



Australian Government
Department of Health



An Australian Government Initiative

PHN PRIMARY MENTAL HEALTH CARE PROGRAMME GUIDANCE

ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH SERVICES

2019

Introduction

This guidance document provides advice for PHNs in relation to the planning and commissioning of mental health services for Aboriginal and Torres Strait Islander people. Funding is quarantined for provision of Aboriginal and Torres Strait Islander mental health services under the Indigenous Australians' Health Programme (IAHP).

The guidance document should be read in conjunction with other guidance provided to PHNs on commissioning services under the Mental Health Flexible Funding Pool and other resources supporting appropriate planning and delivery of Aboriginal and Torres Strait Islander health, mental health and suicide prevention services.

PHNs are expected to:

- **Jointly plan** for the provision of an appropriate mix of culturally appropriate mental health services for Aboriginal and Torres Strait Islander people in partnership with Local Health Networks and Aboriginal and Torres Strait Islander communities, including Aboriginal Community Controlled Organisations. This should be a priority for joint regional mental health and suicide prevention planning.
- **Commission** culturally appropriate evidence based Aboriginal and Torres Strait Islander mental health services across the lifespan and across the continuum of care to address service gaps. This should include services for children and youth.
- Facilitate appropriate **cultural governance** in all stages of the commissioning cycle for Aboriginal and Torres Strait Islander mental health and suicide prevention services to ensure Aboriginal and Torres Strait Islander leadership is involved early in shaping the co-design process
- Ensure **integrated services and clear referral pathways** are in place to support patients to seamlessly transition between services as their needs change. In particular services should be well integrated with drug and alcohol services, suicide prevention and social and emotional wellbeing services as well as mainstream mental health services.
- **Promote a culturally competent workforce** with training in trauma-informed care and in identification of risk to deliver services to Aboriginal and Torres Strait Islander people, and which is supported to holistically meet their needs.

Context

Improving Aboriginal and Torres Strait Islander mental health and suicide prevention is a key priority area within the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan). The Fifth Plan also highlighted the significant role which PHNs must play in addressing this priority on a regional level.

Action 10 of the Fifth Plan requires governments to work with PHNs and LHNs to implement integrated planning and service delivery for Aboriginal and Torres Strait Islander people at a regional level including:

- Engaging Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery;
- Collaborating with service providers regionally to improve referral pathways between GPs, Aboriginal Controlled Health Services (ACCHSs), social and emotional wellbeing services, alcohol and other drug services and mental health services;
- Developing mechanisms and agreements that enable shared patient information, with informed consent, as an enabler of care coordination and service integration; and
- Ensuring a strong presence of Aboriginal and Torres Strait Islander leadership in governance structures.

The Fifth Plan highlights, as have previous guidance and reports, the importance of a balance of clinical and culturally informed mental health care, and of social and emotional wellbeing services being integrated into culturally capable models of care. It also stresses the opportunity afforded by joint regional mental health and suicide prevention planning for working with Aboriginal and Torres Strait Islander communities and LHNs to plan for service improvement and an integrated approach to services.

There have been a number of important frameworks and documents for Aboriginal and Torres Strait Islander mental health and suicide prevention released in recent years which can help to inform PHN activities in this area and which are also supported by the Fifth Plan. This includes the following:

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 sets forth a culturally appropriate mental health stepped care model. The principles outlined in the Framework underpin the approach taken in the Fifth Plan to Aboriginal and Torres Strait Islander Mental Health and should provide a touchstone for PHNs. Further information on the Framework is provided below.

The Gayaa Dhuwi (Proud Spirit) Declaration, launched in 2015, reinforces the importance of Aboriginal and Torres Strait Islander leadership in mental health. This Declaration provides a renewed call by Aboriginal and Torres Strait Islander people for linking mental health, social and emotional wellbeing, suicide prevention and substance misuse services. Its implementation is supported by the Fifth Plan.

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project's (ATSISPEP) Solutions That Work report released in 2016 and the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy provide an important guide to the implementation of suicide prevention initiatives for Aboriginal and Torres Strait Islander people.

Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities, A Guide for Primary Health Networks, has been developed as a joint project between the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia and the Black Dog Institute and released in 2018.

Further information on the above resources and other resources to support planning and implementing Aboriginal and Torres Strait Islander mental health and suicide prevention activity is provided in the **Useful Resources** section at the end of this document.

This guidance reflects the imperatives in these key documents. It reinforces the need for co-design through partnership with Aboriginal and Torres Strait Islander leadership and ACCHOs throughout the processes of planning, provision and review of services, to ensure the cultural context for services is understood. The guidance promotes holistic, culturally relevant services, and joined-up pathways between mental health, drug and alcohol, suicide prevention and other services. It reiterates the responsibility of PHNs for ensuring the clinical and cultural competency of their workforce. It acknowledges the role which mainstream services and the mainstream workforce as well as more targeted services must play in providing pathways to culturally appropriate primary health care.

Aboriginal and Torres Strait Islander mental health funding for PHNs continues to be provided from the Indigenous Australian's Health Programme (IAHP). The objective of the IAHP is to provide Aboriginal and Torres Strait Islander people with access to effective high quality health care services in urban, regional, rural and remote locations across Australia. Funding for this targeted component of mental health service provision is quarantined to improve access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people.

What are Aboriginal and Torres Strait Islander mental health services?

Aboriginal and Torres Strait Islander mental health services are joined up, integrated, culturally appropriate and safe services designed to holistically meet the mental health and wellbeing needs of Aboriginal and Torres Strait Islander people at the local level. They are expected to cover a stepped care spectrum of service needs, which addresses different levels and types of intensity of needs and offer low and high intensity service options. They include but are not limited to psychological services, and may also include low intensity services, social and emotional wellbeing support and targeted mental health support and care navigation for individuals identified at risk.

Aboriginal and Torres Strait Islander people may present with a complex mix of problems, which may include symptoms of mental illness, but also other problems including cultural disconnection, stressors associated with housing, physical illness, trauma, abuse and loss. Services therefore need to be commissioned to holistically meet the needs of each person, including providing support for their families and/or communities.

PHNs should not commission mental health activities that are not supported by clinical evidence nor have not in some way proven to be effective for Aboriginal and Torres Strait Islander people. They should be delivered by an appropriately skilled workforce which is likely to include mental health professionals, Aboriginal health workers, Aboriginal peer support workers and GPs. Aboriginal and Torres Strait Islander mental health services can be provided through a variety of avenues including ACCHSs, and Aboriginal Medical Services (AMSs), as well as mainstream services which may include Local Hospital Networks (LHNs), headspace or suicide prevention services.

Culturally appropriate health services and providers will facilitate more effective mental health service delivery and improved mental health outcomes for Aboriginal and Torres Strait Islander people. This requires cultural awareness, cultural respect, cultural safety and an understanding of the importance of cultural healing and cultural determinants of health.¹

Social and emotional wellbeing

A holistic approach to service delivery for Aboriginal and Torres Strait Islander services is needed which recognises the importance and inter-relationship between physical health, mental health, spiritual needs and social and emotional wellbeing.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 is an important resource which sets forth a culturally appropriate stepped care model. The key action areas and outcomes associated with this framework are outlined below.

Separate dedicated funding is provided from the Department of Prime Minister and Cabinet for Social and Emotional Wellbeing (SEWB) support services. This service provides counselling and other supports for Aboriginal and Torres Strait Islander people, prioritising the needs of the Stolen Generations. Further information is provided in [Useful Resources](#).

¹ See definitions in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, page 53

National Strategic Framework for Social and Emotional Wellbeing 2017-2023 - Action Areas and Outcomes²

These Action Areas and Outcomes are based on a stepped care model of primary mental health care service delivery.

ACTION AREA 1 – Strengthen the Foundations

Outcome 1.1: An effective and empowered mental health and social and emotional wellbeing workforce.

Outcome 1.2: A strong evidence base and a social and emotional wellbeing and mental health research agenda under Aboriginal and Torres Strait Islander leadership.

Outcome 1.3: Effective integration and partnerships between Primary Health Networks and Aboriginal Community Controlled Health Services and other health services.

ACTION AREA 2 – Promote Wellness

Outcome 2.1: Aboriginal and Torres Strait Islander communities and cultures are strong and support social and emotional wellbeing and mental health.

Outcome 2.2: Aboriginal and Torres Strait Islander families are strong and supported.

Outcome 2.3: Infants get the best possible developmental start to life to support good mental health and wellbeing.

Outcome 2.4: Aboriginal and Torres Strait Islander children and young people get the services and support they need to thrive and grow into mentally healthy adults.

ACTION AREA 3 – Build Capacity and Resilience in People and Groups at Risk

Outcome 3.1: Access to traditional and contemporary healing practices.

Outcome 3.2: Equality of mental health outcomes is achieved across the Aboriginal and Torres Strait Islander population.

Outcome 3.3: Mental health and related problems are detected at early stages and their progression prevented.

ACTION AREA 4 – Provide Care for People who are Mildly or Moderately Ill

Outcome 4.1: Aboriginal and Torres Strait Islander people living with a mild or moderate mental illness are able to access culturally and clinically appropriate primary mental health care according to need.

Outcome 4.2: Culturally and clinically appropriate specialist mental health care is available according to need.

Outcome 4.3: Effective client transitions across the mental health system.

ACTION AREA 5 – Care for People Living with a Severe Mental Illness

Outcome 5.1: That the human rights of Aboriginal and Torres Strait Islander people living with severe mental illness are respected.

Outcome 5.2: Aboriginal and Torres Strait Islander people in recovery are able to access support services in an equitable way, according to need, within a social and emotional wellbeing framework.

Outcome 5.3: Aboriginal and Torres Strait Islander people living with psychosocial disability are able to access the National Disability Insurance Scheme and other support services in an equitable way, according to need, and within a social and emotional wellbeing framework.

² National Strategic Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, 2017-2023, p. 27

What is expected of PHNs?

Regional planning for integrated Aboriginal and Torres Strait Islander mental health and suicide prevention services

PHNs are expected to give priority to Aboriginal and Torres Strait Islander mental health in developing joint regional mental health and suicide prevention plans with LHNs, ACCHSs and other stakeholders. This provides opportunity to engage in collaborative action to plan to build protective factors to prevent the onset of mental health problems, alcohol and other drug use and other problems. It also offers opportunity to achieve vital integration and local tailoring of services and pathways across funding agencies needed to address problems.

Key expectations of joint regional planning for Aboriginal and Torres Strait Islander services, include:

- Engaging Aboriginal and Torres Strait Islander communities and ACCHSs in identification of needs, co-design and delivery;
- Planning for holistic services which consider connection to culture, community and country as well as issues such as physical health, substance misuse, social and emotional wellbeing and suicide prevention;
- Promoting the development of a stepped care model of service delivery in the region which is in line with the approach outlined in the National Strategic Framework for Social and Emotional Wellbeing;
- Collaboration between regional service providers to improve referral pathways between GPs, ACCHSs, social and emotional wellbeing teams, and other health, mental health and alcohol and other drug services; and,
- Planning for a culturally competent workforce in Aboriginal and Torres Strait Islander services and in mainstream services.

In preparing this joint regional plan, PHNs and LHNs should take into consideration existing service arrangements provided through a variety of organisations and services in the region, including those delivered by ACCHSs. PHNs should also be aware of state government plans, resources or Indigenous forums which may impact upon regional planning.

Cultural governance and Aboriginal and Torres Strait Islander Leadership

PHNs are expected to consider cultural governance issues in the context of regional planning and in the commissioning cycle. This should include ensuring a strong presence of Aboriginal and Torres Strait Islander leadership in governance structures ahead of, and to inform, co-design processes. At another level it includes ensuring the cultural safety of Aboriginal and Torres Strait Islander people working with PHNs within clinical governance arrangements, and ensuring culturally respectful partnerships with ACCHSs and other Aboriginal and Torres Strait Islander organisations.

The co-design process should try to provide as much opportunity as possible for Aboriginal and Torres Strait Islander people to shape the services in a way which best addresses the cultural context for local communities. For example, the location of service delivery may need to be driven by where Aboriginal and Torres Strait Islander people feel safe.

Further information on clinical governance can be obtained from resources prepared by the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

Commissioning a continuum of mental health services to address service gaps

PHNs should commission services across a continuum of primary mental health services for Aboriginal and Torres Strait Islander people within a person-centred stepped care approach.

PHNs are expected to commission services which address service gaps and complement other local services identified through needs assessment and regional planning processes and build on local service delivery infrastructure. This could include but is not limited to access to low and high intensity interventions, and services targeting children and youth and people identified as at risk of suicide or which support traditional and contemporary approaches to cultural healing.

At an individual level, given the complexity of problems with which Aboriginal and Torres Strait Islander people may present, there may be a need to help individuals with mental illness navigate links to other services such as alcohol and drug services, domestic violence support, housing or family support services. Such individualised connections to additional services will complement and support mental health service provision through a holistic approach to care. A focus on providing mental health services for Aboriginal and Torres Strait Islander people with co-occurring alcohol or other drug problems should also be considered in commissioning arrangements. A focus on services across the lifespan, including for children and young people should also be promoted at this time.

Commissioned services are to make the best use of available workforce and other resources and infrastructure, and to promote early intervention to address mental health needs. They may also build on existing primary health care services or other services provided through ACCHs. For example mental health services could be commissioned to partner with social and emotional wellbeing teams, or to form part of a broader primary care service to enable culturally appropriate and accessible services.

The impact on and value of commissioned services to local Aboriginal and Torres Strait Islander communities should be carefully monitored and should help to inform decisions about continuing commissioning arrangements. PHNs should collect and report information to the Department specifically in relation to funding for commissioned Aboriginal and Torres Strait Islander mental health services including the amount of funds for each commissioned service; the type of services commissioned; the services provided; the number of clients accessing services; and identification of any changes in mental health outcomes as part of the Mental Health Minimum Data Set.

Promoting integrated service delivery and clear referral pathways

PHNs are expected to collaborate with existing services and seek opportunities to join up or integrate mental health, suicide prevention, social and emotional wellbeing and alcohol and other drug services to minimise duplication of services. This includes those delivered by state and territory governments and maximise workforce resources.

Joint regional mental health and suicide prevention planning with LHNs and other stakeholders should help to focus efforts on better integration of services for Aboriginal and Torres Strait Islander people. Elements of integration should include;

- Establishing partnerships with all relevant organisations and services in the region, including those delivered by ACCHSs;
- Developing linkages with existing Commonwealth and state government initiatives, such as for social and emotional wellbeing, as well as with bordering PHNs, particularly where patients cross PHN boundaries to access services;
- Linking mental health professionals to drug and alcohol services to provide integrated mental health and alcohol and other drug services;
- Forming linkages between separately funded social and emotional wellbeing services or teams or building on these teams;
- Implementing team based approaches across a region or within local communities to deliver efficient, coordinated mental health services; and

- Working with **headspace**, which has a focus on supporting its centres to engage locally with Aboriginal and Torres Strait Islander communities and young people to improve access, strengthen partnerships and assist with capacity building in local communities.

PHNs are expected to establish referral pathways and follow up services to support patients as well as provide information to patients about how to access other services in a crisis situation. Referral pathways should enable and support patients to seamlessly transition between services as their needs change. This should include referral to post-discharge care and support for individuals after a suicide attempt or at high risk of suicide, which should be delivered in a way which is perceived as culturally safe and accessible.

General practitioners (GPs) will continue to play a central role in the management of physical and mental health needs of Aboriginal and Torres Strait Islander people with a mental illness. In recognition of the difficulties in accessing GPs and psychiatrists or other referring health professionals to obtain a referral, 'provisional referral' from ACCHSs could enable service provision to commence while arrangements are made to see a GP or a psychiatrist.

In assessing and referring Aboriginal and Torres Strait Islander people for mental health services, the National PHN Guidance on Initial Assessment and Referral for Mental Healthcare should offer best practice support on what is common across population groups. However the additional requirements of Aboriginal and Torres Strait Islander people, including needs relating to trauma, also need to be considered.

Ensuring the cultural and clinical competence of workforce delivering services to Aboriginal and Torres Strait Islander people

PHNs should promote and plan for a workforce which has been trained in building culture into therapy to incorporate the worldviews of the client and their family into service provision, and which is sensitive to the impact of intergenerational trauma. The workforce should also be supported to provide evidence-based interventions, and to know to whom to refer Aboriginal and Torres Strait Islander people should their needs change. In addition it is expected that the workforce delivering commissioned services would understand the interconnection between mental health services, alcohol and other drug problems, suicide prevention and social and emotional wellbeing.

PHNs should commit to developing and improving cultural competence in the PHN and commissioned health services through a sustained focus on tailoring service delivery to the needs and preferences of the Aboriginal and Torres Strait Islander people and communities. This includes understanding the historical, cultural and social complexity of specific local or regional contexts. This could require investment in capacity building, training, including cultural sensitivity training, or providing training resources to service providers.

PHNs should ensure contractual requirements are in place with commissioned services to set forth expectations of the training and cultural competence of the workforce delivering services to Aboriginal and Torres Strait Islander people. Funding can be considered for workforce development.

Performance indicator

The following performance indicator for PHNs is listed in the PHN Primary Mental Health Care Schedule in respect of this priority, although all mental health performance indicators can be considered in the context of access to services by Aboriginal and Torres Strait Islander people:

- App- 2 Proportion of PHN-commissioned mental health services delivered to the regional Indigenous population where the services were culturally appropriate.

What is out of scope?

PHNs should not commission mental health activities that are not supported by clinical evidence or which have not in some way proven to be effective for Aboriginal and Torres Strait Islander people, as outlined above. Nor should they commission services which duplicate existing services or activities, or which are funded through other programmes or agencies including services funded through State and Territory Governments or through other Commonwealth programmes.

PHNs should not fund social and emotional wellbeing services which already receive separate government funding from the Department of Prime Minister and Cabinet. However holistic services incorporating a social and emotional wellbeing focus, or services linked to and building upon these teams are in scope. As the focus is on mental health service provision, PHNs should not commission broader support services or assistance which is provided through other health or non-health programmes.

What flexibilities do PHNs have?

PHNs may need to take an innovative approach in meeting the mental health needs of Aboriginal and Torres Strait Islander people in their regions. These needs and strategies to address them will vary from PHN to PHN, and sometimes across sub-regional areas within PHNs. A response appropriate to the region will need to be informed by the co-design process with local Aboriginal and Torres Strait Islander leadership, by needs assessments and analysis of available services and organisations.

PHNs are able to determine the most appropriate mix of service delivery modalities for commissioning in each region. This may include individual interventions, group programs, face-to-face services, telephone services and web-based interventions and resources. PHNs can commission services from a range of providers including ACCHSs or other organisations with capacity to delivery culturally appropriate services.

PHNs are able to determine the most suitable workforce from which the commissioned services can be delivered based on existing workforce supply and any other relevant considerations. Workforce skills and qualifications must be commensurate with the level of service being commissioned.

PHNs have the flexibility to utilise additional funding they are receiving for Indigenous suicide prevention with the specific funding for Indigenous mental health services to develop an integrated and planned approach to addressing the mental health needs of Aboriginal and Torres Strait Islander people, particularly those potentially at risk of suicide.

PHNs may also wish to augment other services with mental health service capacity. For

example, services provided by mental health professionals could be added to social and emotional wellbeing teams, or linked to headspace and drug and alcohol services providing integrated mental health and drug and alcohol services.

Why is this a priority activity for PHNs?

There remains a significant mental health gap between Indigenous and non-Indigenous Australians and that Aboriginal and Torres Strait Islander people have lower access to mental health services. Services and programs designed for the general population generally do not meet the needs of Aboriginal and Torres Strait Islander people. These may lack cultural appropriateness within a broader context of social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander people.

A more joined up, innovative and integrated approach is needed to bring together programs which are currently designed to separately support services such as social and emotional wellbeing, suicide prevention, and where appropriate alcohol and other drug services, to improve support for Aboriginal and Torres Strait Islander people.

Mental health is a priority theme identified across domains within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Useful Resources

PHNs and ACCHOs - Guiding Principles

Departmental guidance to PHNs on best practice in working with Aboriginal Controlled Community Health Organisations

Website: <https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Accho>

National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing, Department of Prime Minister and Cabinet, 2017-2023

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 sets forth a culturally appropriate stepped care model. The principles outlined in the Framework underpin the approach taken in the Fifth Plan to Aboriginal and Torres Strait Islander Mental Health.

Website: <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

Department of Prime Minister and Cabinet Social and Emotional Wellbeing support services

Information on regionally provided funding from the Department of Prime Minister and Cabinet for social and emotional wellbeing teams and/or services targeting the Stolen Generation can be obtained by emailing a request to Wellbeing@pmc.gov.au. This may be helpful for the purposes of mapping other local services for planning purposes.

Website: <https://www.pmc.gov.au/indigenous-affairs/health-and-wellbeing/practical-support-members-stolen-generations-and-their-families>

National Aboriginal and Torres Strait Islander Leadership in Mental Health Gayaa Dhuwi (Proud Spirit) Declaration,

The Fifth Plan supports implementation of the Declaration by way of recognising and promoting Aboriginal and Torres Strait Islander leadership (Action 12.3). The Declaration provides a renewed call by Aboriginal and Torres Strait Islander people for linking mental health, social and emotional wellbeing, suicide prevention and substance misuse services.

Website: https://natsilmh.org.au/sites/default/files/WEB_gayaa_dhuwi_declaration_A4-2.pdf Implementation guide and an Indigenous mental health and suicide prevention policy concordance can be downloaded at: <https://natsilmh.org.au/resources>

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report, 2016

The Report summarises the evidence-base for what works in Indigenous community-led suicide prevention, including responses to the social determinants of health that are 'upstream' risk factors for suicide. It also presents tools to support Indigenous Suicide Prevention activity developed by ATSISPEP.

Website: <https://www.atsispep.sis.uwa.edu.au/>

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy encompasses the Aboriginal and Torres Strait Islander peoples' holistic view of mental health, physical, cultural and spiritual health and has an early intervention focus that works to build strong communities through more community-focused and integrated approaches to suicide prevention.

Website: <https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy>

Cultural Respect Framework, COAG, 2016

The Cultural Respect Framework 2016-2026 commits the Commonwealth Government and State Governments to embedding cultural respect principles into their health system.

Website: <https://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf>

Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities - A Guide for Primary Health Networks

A joint project between the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia and the Black Dog Institute, 2018

Website: <https://www.blackdoginstitute.org.au/docs/default-source/lifespan/designed-final-cultural-framework-guide-v4.pdf?sfvrsn=0>

Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities, A Guide for Primary Health Networks, Black Dog Institute, 2018

Website: <https://www.blackdoginstitute.org.au/docs/default-source/lifespan/implementation-framework-11th-september-laid-out-pdf.pdf?sfvrsn=0>

Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

The Centre seeks to build support and build the capacities of PHNs, Aboriginal and Torres Strait Islander organisations and Aboriginal and Torres Strait Islander communities to take action in response to suicide and self-harm in their immediate region.

Website: <http://www.indigenous.uwa.edu.au/indigenous-research/Centre-for-Best-Practice>

National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019

The National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019 (NATSIPDS) is a sub-strategy of the National Drug Strategy 2010-2015 (NDS). The overarching goal of the NATSIPDS is to improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of alcohol and other drugs (AOD) on individuals, families, and their communities.

Websites:

- <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/natsipds2014-19>
- Australian Indigenous Psychologists Association cultural competency training
- <http://www.indigenoupsychology.com.au/>

Royal Australian and New Zealand College of Psychiatrists, Aboriginal and Torres Strait Islander Mental Health Webpage.

Website: <https://www.ranzcp.org/practice-education/indigenous-mental-health/aboriginal-torres-strait-islander-mental-health>

A Five Year Horizon for PHNs - PHN Advisory Panel on Mental Health, Australian Government Department of Health

The Working with Aboriginal and Torres Strait Islander Services and Communities chapter of this report provides additional information for PHNs on developing robust partnerships with local Aboriginal and Torres Strait Islander organisations, including information on working with experiential difference, working in a cultural framework and empowerment and self-determination.

Website: [https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/\\$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf)