



Submission to the Productivity Commission on the National Mental Health and Suicide Prevention Agreement Review Interim Report

Gayaa Dhuwi (Proud Spirit) Australia would like to acknowledge the traditional custodians of country throughout Australia, and pay respects to all Elders, past, present, and emerging.

About Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia is the national leadership body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. As a community-controlled organisation, it is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies, working in these areas to promote collective excellence in mental health care.

Executive Summary

For more than a decade, national strategies, reviews, and intergovernmental agreements have consistently recognised the urgent need to improve Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. Yet, despite these repeated commitments, implementation remains inadequate. Aboriginal and Torres Strait Islander-led reform is not a secondary consideration in mental health and suicide prevention, but foundational to Australia's collective wellbeing.

This submission responds to the Productivity Commission's *Mental Health and Suicide Prevention Agreement Review: Interim report*. It highlights a pattern of inadequate action and unfulfilled promises, calling for immediate funding and full implementation of Aboriginal and Torres Strait Islander-led strategies and frameworks, backed by binding accountability mechanisms, to end the cycle of review without reform. Our communities must thrive, not just survive. That is the standard by which we must move forward.

Introduction

Gayaa Dhuwi (Proud Spirit) Australia welcomes the opportunity to provide a submission to the Productivity Commission, offering a clear and actionable plan to fix what the Commission itself has identified as broken in the *National Mental Health and Suicide Prevention Agreement* (Productivity Commission, 2025). This is not just a critique, but a blueprint for urgent reform that honours Aboriginal and Torres Strait Islander leadership, delivers structural change, and prevents further loss of life. While we acknowledge the Australian Government's commitment to mental health reform, the full potential of this commitment remains unrealised without



embedding the strategies and frameworks developed to guide reform (Australian Government, 2023).

Failure to implement these measures will mean targets under the *National Agreement on Closing the Gap*, particularly Target 14, which aims to significantly reduce suicide rates, will not be met, with devastating and preventable consequences for Aboriginal and Torres Strait Islander Peoples (Australian Governments and Coalition of Peaks, 2020). The Productivity Commission's Interim Report on the *National Mental Health and Suicide Prevention Agreement* reflects what our communities have long known (National Mental Health Commission, 2022). Aboriginal and Torres Strait Islander Peoples will continue to experience avoidable loss of life, entrenched inequalities, and poorer mental health outcomes compared to the non-Indigenous population. The issues are now to an extent, acknowledged across government. We have reached a juncture where the evidence is clear, and the experience of our communities has enabled informed and confident judgement about what must come next.

Background

The failure to act and invest in Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention is not new. The mental health system in Australia is widely recognised as inadequate for many Australians, and this reality is even more pronounced for our people, who experience disproportionate rates of suicide, mental ill-health, and disconnection from culturally safe care as symptoms of systemic neglect (Gee et al., 2014). In 2023, the suicide rate for Aboriginal and Torres Strait Islander people was 30.8 per 100,000, a significant increase from 23.6 in 2018 (Productivity Commission, n.d.).

As early as 1993, the *Burdekin Report* exposed the systemic neglect of our people within Australia's mental health system, calling for urgent reform grounded in human rights and cultural safety (Burdekin, 1993). This was followed in 1995 by the *Ways Forward Report*, which laid out a comprehensive, community-led plan grounded in self-determination, cultural safety, and holistic care (Swan & Raphael, 1995). Some 30 years on, the recommendations from these reports remain largely unimplemented. It is a generation of unmet commitments.

In 2015, the *Gayaa Dhuwi (Proud Spirit) Declaration* reaffirmed this vision, laying the foundation for a strengths-based, Aboriginal and Torres Strait Islander-led approach to social and emotional wellbeing, mental health, and suicide prevention (Gayaa Dhuwi, 2015). Despite consistent government endorsement, its implementation has been slow, inconsistent, and unfunded. The *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan* (Gayaa Dhuwi, 2025) provides a clear, actionable roadmap, yet funding for its implementation has not been secured despite action listed to commence in July 2025.

Since 2017, national reform agendas have repeatedly promised reforms. The *Fifth National Mental Health and Suicide Prevention Plan* (2017), the Productivity Commission's *Inquiry into Mental Health* (2020), the *National Suicide Prevention Adviser Final Advice to Government* (2021), and the *National Mental Health and Suicide Prevention Agreement* (2022) have all



committed to embedding Aboriginal and Torres Strait Islander-led solutions. Yet, implementation remains piecemeal, and accountability is absent.

The Interim Report confirms further critical failures within the mental health system that disproportionately affect Aboriginal and Torres Strait Islander Peoples. These issues are not new and have been consistently raised in previous reports and inquiries, yet they persist due to a lack of meaningful action and investment.

The Role of Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia holds a national mandate as a community-controlled organisation to lead Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention reform (Gayaa Dhuwi, 2015). Established through the leadership of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), before the commencement of the *National Agreement on Closing the Gap* and the *National Mental Health and Suicide Prevention Agreement*, Gayaa Dhuwi emerged in a different policy context and has since become a key factor in shaping and translating system reform for Aboriginal and Torres Strait Islander communities (Gayaa Dhuwi, 2021; Australian Governments and Coalition of Peaks, 2020; National Mental Health Commission, 2022).

The *Gayaa Dhuwi (Proud Spirit) Declaration* is the vehicle through which this leadership is enacted. It provides a nationally endorsed platform for embedding Aboriginal and Torres Strait Islander leadership, knowledge systems, and holistic approaches across all components of the mental health system (Gayaa Dhuwi, 2015). This system-wide approach includes all Australian Governments, commissioning and funding bodies, mental health legislation and regulatory frameworks, mainstream and community-controlled service providers, acute mental health services, general practitioners, emergency departments, non-government organisations, psychosocial and wraparound support providers, and the full spectrum of the clinical, cultural, and lived experience workforce (Gayaa Dhuwi, 2021).

A system-wide approach recognises that mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander Peoples are not determined by a single service or policy, but by how the whole system functions. This includes whether it is safe, accessible, and responsive at every point of contact (Productivity Commission, 2025). All actors within this system, including those in mainstream, acute, and non-clinical settings, carry responsibility for ensuring Aboriginal and Torres Strait Islander Peoples receive the highest attainable standard of culturally safe and effective care (National Mental Health Commission, 2022). These responsibilities extend beyond the health sector to address the broader social and cultural determinants of social and emotional wellbeing, including housing, education, employment, and justice (Gee et al., 2014). A truly system-wide approach must ensure that all systems intersecting with Aboriginal and Torres Strait Islander lives uphold cultural integrity, promote healing, and support long-term outcomes (Healing Foundation, 2021).

Gayaa Dhuwi's role is to make the system visible in its entirety, and to bring coherence, cultural integrity, and accountability to how it operates (Gayaa Dhuwi, 2021). Without this system-wide



lens, reforms will continue to be partial, disconnected, and ultimately ineffective (Productivity Commission, 2025). Through the *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan*, Gayaa Dhuwi is working to align national commitments with local practice and ensure that Aboriginal and Torres Strait Islander Peoples are no longer left to navigate a system that was not designed for them (Gayaa Dhuwi, 2021).

Fragmented Governance and Structural Dysfunction

The Productivity Commission's Interim Report clearly states that the Agreement is not fit for purpose, citing structural and governance deficiencies and a lack of enforcement mechanisms. It highlights that governance arrangements are overly complex, disjointed, and structurally ineffective, with a lack of integration between the Social and Emotional Wellbeing Policy Partnership and other national structures (Productivity Commission, 2025). This fragmentation has resulted in policy paralysis, duplication of effort, and a failure to translate commitments into coordinated, on the ground action.

Barriers have been further entrenched by the misalignment between policy agendas of the Mental Health and Suicide Prevention Senior Officials Forum and the Social and Emotional Wellbeing Policy Partnership. Under the current approach, matters escalated to ministers reflect the priorities of the Mental Health and Suicide Prevention Senior Officials Forum, diluting the influence of the Social and Emotional Wellbeing Policy Partnership and sidelining urgent Aboriginal and Torres Strait Islander priorities (Productivity Commission, 2025). Moving towards aligned governance mechanisms, including the Social and Emotional Wellbeing Policy Partnership overseeing a dedicated schedule for Aboriginal and Torres Strait Islander Peoples, would ensure that the policy agenda and urgent actions identified through the Partnership have a direct and unfiltered line of communication to ministers. This is essential to securing genuine influence and driving reform in line with the *National Agreement on Closing the Gap* (Australian Governments and Coalition of Peaks, 2020).

A Dedicated Social and Emotional Wellbeing Schedule

Gayaa Dhuwi welcomes the Productivity Commission's recommendation for a dedicated schedule focused on Aboriginal and Torres Strait Islander people in the next agreement (Productivity Commission, 2025). Aligning governance through the Social and Emotional Wellbeing Policy Partnership is a positive step towards embedding the shared decision-making principles of the *National Agreement on Closing the Gap* (Australian Governments and Coalition of Peaks, 2020). However, titling this a "Social and Emotional Wellbeing Schedule" is problematic. Social and emotional wellbeing is a holistic concept that extends far beyond the remit of the Health, Disability, and Aging portfolio, encompassing cultural, spiritual, and social determinants that are the responsibility of multiple agencies, including the National Indigenous Australians Agency (NIAA). Framing the schedule this way risks diffusing



accountability for mental health system reform, allowing responsibility to be passed to other portfolios with no accountability. To maintain clarity and drive targeted reform within the mental health system, it should be titled an "Aboriginal and Torres Strait Islander Schedule." This ensures that while the vital importance of social and emotional wellbeing is recognised as the foundational principle, the focus remains squarely on reforming the mental health and suicide prevention systems for and with Aboriginal and Torres Strait Islander Peoples which the Department of Health, Disability, and Aging is directly accountable.

Data Accuracy and Service Representation

The data presented within the interim report can be misleading. For instance, Figure 5.2, which illustrates the types of health services our people access, omits the significant role of non-government and not-for-profit organisations who play a significant role in service delivery for Aboriginal and Torres Strait Islander Peoples. According to the AIHW (2024), around 34% of Aboriginal and Torres Strait Islander people reported an Aboriginal Medical Service or ACCHO clinic as their usual source of primary health care, while over 50% indicated a mainstream GP as their usual provider. This means many of our people are engaging with specific programs and services delivered by non-government and not-for-profit organisations.

By excluding this data, the report presents an incomplete and potentially inaccurate picture of service utilisation and the true landscape of care our people navigate (Gayaa Dhuwi, 2025). This not only minimises the contribution of these organisations but also reduces accountability for non-government and not-for-profit organisations to deliver culturally safe and responsive care (Gayaa Dhuwi, 2025). Without recognising the breadth of service provision, particularly the central role of ACCHOs, reforms risk reinforcing existing gaps and placing disproportionate expectations on Aboriginal and Torres Strait Islander organisations without corresponding recognition or resourcing.

Implementation Gaps and System Wide Accountability

The interim report highlights ongoing reforms but does not sufficiently address the persistent gap between policy commitments and on-the-ground implementation for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. Commitments made under both the *National Mental Health and Suicide Prevention Agreement* and the *National Agreement on Closing the Gap* require clear, measurable actions, yet there remains no consistent mechanism to hold all parts of the system, including governments, non-government and not-for-profit organisations to be accountable for outcomes for our peoples (Australian Governments and Coalition of Peaks, 2020; National Mental Health Commission, 2022).

Accountability is often narrowly applied to Aboriginal and Torres Strait Islander-led services, while non-government, not-for-profit organisations and government run systems face little



scrutiny for their role in perpetuating inequalities (Gayaa Dhuwi, 2025). By contract, Aboriginal and Torres Strait Islander community-controlled organisations are subjected to intensive and often duplicative reporting requirements, with little recognition of the resourcing burden this imposes. This inconsistency not only diverts capacity away from services delivery but also entrenches a double standard in how performance is measured across the system (Gayaa Dhuwi, 2025). The imbalance reinforces systemic failures, enabling non-Indigenous organisations to receive substantial funding for service delivery without transparent reporting on cultural safety, service reach, or outcomes for Aboriginal and Torres Strait Islander communities, and with no mandated cultural safety standards to report against (Gayaa Dhuwi, 2025).

To close the implementation gap, system wide accountability must be embedded through shared performance measures across all funded providers, with data disaggregated specifically for Aboriginal and Torres Strait Islander Peoples (Productivity Commission, 2025). These measures must be supported by transparent public reporting that goes beyond service activity to include cultural safety and accessibility outcomes (Dudgeon et al., 2014; National Indigenous Australians Agency, 2020). Equally, joint governance structures must be in place to ensure Aboriginal and Torres Strait Islander leadership has genuine oversight of both Aboriginal and Torres Strait Islander specific and mainstream service performance. Without embedding these mechanisms, reforms risk repeating the cycle of commitments without delivery, leaving our peoples without the quality, culturally safe care they are entitled to under national agreements (Productivity Commission, 2025).

Cultural Safety and Systemic Racism

Despite commitments to culturally safe care, our people continue to experience racism and discrimination across the mental health system. The Interim Report notes that culturally unsafe environments remain a significant barrier to accessing care (Productivity Commission, 2025). True cultural safety is not merely about awareness training; it requires the structural transformation of mainstream institutions to eliminate racism and uphold Aboriginal and Torres Strait Islander leadership and cultural authority, as called for in Priority Reform 3 of the *National Agreement on Closing the Gap* (Australian Governments and Coalition of Peaks, 2020).

To address these entrenched barriers, cultural safety standards must be mandated and embedded across all parts of the mental health system, including non-government and not-for-profit, and government run services (Gayaa Dhuwi, 2025). These standards should be co-designed with Aboriginal and Torres Strait Islander leadership and integrated into accreditation, funding agreements, performance frameworks, and reporting mechanisms. This should occur at multiple levels but should be a priority for the National Quality and Safety Standards Group under the Mental Health and Suicide Prevention Senior Officials Forum for the development, monitoring, and enforcement of these standards. Without enforceable requirements, cultural safety will remain inconsistent, and the systemic racism identified in the interim report will persist unchecked. Embedding these standards ensures that all



organisations receiving public funding are held equally accountable for delivering culturally safe and achieving equitable outcomes (Dudgeon et al., 2014).

Building a Sustainable Aboriginal and Torres Strait Islander Workforce

Workforce development has been repeatedly identified as essential, yet the Interim Report confirms it lacks dedicated resourcing and national monitoring (Productivity Commission, 2025). The absence of structured investment in growing and sustaining our social and emotional wellbeing workforce is a fundamental barrier to reform.

High rates of burnout, the cumulative impact of cultural load, and a absence of culturally safe workplaces are driving attrition to undermining retention, fundamentally weakening the system's ability to deliver on reform commitments (Dudgeon et al., 2022; New South Wales Mental Health Commission, 2023). These pressures are compounded by fragmented funding arrangements, insecure employment, and a lack of career progression pathways including factors that are entirely preventable with coordinated policy action.

Long term, quarantined funding for workforce growth and sustainability, national monitoring and reporting to track workforce distribution, retention, and career progression, and the embedding of cultural safety and Aboriginal and Torres Strait Islander leadership within relevant workforce strategies (Department of Health, 2021). This workforce spanning across social and emotional wellbeing, mental health, and suicide prevention must be prioritised as core elements of any national reform agenda. Without these commitments, workforce shortages will deepen, inequality will be entrenched, and every aspect of the system transformation will be undermined.

Addressing Gaps in Self-Harm and Postvention

A critical policy oversight in both the Agreement and the Interim Report is the complete absence of any reference to self-harm or postvention (Productivity Commission, 2025). This is a serious gap, given the disproportionate burden of suicide and its ripple effects across our communities (Dudgeon et al., 2016). Current postvention responses are often limited to acute, immediate support, failing to provide the structured, long-term, and collective healing needed, which is a crucial prevention strategy (ATSISPEP, 2016). This not only compounds grief and trauma but also increases vulnerability to further suicides. Postvention must be recognised and resources as a core prevention strategy, embedded in national policy, and designed, governed, and delivered by Aboriginal and Torres Strait Islander Peoples to ensure cultural authority, collective healing, and long-term impact (ATSISPEP, 2016). Embedding this approach aligns directly with Priority Reform One (shared decision making) and Priority Reform Four (shared access to data and information at the regional level) of the *National Agreement on Closing the Gap*, creating a clear mandate for government to act (Australian Governments and Coalition of Peaks, 2020).



A Roadmap for Change: Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan

The *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2025-2025* is the only nationally endorsed, Aboriginal and Torres Strait Islander-led blueprint capable of delivering the systemic reform the Commission has found lacking. It translates the *Gayaa Dhuwi (Proud Spirit) Declaration*'s five themes into measurable actions across governance, service delivery, and workforce reform, ensuring cultural authority drives decision making at every level of the mental health system (Gayaa Dhuwi, 2025). We call on the commission to recommended immediate implementation of the Framework and Implementation Plan, with secure funding, ministerial oversight, and public accountability measures, ensuring that Aboriginal and Torres Strait Islander priorities are no longer diluted within broader policy agendas.

Without urgent adoption and resourcing, the gaps in cultural safety, governance accountability, and lived experience leadership will persist, and governments will continue to miss their Closing the Gap targets (Australian Governments and Coalition of Peaks, 2020). By embedding the Framework and Implementation Plan as the central mechanism for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention reform, governments can guarantee a direct line of advice to Ministers, align fragmented structures, and deliver coordinated action where it is most needed.

Recommendations

To end the cycle of review without reform, Australian Governments must:

1. **Immediately fund implementation of the *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2025-2035*.**
2. **Embed nationally consistent cultural safety standards across the mental health system**, ensuring they are reflected in policy, practice, funding, accountability, and leadership to deliver culturally safe and equitable care for Aboriginal and Torres Strait Islander Peoples.
3. **Establish binding mechanisms for accountability under the National Mental Health and Suicide Prevention Agreement.**
4. **Integrate Aboriginal and Torres Strait Islander-led solutions**, including the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*, and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*, into national reform agendas.
5. **Address governance fragmentation** and ensure coordinated implementation between mechanisms under the *National Agreement on Closing the Gap* and the *National Mental Health and Suicide Prevention Agreement*.



6. **Adequately fund and deliver existing national workforce strategies** to strengthen the Aboriginal and Torres Strait Islander workforce required to support the mental health system.
7. **Embed Aboriginal and Torres Strait Islander governance** across all aspects of mental health system design, implementation, and evaluation.
8. **Provide real decision-making capabilities to the Social and Emotional Wellbeing Policy Partnership** through increased autonomy and authority aligned to the *National Agreement on Closing the Gap*.
9. **Strengthen ACCHOs in service delivery** through adequate resources to deliver the full spectrum of culturally safe, community-based mental health care, with sustainable funding that moves beyond short-term programs. Ensure equitable access to national mental health investment for promotion, prevention, early intervention, psychosocial supports, suicide prevention, and postvention.
10. **Strengthen Aboriginal and Torres Strait Islander Community Control Peaks in System Leadership** through adequate resourcing of peaks to lead policy, set cultural safety standards, coordinate nationally, and ensure Aboriginal and Torres Strait Islander priorities drive all mental health governance and reforms.
11. **Strengthen Indigenous Data Sovereignty and shared data systems**, by supporting regional partnerships to accelerate data-sharing practices that respect Indigenous Data Sovereignty principles, and drive transparent system reform, in line with Priority Reform Four of the *National Agreement on Closing the Gap*.
12. **Strengthen transparency and accountability of how the mental health system is working for Aboriginal and Torres Strait Islander Peoples**, by considering how an Aboriginal and Torres Strait Islander Mental Health Commissioner could strengthen the visibility of system performance and outcomes and ensure that our voices, priorities, and governance are embedded in national mental health policy, funding, and reform efforts.
13. **Rename the proposed “Social and Emotional Wellbeing Schedule” to the “Aboriginal and Torres Strait Islander Schedule”**, to maintain clear portfolio accountability for mental health system reform within the Health, Disability, Aging portfolio.
14. **Urgently address critical service gaps by developing and funding national strategies for self-harm and postvention support**, ensuring they are culturally grounded, community-led, and integrated into the broader mental health and suicide prevention system.
15. **Commit to tangible actions to eliminate systemic racism and embed cultural safety across all mental health services**, moving beyond symbolic gestures to



structural reform that is monitored and enforced through binding accountability mechanisms.

Conclusion

The Commission now could break a decades-long cycle of fragmented policy and unmet commitments. The evidence is clear, the solutions are in hand, and the case for action could not be stronger. Grounded in more than 65,000 years of cultural strength and leadership, our models of care are ready to be implemented (Gayaa Dhuwi, 2025). What's missing is not direction, but investment, accountability, and political will. Without urgent, dedicated funding for the *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan*, reform will stall, and the Closing the Gap Target 14 will remain out of reach (Australian Governments and Coalition of Peaks, 2020). Governments must now decide whether to move forward with clarity and shared purpose to deliver a mental health system that works for Aboriginal and Torres Strait Islander Peoples. It's time to walk the path forward, together.



References

ATSISPEP. 2016. *Solutions that Work: What the Evidence and Our People Tell Us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*. University of Western Australia.

Australian Governments and Coalition of Peaks. 2020. *National Agreement on Closing the Gap*. Canberra: Australian Government.

Australian Institute of Health and Welfare (AIHW) 2024, Aboriginal and Torres Strait Islander people and primary health care: Patterns of service use, preferences, and access to services, cat. no. IHW 295, AIHW, Canberra.

Burdekin, B. 1993. *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*. Human Rights and Equal Opportunity Commission.

Department of Health. 2017. *Fifth National Mental Health and Suicide Prevention Plan*. Australian Government, Canberra.

Dudgeon, P., Bray, A., Darlaston-Jones, D. and Walker, R. 2022. *Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal and Torres Strait Islander Mental Health Workforce*. Perth: The University of Western Australia.

Dudgeon, P., Milroy, H., & Walker, R. (Eds.) 2016. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed.). Department of the Prime Minister and Cabinet, Canberra.

Gayaa Dhuwi (Proud Spirit) Australia & Australian Government Department of Health and Aged Care. 2024. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*. Canberra: Gayaa Dhuwi (Proud Spirit) Australia.

Gayaa Dhuwi (Proud Spirit) Australia, 2025. *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan*. Canberra: Gayaa Dhuwi (Proud Spirit) Australia.

Gayaa Dhuwi (Proud Spirit) Australia. (2025). *System-wide approach to Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention*, Gayaa Dhuwi (Proud Spirit) Australia.

Gayaa Dhuwi (Proud Spirit) Australia. 2015. *Gayaa Dhuwi (Proud Spirit) Declaration*.

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. 2014. Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Department of the Prime Minister and Cabinet.



National Mental Health Commission. 2022. *National Mental Health and Suicide Prevention Agreement*. Council of Australian Governments.

NSW Mental Health Commission. 2023. *Improving Aboriginal Social and Emotional Wellbeing: A Report for Action*. [online] Sydney: NSW Government.

Productivity Commission n.d., *Closing the Gap data dashboard*, retrieved July 17, 2025, from <https://www.pc.gov.au/closing-the-gap-data/dashboard>.

Swan, P. & Raphael, B. 1995. *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy*. National Mental Health Strategy.