

Submission to the Mental Health and Suicide Prevention Agreement Review

Dear Chair,

As the peak body for the Aboriginal and Torres Strait Islander community controlled health organisations (ACCHOs) in Queensland, the Queensland Aboriginal Islander Health Council (QAIHC) provides this submission to convey the collective priorities and concerns of our Members, in response to the current implementation and the future direction of the National Mental Health and Suicide Prevention Agreement (the Agreement).

Established in 1990 by Aboriginal and Torres Strait Islander leaders in the community-controlled health sector, QAIHC now represents 33 ACCHOs delivering culturally informed, holistic primary health care across more than 60 service sites in Queensland. We are a recognised leader in Aboriginal and Torres Strait Islander health advocacy, system reform, and sector development.

We welcome the opportunity to contribute to the national conversation on mental health and suicide prevention reform and offer the following observations and recommendations to ensure that Aboriginal and Torres Strait Islander peoples' needs are meaningfully addressed in the next iteration of the Agreement.

1. The National Mental Health and Suicide Prevention Agreement 2022–2026

The Agreement, which replaced the *Fifth National Mental Health and Suicide Prevention Plan* in 2022, set out a framework for joint funding responsibilities between the Commonwealth and state and territory governments. It also aimed to promote a coordinated, cross-sectoral approach to mental health reform.

While the Agreement articulates broad ambitions, it lacks a cohesive logic framework linking objectives, outcomes, priority populations, and implementation principles. This weakens accountability and makes evaluation difficult. Only a small portion of mental health funding flows through the mechanisms established under the Agreement (~3%), with many initiatives pre-dating the Agreement. This limits its capacity to deliver significant, system-wide reform. Critically, the current Agreement does not include dedicated measures to address the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander peoples. Despite references to the Closing the Gap framework, there are no specific actions or outcomes tailored to First Nations communities.¹

Mental health in this context refers to the clinical understanding of psychological functioning, and focuses on diagnosis and treating mental illness, and often delivered through mainstream health services and based on Western biomedical models and typically individual-focussed.

A broader holistic concept rooted in Aboriginal and Torres Strait Islander worldviews encompasses mental health, but also includes connection to body, mind and emotions, family and kinships, Community, culture, spirituality and ancestors.

SEWB provides a culturally relevant framework that aligns with Indigenous values and experiences. It supports community-led and strength-based approaches to healing and wellbeing. The Gayaa Dhuwi Framework advocates

¹ Productivity Commission. (2025). *Mental Health and Suicide Prevention Agreement Review Interim Report*. June 2025. <https://www.pc.gov.au/inquiries/current/mental-health-review/interim/mental-health-review-interim.pdf>.

for embedding SEWB principles into all mental health and suicide prevention initiatives to ensure they are effective and respectful.²

NACCHO's *Core Services and Outcomes Framework* is a foundational guide for ACCHOs to deliver comprehensive, culturally safe primary health care. It integrates SEWB as a core component of holistic care.

The Framework was developed through national consultation and describes the principles, scope, and functions of community-controlled comprehensive primary health care. It emphasises Aboriginal and Torres Strait Islander leadership, community empowerment and integrated care. Key impacts of transitioning clinics to community control have led to a 408% increase in primary health care use, improved immunisation rates, reduced low birth rates and increased local employment.³

QAIHC strongly recommends that the next Agreement include a dedicated schedule for Aboriginal and Torres Strait Islander SEWB. This schedule should recognise the distinct cultural and social factors influencing SEWB, including systemic disadvantage, cultural identity, intergenerational trauma, and connection to Country.⁴ It should formally acknowledge the leadership and expertise of ACCHOs and the Aboriginal and Torres Strait Islander SEWB workforce, promote cultural safety across all mainstream mental health services, and clearly map connections to key frameworks such as the *National Agreement on Closing the Gap*, the *Gayaa Dhuwi (Proud Spirit) Declaration*, and the SEWB Policy Partnership. The schedule should be developed through genuine co-design with Aboriginal and Torres Strait Islander communities, consistent with Priority Reforms 1 and 3, include distinct and measurable SEWB outcomes with clear lines of accountability, and incorporate a community-led evaluation process at the conclusion of the Agreement to inform future investment.

2. Closing the Gap and alignment with national frameworks

Mental health and SEWB are foundational to achieving the health equity goals embedded in the National Agreement on Closing the Gap. Without focused investment in SEWB services, commitments to long and healthy lives for Aboriginal and Torres Strait Islander peoples will not be realised.⁵ A dedicated SEWB schedule within the Agreement is necessary to align national mental health policy with Priority Reforms and the structural enablers of the Closing the Gap framework. This schedule must explicitly reference the SEWB Policy Partnership and provide a platform for integrated implementation and shared accountability.

3. Embedding cultural safety and supporting self-determination

Creating a culturally inclusive and safe mental health system is vital to improving outcomes for Aboriginal and Torres Strait Islander peoples. This involves reshaping policies, programs, and institutions to be responsive to cultural worldviews, lived experiences, and community-defined needs. Self-determination must underpin all aspects of mental health and suicide prevention service design, commissioning, and evaluation. Aboriginal and Torres Strait Islander peoples must have an equitable voice in governance and decision-making at all levels. The work currently underway in Queensland to embed cultural safety, in partnership with QAIHC and the ACCHO sector, provides a scalable model for systemic reform that could be adapted nationally. Embedding a co-designed SEWB schedule in the Agreement is a practical mechanism to translate these principles into action.

² Gayaa Dhuwi (Proud Spirit) Australia. (2025). *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation plan*. https://www.gayaadhuwi.org.au/wp-content/uploads/2025/02/GDPSA-Implementation-Plan_WEB.pdf

³ National Aboriginal Community Controlled Health Organisation. (2021). *NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care*. <https://csf.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>

⁴ Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Rin, I., Walker, R., Cox, A., Geogatos, G., & Holland, C. (2016). *Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*. School of Indigenous Studies, University of Western Australia. <https://www.academia.edu/download/96643820/ATSISPEP-Report-Final-Web.pdf>

⁵ Queensland Aboriginal and Islander Health Council. (2021). Discussion Paper. *Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples – working together to achieve life expectancy parity by 2031*. https://www.qaihc.com.au/media/37813/0224-health-equity-discussion-paper_hr.pdf

4. Regional commissioning and preferred provider models

Regional commissioning structures must embed Aboriginal and Torres Strait Islander representation to ensure cultural relevance and service integration. ACCHO-led regional hubs in Queensland have the expertise and local governance structures to lead regional commissioning of SEWB and mental health services. The Agreement should mandate Aboriginal and Torres Strait Islander community controlled health organisations as preferred providers for Aboriginal and Torres Strait Islander-specific mental health and SEWB programs. This approach ensures services are grounded in community priorities and reflect culturally safe models of care.

5. Workforce development and cross-sector learning

A skilled and culturally informed workforce is essential to delivering effective SEWB care. Governments must invest in strategies that grow and sustain the Aboriginal and Torres Strait Islander mental health and SEWB workforce. This includes support for culturally safe training pathways, structured career progression, and leadership development within the ACCHO sector. There are strong parallels between the Aboriginal and Torres Strait Islander health workforce and the emerging peer workforce in mental health and suicide prevention. Both bring a relational, community-based model of support that is grounded in lived experience and cultural context. The evolution of the Aboriginal and Torres Strait Islander health workforce - from community-initiated service delivery to recognised professional roles - offers valuable insights for formalising and strengthening the peer workforce. The work of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners to develop a professional scope of practice highlights key priorities also relevant to the peer workforce: underutilisation, role clarity, capability standards, and integration within multidisciplinary teams. Governments should apply these lessons in the design and support of mental health peer workforces, while ensuring continued prioritisation of Aboriginal and Torres Strait Islander workforce development.

A skilled and culturally informed workforce is essential to delivering effective SEWB care and achieving the objectives of the *National Mental Health and Suicide Prevention Agreement*. The Agreement (Clauses 144–150, 159) identifies workforce as a key enabler of reform and commits governments to building a culturally safe, responsive workforce that addresses current shortages and maldistribution, particularly for Aboriginal and Torres Strait Islander peoples.⁶

QAIHC delivers several programs that collectively strengthen the specialist workforce supporting Aboriginal and Torres Strait Islander communities — including SEWB Workforce Support (NIAA-funded), Alcohol and Other Drugs (AOD), and Culture Care Connect. These programs provide training, mentoring and structured peer support to more than 200 frontline workers across Queensland through regional and statewide networks. This coordinated framework enables workers to share best practice, access cultural supervision, and remain connected to colleagues facing similar challenges in regional and remote contexts.

While these programs demonstrate strong outcomes and scalable models, there remains significant under-investment relative to workforce need and growing demand for culturally safe mental health and suicide prevention services. Sustained investment is required to:

- Expand peer support frameworks that nurture workforce wellbeing and retention.
- Fund targeted training opportunities in SEWB, trauma-informed care, and suicide prevention.
- Support the integration of SEWB, peer, and AOD workforces, leveraging shared learning while maintaining distinct cultural leadership.
- Embed data sovereignty and workforce metrics to track progress and strengthen accountability

Broader workforce pathways — such as the Indigenous Health Workforce Traineeship and NACCHO First Nations Health Workforce Traineeship Program — complement this specialist workforce by creating pipelines into entry-

⁶ Commonwealth of Australia. (2022). *National Mental Health and Suicide Prevention Agreement*.

https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf

level health roles. However, dedicated support for the SEWB and related specialist workforce must remain a core focus of the next Agreement to ensure culturally grounded, community-led care is sustained and strengthened.

6. Governance and evaluation

Effective governance must include Aboriginal and Torres Strait Islander representation to ensure policy and investment decisions address the unique experiences and strengths of communities. Representation from ACCHOs must be mandated in national governance mechanisms such as the Special Purpose Mental Health Council. Evaluation frameworks must reflect Indigenous values and priorities. Government-funded mental health programs should be assessed through co-designed evaluation approaches, aligned with the Indigenous Evaluation Strategy. A standalone SEWB schedule should embed a community-led evaluation process from the outset, with resourcing to support localised data collection, analysis, and continuous improvement.

7. First Nations mental health and SEWB reform priorities

The future of mental health reform must be built upon the following principles: A. Aboriginal and Torres Strait Islander communities must lead the design, delivery, and monitoring of mental health and SEWB services. B. Culturally safe, holistic, and trauma-informed models of care must be supported through long-term, adequate funding. C. Social determinants of health, including racism, housing, education, and employment, must be addressed through cross-sectoral investment. D. ACCHOs must be recognised as the preferred providers of culturally responsive care and resourced accordingly. E. Data sovereignty must be upheld to enable community-controlled data governance and use. F. SEWB workforce development must be prioritised to ensure sustainable, community-based mental health services. G. A new, co-designed SEWB schedule must be embedded in the Agreement to operationalise these principles and ensure sustained accountability.

8. QAIHC recommendations for the future

A. QAIHC urges governments to extend the current *National Mental Health and Suicide Prevention Agreement* beyond its 2026 expiry, allowing time for genuine co-design and the establishment of an outcomes-oriented, community-led framework with effective accountability.

B. Governments must formalise and resource the leadership role of Aboriginal and Torres Strait Islander organisations - particularly through ACCHOs - as preferred providers and commissioning partners. This includes guaranteeing long-term funding cycles (minimum five years) that enable strategic planning, workforce development, and system cohesion.

C. To ensure system reforms reflect Aboriginal and Torres Strait Islander perspectives, meaningful representation of ACCHOs must be mandatory across national governance bodies, including the National Mental Health Commission and Special Purpose Mental Health Council.

D. QAIHC recommends establishment of a national mental health workforce target for Aboriginal and Torres Strait Islander professionals, supported by tailored education, training, and “grow-your-own” pathways. This aligns with QAIHC’s *Workforce Strategy* to embed cultural governance and capability across all roles in the sector.

E. A new, co-designed SEWB schedule within the Agreement should embed dedicated workforce measures, including SEWB workforce scope, capability standards, and service integration - guided by community-identified priorities.

F. QAIHC reaffirms the need for system-wide cultural safety reforms through formal partnerships, shared decision-making structures, and evaluation frameworks aligned with the *Indigenous Evaluation Strategy*.

Finally, a community-led evaluation process must be built into the SEWB schedule to measure outcomes, assess workforce initiatives, and guide future policy cycles, ensuring continuous improvement in culturally safe systems of care.

We welcome further engagement to support this essential reform.

Yours sincerely

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