework.
 - Simultaneous recognition of Indigenous cultures as a foundation across the framework, with investment in culturally based programs to improve outcomes in early childhood, education, employment, health and wellbeing, community safety, justice and suicide prevention.
 - A flexible, localised community development approach that empowers communities to utilise their cultural knowledge and build on their unique strengths, with prioritised funding for First Nations-led organisations and solutions that is sufficient for long term planning.
3. That the Kimberley Suicide Prevention Regional Trial develop a whole of government and inter- agency strategy rather than a strategy based solely around a \$3.0M investment from the Health Department.
4. That the Commonwealth Government, led by the Department of Health, respond to the **Yiriman Business Plan** of 2010, which was funded by the Department of Health, and that the policy and funding response delivered be informed by the words of Mr Gary Banks: “Really the only challenge these organisations [Yiriman and NPY] should present for public policy is how to harness and propagate them.”

References

1. *Cultural Wounds Demand Cultural Medicines* in ***Determinants of Indigenous Peoples' Health in Canada***, https://www.canadianscholars.ca/books/determinants-of-indigenous-peoples-health-in-canada#tab_toc
2. The Productivity Commission, ***Indigenous Expenditure Report 2014***.
<http://www.pc.gov.au/research/ongoing/indigenous-expenditure-report/2014>
3. ***Reconciliation News***, Issue 25, December 2012, published by Reconciliation Australia.

Kimberley Aboriginal Law and Culture Centre (KALACC) - Indigenous Youth Suicide

KALACC's Upstream Approach

Youth suicide, never before experienced by Aboriginal communities, has reached crisis point with recent evaluations and enquiries identifying the Kimberley as a region suffering the highest rates of youth suicide in the world.¹ KALACC works from the belief and evidence that cultural solutions have the greatest impact in preventing youth suicide utilising an 'upstream methodology' that seeks to engage young people through culture, country and community. Many years of advocacy and action in this area is finally gaining the attention of national and state governments through a recent rigorous examinations of community responses to this issue, yet much remains to be done if the current crisis is to be averted.

The Kimberley region of Western Australia has one of the world's highest suicide rates estimated to be as high as 74 per 100,000 residents, compared to a general population rate of 12.2 per 100,000 people for all Australians.* Indigenous children and young people are particularly vulnerable,** comprising 30% of the suicide deaths among those under 18 years of age.*** Between 2007 and 2012 Aboriginal children and young people represented 28.1% of all recorded suicide deaths for this age group, yet represented just 3% of the population.**** In addition, Indigenous 15–24 year old youths are over five times as likely to suicide as their non-Indigenous peers.***** 'Suicide clusters', or a series of suicide completions and/or self-harming acts that occur within a single community or locale over a period of weeks or months, is also a significant concern among the young.*****

Indigenous Australians and Suicide

The ATSIPEP (Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project), was 'an Australian Government funded initiative to identify the success factors that underpin successful Indigenous suicide prevention activity.'² This project arose out of previous national responses including the current National Suicide Prevention Strategy (1999), the *Living is for Everyone (LiFE) Framework* (2007), and very importantly, the first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS) (2013). ATSIPEP (2016) identified success factors for Indigenous suicide prevention based on rigorous analysis, wide consultation with Aboriginal community based organisations, 12 regional round tables and the National Aboriginal and Torres Strait Islander Suicide Prevention Conference held in Alice Springs on 5–6 May 2016.³ Key success factors in Indigenous suicide prevention identified by ATSIPEP as evident in community based programs included; addressing community challenges, poverty, social determinants of health; cultural elements, building identity, social and emotional wellbeing, healing; drug and alcohol rehabilitation; awareness raising programs; peer to peer mentoring diversionary programs led by Indigenous peoples; connecting culture, country and elders; community empowerment, ownership and development of community specific responses; involvement of elders; the use of cultural frameworks; partnerships with community organisations; and, employment of community members in delivery of programs and services.⁴ ATSIPEP's 17 recommendations included a community cultural focus; that community specific and community led 'upstream' programs, 'focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health'; that justice reinvestment principles be utilised to divert young Indigenous people from the justice system via upstream diversionary activities; the funding of a National Aboriginal and Torres Strait Islander Suicide Prevention

¹ McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p1.

* Ibid.

** Dudgeon, P., Milroy, J., Calmer, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., and Holland, C., *Solutions That Work; What The Evidence And Our People Tell Us*, ATSIPEP Report, UWA, 2016, p 1; citing; National Children's Commissioner, 2014, *Children's Rights Report 2014*, Australian Human Rights Commission, Sydney, p. 62

*** Dudgeon, P (et al), 2016, p 1; citing, National Children's Commissioner, 2014, *Children's Rights Report 2014*, Australian Human Rights Commission, Sydney, p. 62.

**** National Children's Commission, *Children's Rights Report*, Australian Human Rights Commission, Sydney, 2014, pp151, 117

***** Dudgeon, P (et al), 2016, p 1; citing, Australian Health Ministers' Advisory Council, 2015, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, p. 59.

***** Dudgeon, P (et al), 2016, p 1; citing, Hunter, E, Reser, J, Baird, M & Reser, P, 2001, *An Analysis of Suicide in Indigenous Communities of North Queensland: The Historical, Cultural and Symbolic Landscape*, Canberra: Commonwealth of Australia.

² Dudgeon, P. (et al), 2016, p 6.

³ Ibid, p 1.

⁴ Ibid, p 3.

Strategy Implementation Plan; and that, 'resources should be made available to enable local Aboriginal and Torres Strait Islander communities to undertake critical response activities for their local communities with relevant stakeholders.'⁵ These recommendations align with KALACC's regional cultural solutions, as part of a national network of community based organisations addressing Indigenous youth suicide and Indigenous suicide generally.

'In March 2016, a 10 year old girl took her own life in the remote Aboriginal community of Looma. This tragic event received significant media attention and prompted a public outcry; many wondered what could drive someone so young to end her own life. Sadly, this was not the first suicide in a remote Aboriginal community in 2016; rather it was reported as the nineteenth in the first three months of the year.'^{*****}

KALACC's Culturally Based and Culturally Embedded Responses to Suicide.

In the seven years from 1999 to 2006, 96 Aboriginal and Torres Strait Islander people committed suicide in the Kimberley.⁶ A review by the Kimberley Mental Health and Drug Services (KMHDS) (2016) found that 102 of the 125 suicides in the Kimberley between 2005 and 2014 were by Aboriginal people.⁷ These statistics are shocking, yet, the recent Western Australian Government review of Indigenous youth suicide, *Lessons from the Message Stick* (2016), drew on the work of Chandler and Dunlop (2003), supporting the need to identify specific communities and cohorts where suicide has occurred, as in some discrete communities suicide has not been experienced to the same degree as other regions.⁸ This fits with KALACC's approach, identified within the *Lesson's from the Message Stick Report* (2016) as 'emphasising the need for local and tailored solutions for each community.'⁹ Cumulative evaluations and reviews have consistently found that nothing works better than culture in addressing Indigenous suicide, and recent government reviews and university evaluations have identified the need to shift away from government service delivery to Aboriginal service delivery.¹⁰ KALACC supports the recent announcement of the Kimberley Suicide Prevention Trial as one of 12 suicide prevention trials funded by the Australian Federal Government, and will advocate for cultural solutions.

Summary

Youth suicide, never before experienced by Aboriginal communities, has reached crisis point. The Kimberley region of Western Australia has one of the world's highest suicide rates estimated to be as high as 74 per 100,000 residents, compared to a general population rate of 12.2 per 100,000 people for all Australians. Recommendations of recent reviews and evaluations align with KALACC's approach to regional cultural solutions as part of a national network of community based organisations addressing Indigenous youth suicide and Indigenous suicide more generally.

Recommendations

- Consolidate and resource the Yiriman Project to expand the model Kimberley wide.
- Ensure resources allocated to the Kimberley Suicide Prevention Trial engage and resource Indigenous community based organisations most able to effect change at the community level based on cultural solutions that have been found in evidence to be effective
- Currently just 0.74% of combined State and Commonwealth Government investments in Aboriginal affairs in Western Australia are allocated towards Arts and Cultural programs. This figure needs to be increased significantly.

⁵ Dudgeon, P. (et al), 2016, p 3.

***** Parke, E., 'Apparent suicide of 10-year-old Indigenous girl shocks remote WA community', ABC Online, 9 March 2016.

<http://www.abc.net.au/news/2016-03-08/suicide-of-10-year-old-indigenous-girl-shocks-wa-community/7231052>.

Accessed; 29/03/17.

⁶ Kimberley Round Table Report – Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), Thursday 27th August 2015, Durack Room, Mangrove Hotel Broome, Western Australia, p 2.

⁷ McHugh, C. (et al), p 1.

⁸ Chandler, M.J. and Dunlop, W.L., 'Cultural wounds require cultural medicines', p7.

<http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3a8cda44fb8b1&subId=205836>.

Accessed; 29/03/17.

⁹ Education and Health Standing Committee - Learnings from the message stick - The report of the Inquiry into

Aboriginal youth suicide in remote areas, Report No. 11, November 2016, p 26.

¹⁰ Ibid.



The Hon Ken Wyatt AM, MP
Minister for Aged Care
Minister for Indigenous Health
Member for Hasluck

Ref No: MC17-020747

Mr Wes Morris
Coordinator
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Dear Mr Morris

Thank you for your correspondence of 4 December 2017 regarding Commonwealth investments in Aboriginal cultural programs.

The Department of Health is working to ensure that funding is directed to culturally-appropriate, evidence-based services to support suicide prevention in Aboriginal and Torres Strait Islander communities.

The Australian Government has committed \$28.25 million per annum in 2016-17 and 2017-18, through Primary Health Networks (PHNs), to improve access to culturally sensitive mental health services for Aboriginal and Torres Strait Islander people, under the Indigenous Mental Health Program.

In addition, the University of Western Australia has been selected to establish a Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, and will receive funding of \$1.75 million to help build the capacity of PHNs, Aboriginal and Torres Strait Islander organisations and communities in the development of suicide prevention activity that is tailored to regional needs.

The *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* outlines the actions to be undertaken by the Government and other key stakeholders to give effect to the vision, principles, priorities, and strategies of the Health Plan.

Between March and May 2017, the Department led an extensive consultation process (*My Life My Lead*) across Australia to listen to people share their stories and experiences. This is part of the ongoing commitment under the Implementation Plan to consider the social determinants and cultural determinants of Indigenous health.

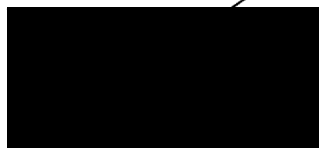
One consistent feature of these consultations was that culture is central to Aboriginal and Torres Strait Islander wellbeing and needs to be embraced and embedded across a range of Aboriginal and Torres Strait Islander and mainstream services—both as a protector and enabler of health and wellbeing. The Implementation Plan will be updated in 2018, with a strengthened focus on the social determinants and cultural determinants of Aboriginal and Torres Strait Islander health.

The updated Implementation Plan will also incorporate strategic responses on mental health, social and emotional wellbeing, suicide prevention and alcohol and other drug use identified through the Fifth National Mental Health and Suicide Prevention Plan.

I understand that at the Kimberly Suicide Prevention Working Group meeting held in Derby, Western Australia, on 11 December 2017, members endorsed an Operational Plan with an identified budget and key action areas for trial activity, including a significant cultural elements project, with KALACC likely to be funded to do that work. I look forward to learning more about the progress of these trial activity projects and how they are addressing local priorities.

Thank you for raising this matter.

Yours sincerely

A black rectangular redaction box covering the signature of the Minister.

The Hon KEN WYATT AM, MP
Minister for Aged Care
Minister for Indigenous Health

15 JAN 2018