Cultural Resilience is Key to First Nations Wellbeing

Productivity & Prevention Through Culture

Individual Response to the Productivity Commission's *Delivering Quality Care More Efficiently Interim Report*

by Wes Morris

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NOTE: All citations within this document are drawn from material that is publicly available via the world wide web. All citations are appropriately referenced. Aboriginal and Torres Strait Islanders are advised that the name of a deceased person appears within this document.

Recommendations

How can First Nations Culture be truly valued if it is not measured; if there is no First Nations Cultural Policy; if there is no analysis of expenditures and if it is minimally funded?

Recommendation #One: Develop an Aboriginal Wellbeing Preventative Schedule

That Government, within the proposed, National Prevention Investment Framework, develop a federation funding agreement schedule that delivers Australian Government funding to states and territories for a specific interventions designed to shift Aboriginal wellbeing away from crisis and acute health modalities to upstream, preventative, cultural modalities. Such a Schedule should be informed by and guided by the following document:

Investing in Aboriginal Culture: The role of culture in gaining more effective outcomesfrom

WA State Government services Discussion Paper
DCA Reference 15/751

Recommendation #Two: Reporting and Measurement Frameworks

That Government progresses the development of a suite of Reporting and Measurement Frameworks relating to the situation and status of First Nations Cultures in Australia, building on each of the following:

- Measuring What Matters Framework
  https://treasury.gov.au/policy-topics/measuring-what-matters/framework
- A national framework to support government investment in prevention
  https://www.pc.gov.au/inquiries/current/quality-care/interim
- Report on the situation and status of Indigenous cultures and heritage
  https://aiatsis.gov.au/research/current-projects/report-situation-and-status-indigenous-cultures-and-heritage

Recommendation #Three: Development of An Aboriginal and Torres Strait Islander Cultural Policy.

Australian governments partner with Aboriginal and Torres Strait Islander peoples and communities to develop, fund and implement an Aboriginal and Torres Strait Islander cultural policy that:

a Complements and reinforces the *Revive — National Cultural Policy* that respects the centrality of Aboriginal and Torres Strait Islander culture in the Australian arts, entertainment and cultural sectors.

b Asserts the centrality of culture to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

c Informs investment in cultural governance, maintenance and revitalisation projects, initiatives and activities both for community and nation building.

d Provides environmental and heritage protections for sites that are sacred or culturally significant, recognising the impacts on Country, social and emotional wellbeing and the cultural determinants of health.

e Improves Aboriginal and Torres Strait Islander community access to opportunities and resources that support the cultural determinants of their health and wellbeing according to their needs, priorities and aspirations.

f Includes cultural knowledge holders in decision making positions that affect communities.

g Establishes a monitoring, evaluation and action learning framework.

[This particular recommendation is taken, verbatim and unchanged, from page 8 of the ***Close the Gap Campaign Report 2023***
https://closethegap.org.au/ctg-annual-reports/

Recommendation #Four: Cultural Resilience Programs in Suicide Prevention Activity.

All Indigenous suicide prevention activity should prioritise cultural renewal and cultural resilience programs.

This recommendation is based on the following:

> ***ATSISPEP Report*** *Recommendation # Two:*
>
> *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.*

Recommendation #Five: Cultural Knowledge as a Protective Factor

That Governments recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide

That Governments recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide and that Governments respect the three decades of First Nations advocacy around this issue. That Governments endorse the efficacy of culturally–based prevention approaches to First Nations suicide and that, consistent with a focus on productivity and prevention, focus future investments on upstream, culturally–based preventative programs.

Productivity Commission of Australia

Delivering quality care more efficiently Interim report, August 2025

Draft recommendation 3.1: Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

The Australian Government should work with state and territory governments to establish a National Prevention Investment Framework. The framework will support governments to invest in prevention programs that improve outcomes and reduce demand for future acute care services. It will identify programs that produce the best value for money, based on rigorous assessment and evaluation. The framework should provide a stable and ongoing basis for funding prevention, recognising that the benefits fall across sectors and levels of government, and over extended timeframes.

The framework should be implemented by establishing:

- an independent Prevention Framework Advisory Board that assesses and provides expert advice on requests for prevention funding and develops a standardised actuarial model and frameworks for the analysis of prevention programs. The board would evaluate ongoing prevention programs, recommend whether programs should continue to be funded, and build the evidence base for prevention.
- a funding mechanism that supports eligible prevention initiatives across Australian, state and territory governments. The mechanism should support co contributions from state and territory governments based on their expected benefits, enable consideration of the second round and longer-term fiscal effects of prevention programs, and facilitate ongoing funding where needed.
- an intergovernmental agreement between the Australian, state and territory governments that outlines prevention funding arrangements and the roles and responsibilities of relevant parties. The agreement should be accompanied by federation funding agreement schedules that deliver Australian Government funding to states and territories for specific interventions.

15 September 2025

Alison Roberts Commissioner

Martin Stokie Commissioner

Angela Jackson Commissioner

Dear Commissioners

A *National Prevention Investment Framework* Would Have to Materially Impact and Influence Treasury's *Measuring What Matters* Framework and Influence the *Closing the Gap* Framework, Led by NIAA

In Australia at present the predominant macro discourse is that of Productivity. We have recently witnessed the three-day Productivity Summit, which will inform much of the strategic planning for the Commonwealth Government in this current term in office. Beyond that, 15th of September is the closing date for submissions to the Productivity Commission's ***Delivering Quality Care More Efficiently Inquiry***, this being the last chronologically of the 5 Pillars Inquiries currently being undertaken by the Productivity Commission.

The Productivity Commission is asking how Australia can lift its current anaemic levels of investment in to preventative health, and the Commission is recommending the establishment of a ***National Prevention Investment Framework*** — Draft Recommendation 3.1 within the Commission's ***Interim Report.***

This present submission is fully supportive of that draft recommendation. What follows in this submission proceeds on the basis of the optimistic and hopeful expectation that the Commonwealth Government will see considerable merit in Recommendation 3.1. Such political support should be forthcoming because Australia is currently addicted to hugely unproductive, massively expensive and completely unsustainable downstream expenditures in clinical health modalities. Former Chair of the Productivity Commission, Michael Brennan, has said that there is no more pressing or important task facing the Government:

> ***Labor must lift care economy productivity, says ex-PC boss***
> *"Brennan, now chief executive of think tank e61 Institute, told The Australian Financial Review addressing the productivity slump in the care economy should be the single most important priority for the government."*
>
> https://www.afr.com/politics/labor-must-lift-care-economy-productivity-says-ex-pc-boss-20250728-p5miey

Once again, this submission is fully supportive of the draft recommendation. However, I note in particular the following aspects of Draft Recommendation 3.1:

- **Shift Expenditure Focus From Downstream Acute Expenditure to Upstream Preventative Expenditure:** "The framework will support governments to invest in prevention programs that improve outcomes and reduce demand for future acute care services."
- **Benefits Reside Outside of and Beyond Portfolio Silos:** "recognising that the benefits fall across sectors and levels of government, and over extended timeframes."

- **Build the evidence base for prevention:** "develops a standardised actuarial model and frameworks for the analysis of prevention programs. The board would evaluate ongoing prevention programs, recommend whether programs should continue to be funded, and build the evidence base for prevention"
- **Federation funding agreement schedules for Specific Interventions:** "The agreement should be accompanied by federation funding agreement schedules that deliver Australian Government funding to states and territories for specific interventions."

If Australia is to be successful in any significant way in shifting away from its current addiction to downstream, acute service delivery, then we will need to witness the following massive changes:

1. **Aged Care:** Enabling older Australians to stay at home and free up hospital beds
2. **NDIS:** The Government has recently introduced the Thriving Kids initiative, with the goal of refocusing NDIS expenditure on Acute support
3. **Indigenous Affairs:** Refocusing expenditures away from massively expensive downstream interventions and relocating cultural resilience from the fringes of Government policy and programs and making it the centre of future, preventative–focused interventions.

Readers of this document will have little difficulty in comprehending and understanding items #1 and #2. Many readers may have difficulty in fully understanding item #3. As such, to set the context, I share with you the following words from the ***Aboriginal Empowerment Strategy, Western Australia 2021-2029, Policy Guide:***

> Currently, State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks. If current trends continue, demand for these "downstream" services is set to increase significantly in coming years.
>
> Preventative and early intervention initiatives can bring about positive changes that reduce the need for crisis responses. Initiatives in this category proactively build up resilience, capability, healing, and independence. [Page 32]

A ***National Prevention Investment Framework***, to have a material impact on our current addiction to cost–intensive downstream expenditures, will have to be structured and implemented in such a way as to significantly influence the current Closing the Gap Framework, led by NIAA. At present, Indigenous wellbeing is viewed by Government as being an individual health issue. This categorisation and characterisation leads to expensive, and unproductive, Government expenditures focused, as the WA Government notes: 'skewed towards the crisis category [wherein]. services are more cost-intensive'. In this present submission I note not less than 52 separate reports in to First Nations wellbeing, each of which characterises wellbeing as being a collective, community, cultural issue. So, if Government is going to commit to "schedules that deliver Australian Government funding to states and territories for specific interventions", then amongst the first of these proposed Schedules has to be a Schedule for Aboriginal Cultural Organisations to Delivery Cultural Resilience and Wellbeing Programs.

Thankfully, and helpfully, the WA Government has delivered a compass and a pointer for enacting precisely that course of action. I refer here to the May 2016 Discussion Paper from the WA Department of Arts and Culture:

Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services Discussion Paper DCA Reference 15/751

Systemic and structural change is tremendously difficult, and deep-seated sectoral interests will strongly resist change away from downstream modalities — one only has to witness, for example, the systemic stasis in the Mental Health over the last two decades, despite a raft of reports recommending systemic change in that sector. It would seem that in developing Draft Recommendation 3.1 in the ***Interim Report*** that the Productivity Commission is mapping out a pathway towards navigating the tremendously challenging policy hurdles associated with structural change. One imagines that the following roles and tasks were proposed with two eyes firmly on the task of securing political and sectoral buy-in for such transformative change:

- **Expert Advice:** provides expert advice on requests for prevention funding
- **Frameworks for analysis:** develops a standardised actuarial model and frameworks for the analysis of prevention programs.
- **Funding Decisions:** The board would evaluate ongoing prevention programs, recommend whether programs should continue to be funded
- **Building the Evidence Base:** build the evidence base for prevention.

In this context it is legitimate to ask how the proposed ***National Prevention Investment Framework*** would sit alongside other current and existing measures of wellbeing currently employed by Government, including Treasury's ***Measuring What Matters*** framework and schema?

I note the following 2023 comment from Treasury:

For First Nations people, the concept of wellbeing has always been the result of preserving and maintaining culture, which directly affects mental, physical and spiritual health.
https://treasury.gov.au/publication/p2023-mwm

If preserving and maintaining culture was indeed so central to First Nations peoples' wellbeing, then one might imagine that maintaining culture would be prioritised by Government. But I met with the Hon Senator Nigel Scullion, the then Minister for Indigenous Affairs, in his office in Parliament House Canberra, in October 2017. What Minister Scullion told me in his Parliament House office on that day was that Government should not be providing any funding support for First Nations cultural activities, and that such activities should be self-funded by First Nations people. And to this day Government investments in to preserving and maintaining First Nations culture are truly miniscule. Data from the Productivity Commission's ***Indigenous Expenditure Reports***, cited herein, suggests that direct expenditure in Western Australia on First Nations Arts and Cultural Programs represents 0.94% of total combined State and Commonwealth First Nations expenditure in WA. Miniscule indeed. Less than one percent. This is how important preserving and maintaining culture is to Government at the present moment.

In the context of the nation's current discourse around Productivity I offer now the following comment and observations from Mr Gary Banks, former Chairperson of the Productivity Commission:

> 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. ***Reconciliation News*** Issue No 25 // December 2012, pages 8, 9 "***Elders bring new hope to the Kimberley"***

Clearly, the long-standing former Chair of the Productivity Commission was concerned, back in 2012, about Government's prioritising health services and marginalising First Nations cultural programs. Very little has changed since then, and the Productivity Commission should now heed the warning and the concerns expressed thirteen years ago by its former Chair.

In this present submission I ask this of you today:

> How can First Nations Culture be truly valued if it is not measured; if there is no ***First Nations Cultural Policy***; if there is no analysis of expenditures and if it is minimally funded?

I ask these questions in the twin contexts of Treasury's Measuring What Matters agenda, along with the current macro discourse axround Productivity, especially Productivity in the Care Economy.

In July 2023 the Commonwealth Government published Measuring What Matters, Australia's First Wellbeing Framework https://treasury.gov.au/publication/p2023-mwm

In that document one can read as follows:

- For First Nations people, the concept of wellbeing has always been the result of preserving and maintaining culture, which directly affects mental, physical and spiritual health. [Page 17]
- we've made less progress on indicators such as mental health and real wages. [Page 20]
- some things have deteriorated – we have more chronic health conditions and are finding it harder to access health services. [Page 20]
- Over time, how we seek to capture changes in the mental health of the population will be impacted by new developments in how we understand the issue and its impact on people, families, and community. [Page 24].

If we look at the issue of First Nations suicide, then in November 2016 I was once again present in Parliament House Canberra, this time being there for the launch of the ***ATSISPEP Report*** [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report], "***Solutions That Work: What the Evidence and Our People Tell Us***". What ATSISPEP presents to us is a continuum of strategies across a spectrum, each of which contributes positively to the wellbeing of First Nations people.

I acknowledge at the outset that the full spectrum of strategies described in the 2016 ***ATSISPEP Report*** are beneficial and warranted. Within that spectrum, this current submission is focused on the issue of First Nations cultural resilience and wellbeing. Within that spectrum, this current submission is focused on prevention, as distinct from treatment. This submission is focused on what the ***ATSISPEP Report*** calls 'whole of indigenous population primordial prevention.' And the reasons for this focus herein are twofold:

- **Prevention:** The Productivity Commission is asking how to increase the focus on prevention. I am drawing attention to, and I am highlighting herein, what the ***ATSISPEP Report*** [and over 50 other reports] have to say about prevention [as distinct from downstream treatment strategies];
- **Policy and Investment Gaps:** A number of elements within the ***ATSISPEP Report*** have been picked up by Government and are currently resourced by Government. But the cultural resilience agenda, delivered not by health providers but by First Nations Arts and Culture and Language organisations, remains a massive policy and investment void. Government currently funds treatment, but not prevention.

If the Government is remotely serious about lifting Indigenous productivity; if the Government is remotely serious about lifting productivity in the Care Economy; then Government can no longer be satisfied with continuing to relegate First Nations Culture to the periphery and utter fringes of Government policy.

How can First Nations Culture be truly valued if it is not measured; if there is no ***First Nations Cultural Policy***; if there is no analysis of expenditures and if it is minimally funded?

Yours sincerely,

Wes Morris

Brisbane, Qld

Part A	Response to *the Interim Report on Delivering quality care more efficiently:* Cultural Resilience is the Key to First Nations Wellbeing.
Part B	31 July 2025 Response to *the Interim Report on the Mental Health and Suicide Prevention Agreement Review* — Structural Reform of the Mental Health and Suicide Prevention Systems.
Part C	Restructuring the Care Economy To Make It More Efficient, More Preventative, More Effective and More Productive

Part A: Response to the *Interim Report on Delivering quality care more efficiently*:

Cultural Resilience is the Key to First Nations Wellbeing. There is a desperate need to rebalance Indigenous Expenditure away from reactive crisis and treatment funding and towards upstream, preventative, culturally based, resilience and wellbeing.

Discussion of Recommendation One:

Develop an Aboriginal Wellbeing Preventative Schedule:

> That Government, within the proposed, National Prevention Investment Framework, develop a federation funding agreement schedule that delivers Australian Government funding to states and territories for a specific interventions designed to shift Aboriginal wellbeing away from crisis and acute health modalities to upstream, preventative, cultural modalities. Such a Schedule should be informed by and guided by the following document:
>
> ***Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services Discussion Paper***
> DCA Reference 15/751

In February 2007, in my work capacity as Coordinator [General Manager] of a small but significant Aboriginal Community Controlled Organisation in the Kimberley, I wrote to the then WA Coroner, the hon. Justice Alistair Hope. I requested that Justice Hope undertake a major Coronial Inquiry in order to investigate the alarming rate of Aboriginal suicide in the Kimberley. The Coroner wholeheartedly embraced this request and in 2008 he delivered a major ***Coronial Inquest Findings Report*** in regards to the deaths by suicide of 22 Aboriginal persons in the Kimberley. However, as the Productivity Commission's 2025 ***Mental Health and Suicide Prevention Agreement Review Interim Report*** finds:

> The data available shows that one in three Aboriginal and Torres Strait Islander people experience high psychological distress and suicide rates are worsening.
> https://www.pc.gov.au/inquiries/current/mental-health-review#report [page 27]

Between 2006 and 2025 I have participated in countless processes and spent literally thousands of hours involved in endeavours to bring about systemic and structural change. The outcomes of my 20 years of work in this space are so miniscule as to be almost non-existent. Systemic stasis persists. There are no fewer than 52 separate reports [referenced herein] in to First Nations Suicide, or the broader contexts of First Nations wellbeing. Each and every one of these 52 reports highlights the crucial role of cultural resilience. And yet four things remain static and are as true today as they were when I first wrote to Justice Hope in February 2007:

- **Suicide Rates Have Increased:** The rate of Indigenous suicide is alarming, and is in fact worse today than it was in 2007;
- **Minimal Investment in Prevention:** Australia's investments in to preventative programs are woefully anaemic. We currently spend around 2 percent on prevention. Funding is all downstream;
- **Downstream, Clinical, Acute Treatments Are Funded:** Australia's approach to First Nations suicide focuses overwhelmingly on downstream clinical, medical interventions. Investments overwhelmingly

exist in the treatment paradigm and interventions are provided by health providers.

- **Cultural Resilience is Peripheral to Government:** Investments in to First Nations cultural resilience, the kinds of programs offered by First Nations Arts Centres, Cultural Centres, Language Centres and the like, are miniscule.

It is no coincidence that the rate of Indigenous suicide continues to worsen at the same time as investments in to health treatment programs increase, and at the same time as there are nearly no investments in to wellbeing programs provided by First Nations Arts and Cultural organisations. Our current investments are hugely unproductive. Critics, including Indigenous psychologist Tracy Westerman, say that the current mental health system is failing First Nations communities https://www.changedirection.com.au/ and on 02 August 2025 she posted on Facebook that "The data confirms that business-as-usual is failing."

If we look beyond the immediate Indigenous context, the core reason for the systemic stasis is the policy prevalence of a medical model which pathologizes suicide. In 2014 the National Medical Health Council delivered the following recommendation:

> *rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention.*
> ***Contributing Lives Report***

The Productivity Commission's 2025 ***Interim Report on the Mental Health and Suicide Prevention Agreement Review*** points towards a systemic move away from the medical model. And this same ***Mental Health Interim Report*** also grapples with the issue of where Suicide Prevention belongs in the systemic architecture. This present submission to the Commission draws attention once again to the 2016 ***ATSISPEP Report*** and to what ATSISPEP calls 'whole of Indigenous population primordial prevention.' In 2025 both the Lowitja Institute and the Australian Institute for Health and Welfare [separately] have published updated reports on preventing suicides of First Nations people. Both of these 2025 reports once again emphasise systems approaches to First Nations suicide prevention, inclusive of upstream, cultural resilience, very early intervention strategies, such as those provided by First Nations Arts and Cultural organisations.

However, at present we see the perpetuation of unproductive and hugely expensive downstream treatment modalities. Drawing on over 50 earlier reports, I present the view that First Nations suicide is best understood not as being a series of distressed individuals, but as being a collective, community issue reflective of a Culture under stress. Prevention and early intervention are best viewed in the following light — *'Cultural Wounds Require Cultural Healing'.*

If we are serious about investing in Prevention and increasing Productivity, then we need to heed the words of esteemed Canadian Professor Michael J Chandler:

> *"not withstanding the untold millions of dollars invested, there is not a single shred of confidence-inspiring evidence that any of these exploratory, publicly funded suicide-prevention projects has actually 'worked' to prevent a single death…*
>
> *while suicide can be (and most commonly is) approached as a private problem hidden away in the secret hearts and minds of troubled individuals, it will prove more useful and coherent to undertake to re-envision suicide (especially Indigenous suicide) at the level of whole communities or cultural groups…*
>
> *The more collective and culture-based alternative that is being militated for here (the next best thing, if you will) turns upon setting aside all of our earlier and failed hopes of picking out and somehow patching up all of those forlorn individuals with suicide on their private minds, and to argue that what is needed instead are community-level initiatives that have as their purpose both helping to rehabilitate those frayed connections that so many Indigenous communities struggle to maintain with their traditional pasts, and joining them in their ambitions to enjoy a measure of local control over their own uncertain futures…*
>
> *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."*
>
> ***Cultural Wounds Require Cultural Medicines.*** https://www.thecentrehki.com.au/resource/cultural-wounds-require-cultural-medicine/

Australia performs poorly in regards to investing in preventative solutions to health https://grattan.edu.au/news/cuts-to-preventive-health-are-a-false-economy/ If we look at the pattern of expenditure in regards to preventative approaches to Aboriginal social and wellbeing issues, then the situation is much worse still ie the investments in this domain are heavily skewed

towards the downstream https://www.wa.gov.au/system/files/202504/aboriginal.engagement.strategy.policy.guide_.pdf And in regards to the Mental Health system, the National Mental Health Commission recommended as follows, on page four of its ***Contributing Lives Report*** in the year 2014:

> We need system reform to:
>
> - rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community support, stable housing and participation in employment, education and training https://www.mentalhealthcommission.gov.au/publications/contributing-lives-review-2014

Within the **Interim Report on the Mental Health and Suicide Prevention Agreement Review** I note Figure 6.1 — 'A national model for suicide prevention in Australia' sourced from the recently released ***National Suicide Prevention Strategy 2025-2035***. This strategy is endorsed by the Productivity Commission. If we look at Figure 6.1 then the very first thing that we note is the dichotomous headings at the top of that figure. These two headings are as follows:

- Prevention
- Support.

The National Mental Health Commission recommended in 2014 that we invest more in prevention.

The ***ATSISPEP Report*** was first published in November 2016 – ***Solutions That Work: What Evidence and Our People Tell Us; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*** https://www.niaa.gov.au/sites/default/files/documents/publications/solutions-that-work-suicide-prevention.pdf On page four of the ***ATSISPEP Report*** we read the following:

Recommendation #Two:

> All Indigenous suicide prevention activity should include community-specific and community-ledupstream programs focused on healing and strengthening social and emotional wellbeing, culturalrenewal, and improving the social determinants of health that can otherwise contribute to suicidalbehaviours, with an emphasis on trauma informed care.

As a nation we need to be investing much more than we currently do in upstream, preventative programs and strategies. We have available to us more than 50 different reports describing what success would look like in regards to preventative approaches to First Nations suicide. The prevention strategies advocated and promoted across these more than 50 reports reside primarily outside of the health system, and they are located primarily in the space of cultural strength and resilience.

The ***National Suicide Prevention Strategy 2025-2035***, endorsed by the Productivity Commission, employs a dichotomous structure ie it identifies two categories:

- Prevention
- Support.

The 2016 ***ATSISPEP Report***, as well as the Lowitja Report 2025 and the AIHW Report 2025 [see references below] employ a continuum or a spectrum of strategies, but grouped in to three broad categories or domains:

- **universal interventions** — usually aimed at the whole population, including the 'well' population. Includes addressing risk factors and restricting access to means of suicide
- **selective interventions** — targeting groups of people at high risk of suicide. Includes postvention services and programs for high-risk groups
- **indicated interventions** — for those individuals identified as being at-risk of suicide or who have attempted suicide.

From 2016 through to 2025 there has been continuous advocacy around a systems based approach to First Nations suicide prevention ie there has been constant and continual advocacy around the need for a spectrum of services from preventative upstream programs through to acute, downstream clinical treatment interventions.

But if we examine where the investments and the expenditure are directed, we see large expenditures in the 'Support' category, and we see minimal resourcing directed to the 'Preventative category' And within the Preventative category there is almost no funding at present to cultural resilience programs delivered by First Nations arts centres, cultural centres, and language centres. The best available data suggests that funding in to these programs represents less than one percent of the overall direct combined State and Commonwealth Government funding for First Nations programs and activities.

In November 2016 the WA Parliament published its ***Message Stick Report,*** which contains the following finding:

> *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.*

In Part B of this current submission, I provide for your consideration a minimally altered version of the submission which I lodged with the Productivity Commission on 31 July 2025 in response to the Commission's ***Interim Report on the Mental Health and Suicide Prevention Agreement Review***. That 31 July submission did not contain any extensive references to either the recent 2025 Lowitja Institute Report or to the recent 2025 AIHW Report. So, I take the opportunity now to reference and cite these two important recent reports, as follows.

As noted above, all three reports [ATSISPEP 2016; Lowitja 2025; AIHW 2025] employ a continuum or spectrum of interventions, grouped around the three broad categories or domains of Universal, Selective and Indicated. Since 2016 and through to today, we have witnessed significant investments in the downstream areas and there has continued to be almost no investment in to the primordial prevention, cultural resilience programs provided by First Nations Arts Centres, Language Centres and Culture Centres.

As Professor Michael J Chandler noted twenty years ago, and as the ***Message Stick Report*** noted ten years ago, the ongoing framing of First Nations suicide as an individual, psychological event is hugely problematic and hugely inappropriate. If we want to understand why the Closing the Gap Targets have not improved, especially in regards to First Nations suicide rates, then we need look no further than how the Government characterises such issues as being individual, psychological issues which are best responded to through clinical medical treatments. Professor Chandler railed against this 20 years ago. And in 2025 the AIHW has put the framing issue thus:

Contextualising suicide

In 2013, the National Action Alliance for Suicide Prevention's (NAASP's) American Indian and Alaska Native Task Force assembled a group of United States suicide research experts to identify priority areas for research. Again, the NAASP group noted that the predominant body of research conceptualised suicide as a problem originating at an individual level rather than a societal one. This tends to ignore 'other social, historical, and cultural realities that affect Indigenous people's health' (Wexler et al. 2015:895). The group flagged Western research approaches as problematic, with their emphasis on observable and reproducible results; it contrasted this with research among Indigenous peoples, which emphasises 'heritage and respect for personal experience' and 'holism' (Wexler et al. 2015:893). The differences in approach were summarised thus: The primary contrasts are between knowledge that is general versus particular, reductionist versus holist, and abstracted versus contextualized (2015:893). Indigenous knowledge systems place importance on contextualising suicide and responding holistically. Turning again to prevailing suicide prevention interventions, the NAASP group reported that individually focused interventions 'have had limited utility in preventing youth suicide in Indigenous communities' (2015:5). Canadian researchers Sjoblom and colleagues (2022) describe the failure of this approach as being due to 'cultural misalignment with Indigenous paradigms' (2022:1). Other United States researchers have flagged the absence of theoretical frameworks to support cultural adaptations of evidence-based interventions in Indigenous contexts (Gonzales 2017; Wexler et al. 2022). Adaptations face the tension of balancing community needs and values with scientific evidence (Wexler et al. 2022) (see Box 4.1).

Cultural continuity and community-based approaches

Chandler and Dunlop (2018) contend that a common element for Indigenous suicide worldwide is that it is the 'culmination of "cultural wounds" inflicted upon whole communities and whole ways of life' (2018:3). Many Indigenous researchers agree that the solution can be found in community-based initiatives and in empowering communities (Dudgeon et al. 2020b; Sjoblom et al. 2022; Wexler et al. 2015). The work of Chandler and Lalonde (1998, 2008) in examining youth suicide in Indigenous communities in Canada underscores this point. Their study examined Indigenous youth suicide among the almost 200 Indigenous communities in British Colombia, finding suicide to be concentrated in 10% of those communities. Suicide rates were lower in communities that had secured title to traditional lands, had achieved some measures of self-government, had control of their community services, and had established cultural facilities in the community

(Chandler and Lalonde 2008). These factors were described as evidence of cultural continuity. In contrast, suicides were highest in those communities without strong cultural practices and where self-determination was not evident.

The NAASP group describes community-based participatory research and community-driven approaches as an 'ethical imperative' (Wexler et al. 2015:896). Collaborations between Indigenous communities and researchers allow for research to be an 'emancipatory process' and ensure the local relevance of solutions (Wexler et al. 2015:894). Interventions need to build both community and individual wellbeing. The benefits of strength-based suicide prevention models that emphasise the protective role of culture and cultural processes are well recognised among Indigenous researchers (Barker et al. 2017; Dudgeon et al. 2020b; Sjoblom et al. 2022; Wexler et al. 2015). In these approaches, wellbeing is defined in cultural terms, and suicide prevention interventions draw on local culture and knowledge.

Preventing suicides of First Nations people
https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/preventing-suicides-of-first-nations-people/abstract [Pages 21, 22]

As noted in Part B of this current submission, numerous reports, including the WA Parliament's 2016 ***Message Stick Report,*** have stated that

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.

[***Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas.*** *Executive Summary*]

And yet, as a nation, we persist in framing and treating First Nations suicide as though it was an individual, psychological phenomenon, all the while acknowledging that fully one third of First Nations peoples in Australia suffer from either high, or extremely high, levels of psychological distress. One has to ask at what point does this logic implode, and at what point do we as a nation open our eyes to the statistically undeniable truth that the appropriate way to frame First Nations suicide is as a community wellbeing issue and not as an individual psychological issue.

In 2025 the Lowitja Institute published — ***An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines.*** On page 20 of this recent Lowitja Institute report we read as follows:

Cultural elements–building identity, SEWB, healing

Why is this important? Connection to culture is key to strong SEWB. Having a sense of culture and identity is central to wellbeing and systems should support initiatives that build these cultural elements (Dudgeon, Milroy and Walker 2014). There is now strong evidence that cultural continuity strengthens wellbeing and that cultural identity is a protective factor against suicide (Chandler and Lalonde 1998; Dudgeon et al. 2022). It is also important to support, learn, teach, and practice Lore.

Recommendations:

- Empower community self-determination and governance through funding locally driven, culturally strong healing initiatives.
- Build identity through strengthening connections to Country, family, community, and spiritual ancestors through enacting the SEWB paradigm in developing and implementing healing programs and services, cultural centres, etc.
- Promote and fund intergenerational cultural teaching and learning (e.g., of storylines, language, songs, dance) for current and future generations.
- Provide and fund initiatives to strengthen identity, culture, sense of hope, purpose, meaning, and belonging.
- Incorporate cultural practices and knowledge systems in suicide prevention activities.

The Australian Institute of Health and Welfare [AIHW] could not be any clearer in its messaging in its 2025 report:

What doesn't work

- Individually focused interventions that implement a purely clinical approach to suicide prevention, which have limited success with First Nations people.
- Lack of consultation with communities, and approaches that are not culturally safe nor locally focused.

- Program evaluations that prioritise Western evidence models — which do not produce a useful evidence base.
- Implementing programs that require whole-of-government action and cross-sectoral collaboration without effective consultation, resourcing and buy-in.

What works

- First Nations healing systems that are strength based and underpinned by the holistic concept of social and emotional wellbeing.
- Restoration of First Nations identity and culture with culturally based programs and initiatives; cultural continuity is a protective factor against suicide.

> ***Preventing suicides of First Nations people; Australian Institute of Health and Welfare; 2025, page viii***

For a third time I will state that all three reports [ATSISPEP 2016; Lowitja 2025; AIHW 2025] employ a continuum or spectrum of interventions, grouped around the three broad categories or domains of Universal, Selective and Indicated. But I continue to highlight the cultural interventions for two reasons:

- **Prevention:** The Productivity Commission is asking how to increase the focus on prevention. I am drawing attention to, and I am highlighting, what the ***ATSISPEP Report*** [and over 50 other reports] have to say about prevention [as distinct from downstream treatment strategies];
- **Policy and Investment Gaps:** A number of elements within the ***ATSISPEP Report*** have been picked up by Government and are resourced by Government. But the cultural resilience agenda, delivered not by health providers but by First Nations Arts and Culture organisations, remains a massive policy and investment gap. Government currently funds treatment, but not prevention.

Canadian Professors Chandler and La Londe were more prescriptive, more directive and less nuanced in their conclusions:

> *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.* ***Cultural Wounds Require Cultural Medicines.*** https://www.thecentrehki.com.au/resource/cultural-wounds-require-cultural-medicine/

And from a Productivity perspective, and proceeding from the solid ground that this issue is a community issue, not an individual issue, Chandler asks why Governments forever and a day seek to employ 'still more counsellors', rather than investing in effective preventative strategies.

Discussion Of Recommendation #Two:

Reporting and Measurement Frameworks

That Government progresses the development of a suite of Reporting and Measurement Frameworks relating to the situation and status of First Nations Cultures in Australia, building on each of the following:

- ***Measuring What Matters Framework***
  https://treasury.gov.au/policy-topics/measuring-what-matters/framework
- ***A national framework to support government investment in prevention***
  https://www.pc.gov.au/inquiries/current/quality-care/interim
- ***Report on the situation and status of Indigenous cultures and heritage***
  https://aiatsis.gov.au/research/current-projects/report-situation-and-status-indigenous-cultures-and-heritage

How can First Nations Culture be truly valued if it is not measured; if there is no ***First Nations Cultural Policy***; if there is no analysis of expenditures and if it is minimally funded?

If as a nation we are in fact ***Measuring What Matters***, and if Culture is of foremost importance to First Nations peoples, then why as a nation do we have no ***First Nations Cultural Policy*** and no comprehensive or coordinated means of measuring First Nations Cultural activity and cultural resilience?

Nations which truly value their Indigenous cultures tell rich cultural stories through the measurement of their cultures, not through a couple of proxy markers that look and feel like a footnote, or an afterthought. In our pacific neighbour of Vanuatu, their rich stories are told through a Measurement Framework that includes rich and detailed cultural information. The report on the ***WELL-BEING***

IN VANUATU 2019–2020 NSDP Baseline Survey is structured around the following macro domains:

- **Happiness**
- **Access**
- **Knowledge**
- **Physical Health; and**
- **Social Resilience.**

In the Knowledge domain we see the following sub–domains or classes:

- **Language**
- **Traditional Knowledge**
- **Traditional Production Skills**
- **Academic Participation and Attainment**
- **Literacy**
- **Well-being and Knowledge**

In the Profile of Social Resilience domain we see the following sub- domains or classes:

- **Social support**
- **Reciprocity and Exchange**
- **Equality**
- **Trust**
- **Safety and Security**
- **Traditional Governance**
- **Ceremonial Participation**

And thus, throughout this report we can read statements such as the following drawn from page 179:

> *Ceremonial participation is part of normal life in Vanuatu, however, roughly 6% of the population live in households that do not participate in any traditional ceremonial activities. Ceremonial participation is a condition for thriving in both urban and rural areas and those that do not participate in rural areas are more likely to suffer.*

When NIAA was developing the ***Closing the Gap Targets and Indicators***, and when Treasury was developing its ***Measuring What Matters Framework***, the attention of both of those agencies was drawn to the Vanuatu example. But those agencies chose not to go down the rich and worthwhile path followed by our pacific neighbours.

So, in Vanuatu they do in fact 'Measure What Matters'. But in Australia, we do not.

It is important that we acknowledge, and celebrate, that in the wellbeing space, considerable work has been undertaken through the epidemiological work done within the **Mayi Kuwayu Study**, ***The National Study of Aboriginal & Torres Strait Islander Wellbeing.*** Within the MK Study, six broad cultural domains were identified:

- **Connection to Country**
- **Cultural Beliefs and Knowledge**
- **Language**
- **Family, Kinship and Community**
- **Cultural Expression and Continuity**
- **Self-determination and Leadership.**

And if we then look at the 'Cultural Expression and Continuity' domain, then the following strategies are said to be linked to wellbeing:

- **Reclaiming history with the support of therapy;**
- **Transmitting culture and connection through ceremonies, art and singing;**
- **Welcome to Country ceremonies;**
- **Creation stories, smoking ceremonies, artefact making and painting;**
- **Young Aboriginal and Torres Strait Islander people as artists, performing stories through hip-hop and rap;**
- **Playing of musical instruments in both Aboriginal and non-Indigenous settings;**
- **Maintaining and learning about culture to help children with identity and education;**
- **Connecting with land and learning from Elders including collecting, eating and sharing bush tucker.**

Links between Aboriginal and Torres Strait Islander culture and wellbeing: what the evidence says
https://mkstudy.com.au/summary-reports/

Whilst the MK Study is extremely valuable and worthwhile, it is noted that this study is not a project

of Government. And, once again, it is noted that NIAA and Treasury have gone down other routes in their development of measurement frameworks.

Within the broader suite of Government or semi–Government organisations, and beyond any specific focus on health or epidemiology perspectives, then some promising work on developing a national report card on First Nations cultures was commenced by the Australian Institute of Aboriginal and Torres Strait Islander Studies in 2019. AIATSIS is a Statutory Authority and one can read as follows on the AIATSIS website:

> ***Report on the situation and status of Indigenous cultures and heritage***
>
> *AIATSIS is currently developing a report on the situation and status of Indigenous cultures and heritage. The report aims to collect, analyse and interpret information on many facets of Indigenous cultures — such as language and connection to Country — and through this provide a national overview of Aboriginal and Torres Strait Islander cultures and heritage.*
>
> *The report will be the first of its kind and serve as an important source of information to enable stronger government support for the maintenance and strengthening of Aboriginal and Torres Strait Islander cultures and heritage.*
>
> *This project is a core component of fulfilling AIATSIS' fifth legislative function: 'to provide advice to the Commonwealth on the situation and status of Aboriginal and Torres Strait Islander culture and heritage'.*
>
> *The project builds on AIATSIS' expertise in Indigenous culture and heritage and its active engagement in Indigenous policy and policymaking. Development on the framework for the report began in March 2019, with a workshop accompanying our first Culture and Policy Symposium. The report also builds on AIATSIS' cross-sectoral, nation-wide partnerships and relationships.*

Resources

- Culture and Policy Symposium videos (March 2019) https://aiatsis.gov.au/whats-new/events/culture-and-policy-symposium
- Nyiyanang wuunggalu! Indigenous insights into effective policy engagement and design (February 2020) https://aiatsis.gov.au/whats-new/events/nyiyanang-wuunggalu-symposium

  https://aiatsis.gov.au/research/current-projects/report-situation-and-status-indigenous-cultures-and-heritage

A recent [July 2025] letter from the AIATSIS CEO confirms that this work, whilst serially delayed between 2019 and now, remains a priority for AIATSIS. The same July 2025 letter references the five legislated functions under the Australian Institute of Aboriginal and Torres Strait Islander Act 1989. This is a reference to the reporting function relating to the Situation and Status of First Nations culture in Australia ie a report to be delivered regularly to the Federal Minister for Indigenous Australians.

Thus, in the work that AIATSIS commenced in 2019, and which it has recommitted to in July 2025, we see the clearest and most expedient pathway towards the development of a Measurement and Reporting Framework for First Nations Cultures in Australia.

If we step down from that national, macro level work, then there is considerable work that has been undertaken at the regional level, especially in the Kimberley region of WA. At the broader Kimberley regional level, then we note the domains contained within the 2020 ***Kimberley Aboriginal Caring for Culture Plan,*** as represented in in the diagram on the following page:

Cultural Domains and Activities

The following resources are available in association with that body of work:

- ***Kimberley Aboriginal Caring for Culture Consultation Report***; 2019
- ***Kimberley Aboriginal Caring for Culture Plan***; 2020
- ***Kimberley Aboriginal Caring for Culture Literature Review***; January 2020
- ***Kimberley Aboriginal Caring for Culture Plan Discussion Report***; 2020

https://kalacc.org/about/documents/

Staying in the Kimberley region, but narrowing the scope down to fewer organisations and a smaller geographical footprint, then one also notes the following publication from the ANU Centre for Indigenous Policy Research: ***Strong Culture, Strong Place, Strong Families Research and Evaluation Project: Final Report;*** 2025 https://cipr.cass.anu.edu.au/research/publications/strong-culture-strong-place-strong-families-research-and-evaluation-project

It is my understanding that within the very near future that ***Final Report*** will in fact be published on the CIPR website and I believe that that report runs to close to 250 pages. I further understand that the ***Final Report*** will be accompanied by a separate ***Toolkit and Guide*** which will be publicly available. These two forthcoming documents are in addition to the ***Strong Culture, Strong Place, Strong Families Research and Evaluation Project Literature Review*** from 2023, which runs to close to 80 pages. Whilst I was not involved in that project beyond 2024, I believe that this project employed some 11 domains of culture.

Recommendation 3.1. in the Productivity Commission's ***Interim Report*** is the development of a ***National Prevention Investment Framework.*** The proposition offered herein in is that if Australia is to be successful in any significant way in shifting away from its current addiction to downstream, acute service delivery, then we will need to witness the following massive changes:

- **Aged Care:** Enabling older Australians to stay at home and free up hospital beds
- **NDIS:** The Government has recently introduced the *Thriving Kids* initiative, with the goal of refocusing NDIS expenditure on Acute support
- **Indigenous Affairs:** Refocusing expenditures away from massively expensive downstream interventions and relocating cultural resilience from the fringes of Government policy and programs and making it the centre of future, preventative–focused interventions.

We have seen [citation above] that the WA Government characterises current patterns of Indigenous expenditure in the following way:

> *State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks.*

Two of the key tasks or activities associated with developing a ***National Prevention Investment Framework*** would be:

- **Frameworks for analysis:** develops a standardised actuarial model and frameworks for the analysis of prevention programs.
- **Building the Evidence Base:** build the evidence base for prevention

In Part A of this submission it has been shown that, should Government endorse Recommendation 3.1 and should Government proceed with the establishment of a ***National Prevention Investment Framework*** and the associated proposed Prevention Framework Advisory Board then much work would then need to be undertaken to develop appropriate measurement and evaluation frameworks for First Nations Cultures.

On the other hand, thankfully, much work has already been undertaken with academia, within community and to some extent within Government [AIATSIS], and this work would in no way be proceeding from a blank slate.

If First Nations cultural resilience and cultural maintenance, promoted through and delivered by First Nations Cultural organisations [Art Centres, Culture Centres, Language Centres and the like], continue to be marginalised and continue to be relegated to the policy and programmatic periphery, then this nation will see limited progress in the fields of Prevention and Productivity.

The choice is very simple, as expressed by the WA Government:

> *If current trends continue, demand for these "downstream" services is set to increase significantly in coming years.*
>
> *Preventative and early intervention initiatives can bring about positive changes that reduce the need for crisis responses. Initiatives in this category proactively build up resilience, capability, healing, and independence. [Citation as per previous]*
>
> ***Cultural Wounds Require Cultural Healing.***

Part B: 31 July Response to the Productivity Commission's *Interim Report on the Mental Health and Suicide Prevention Agreement Review*- First Nations Suicide Prevention

[Note, what follows is a reworked and revised version of what was presented to the Productivity Commission on 31 July 2025]

First Nations Voices

Aboriginal Culture Is Peripheral and Marginalised and Is Not Even Recognised in the Policy Landscape

As First Australians, Aboriginal and Torres Strait Islander peoples have a remarkable living history. For 60,000 years plus we have sustained a cohesive and resilient society. We have the most extensive kinship network in the world and through a system of law, ceremony and song we have transferred a huge body of knowledge, including important principles of collective and common humanity, from generation to generation. There is much to celebrate but it is not celebrated — it is not even recognised.
https://www.theguardian.com/australia-news/2020/jan/31/june-oscars-2020s-vision-reaching-our-potential-as-a-nation-begins-with-truth-telling

June Oscar, Bunuba Former Social Justice Commissioner

"It is time that Australia recognises that caring for this high culture in remote Australiais every bit as important as looking after mainstream high culture in the cities... Many messages about the importance of culture have been given by Aboriginal peoples, over the years. We need them to be heard and acknowledged."

ANKA ARTS BACKBONE Magazine August 2018
Djambawa Marawili AM Yolŋu

"While previous generations have fought for life and for land, and this must and will continue, this must also be the time to fight for the centrality of our culture, because it is in the elevation and celebration of this most sacred practice that our wellbeing and Country flourish. First Nations arts and culture often get overlooked in the context of other needs resulting from intergenerational trauma, but our arts and culture give us our strength, our foundation, our identity, our hope; they give us our connection, our healing, our pride, our wellbeing."

Bringing it Forward, *Creative Australia, 2022, page 7*

https://creative.gov.au/sites/creative-australia/files/documents/2025-03/NIACA-Consolidated-Report.pdf

Aboriginal Culture and the Centrality of Culture to Wellbeing

Professor Kerry Arabena [Meriam]

"In Australia, nearly 35 per cent of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians is attributable to the social determinants of health, including the physical, social, emotional and cultural wellbeing of individuals and their community. This gap rises to 53.2 per cent when combined with behavioural risk factors such as tobacco and alcohol use, dietary factors and physical inactivity (Australian Government 2017b:4). It is proposed that an antidote to this experience is the adoption of a whole-of-life view that encompasses regeneration and renewal, health and wellbeing, and an acknowledgment of the vitality that culture provides Aboriginal and Torres Strait Islander peoples.

'....Country can't hear English...' A Guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples"
https://www.karabenaconsulting.com/resources/country-cant-hear-english

Mick Gooda [Gangulu], Former Social Justice Commissioner

"Today our young people are increasingly likely to miss out on their cultural education that directly affects their connection to country. There is a clear imbalance between efforts to provide a westernised education, and access to traditional cultural knowledge.

Learning how to live on country and having access to traditional knowledge and culture strengthens and reinforces a positive sense of identity, it provides young people a cultural foundation and helps protect them from feelings of hopelessness, isolation and being lost between two worlds. Giving young people this support is critical to their survival and the survival of our culture."

The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide
https://cultureislife.org/wp-content/uploads/2024/02/Elders-Report.pdf

Professor Pat Dudgeon [Bardi], Co-chair, Aboriginal Mental Health and Suicide Prevention Advisory Group

"For Indigenous people, cultural identity is the foundation of who we are. Despite years of assimilationist policy, and the loss of so many of our customs and languages, Aboriginal people have demonstrated extraordinary cultural resilience. In my time, I have been privileged to witness what I see as a cultural renaissance of Aboriginal Australia. Culture has become life-giving medicine for our people, closing the wounds of the past and standing us strong to face the future."

The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide
https://cultureislife.org/wp-content/uploads/2024/02/Elders-Report.pdf

Australian First Nations Research in to the Relationship Between Culture and Wellbeing.

- **The Mayi Kuwayu Study — the largest national study of Aboriginal and Torres Strait Islander culture, health and wellbeing**
  https://mkstudy.com.au/
- **Centre for Indigenous Policy Research, ANU — Strong Culture, Strong Place, Strong Families Research and Evaluation Project**
  https://cipr.cass.anu.edu.au/research/publications/strong-culture-strong-place-strong-families-research-and-evaluation-project

Research Publications From the MK Study:

- Williamson, L.M., Baird, L., Tsey, K., Cadet-James, Y., Whiteside, M., Hunt, N. & Lovett R. (2023). ***Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples: a cross-sectional analysis.*** BMC Public Health 23, 1569. https://doi.org/10.1186/s12889-023-16450-9
- **Wright, A.**, Davis, V. N., Brinckley, M.-M., Lovett, R., Thandrayen, J., Yap, M., Sanders, W., & Banks, E. (2022). ***Relationship of Aboriginal family wellbeing to social and cultural determinants, Central Australia: 'Waltja tjutangku nyakunytjaku'.*** Family Medicine and Community Health, 10(4), e001741. https://doi.org/10.1136/fmch-2022-001741

Research Publications from the ANU Centre for Indigenous Policy Research

- ***Strong Culture, Strong Place, Strong Families Research and Evaluation Project: Final Report***
  Author/editor: Yap, M, Stone, M, Kinnane, S, Haviland, M, Golson, K, Dwyer, A, Dinku, Y, Buchanan, G, Freeman, W, Pigram, A, Croft, I, Davey, R, Laborde, S, Saunders, T, Birchmeier, K, Mulardy Jnr, M, Nargoodah, L, Duckhole, S, Mamid, J, Andrews, K & Mulardy, Z
  Year published: 2025
  https://cipr.cass.anu.edu.au/research/publications/strong-culture-strong-place-strong-families-research-and-evaluation-project

Cultural Resurgence and Wellbeing: the Canadian Experience

Professor Taiaiake Alfred [Mowhawk]

https://taiaiake.net/

"Because we've shown, in a number of studies that we've looked at, in the Canadian context, and particularly — I'll use the example of the Cree people, in Northern Quebec, where the young people in that community, in that nation, that had survived and could withstand the ongoing effects of colonisation the best were those that benefited from programs that were set up by the Cree nation to relink them to their traditional cultural practice, to support the maintenance of their language fluency, and, even though it was seasonal and it wasn't a permanent state, to surround them and have them experience life in a traditional cultural community.

Transcript of a speech delivered at the Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, in 2015. Transcript available upon request."

Professor Michael J Chandler, University of British Columbia [Non-Indigenous]

"Although the foundational importance of self-determination and culture to wellness has been obvious to First Nations, Inuit and Métis Peoples in Canada (Assembly of First Nations and Thunderbird Partnership, 2015; Inuit Tapiriit Kanatami, 2014; Métis Nation, 2023), and to Indigenous Peoples around the world (Bourke et al., 2018), empirical evidence is still necessary when advocating to policymakers or service providers who may not find these connections so evident. Indigenous peoples are still fighting for self-determination and culture-based approaches to wellness, highlighting the continued importance of work that brings together developmental, social, and cultural perspectives. The lessons learned from this interdisciplinarity and pluralism have implications for mental health promotion around the world."

Cultural continuity, identity, and resilience among Indigenous youth: Honoring the legacies of Michael Chandler and Christopher Lalonde; Journal of Transcultural Psychiatry

https://journals.sagepub.com/doi/full/10.1177/13634615241257349

Consistent Messages Delivered by First Nations People As Expressed Within More Than 50 Reports Over the Last Three Decades

In November 2016 the WA Parliament Education and Health Standing Committee published a report entitled: ***Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas.*** On pages 213ff of that report one can read a list of some 40 prior reports and inquiries in to Aboriginal youth suicide and Aboriginal wellbeing in general. The *Executive Summary* to the ***Message Stick Report*** includes these words:

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.

In addition to the 40 Reports referenced in the ***Message Stick Report***, I note these further, additional reports and inquiries in to Aboriginal youth suicide and Aboriginal wellbeing in general (see next page):

Aboriginal youth suicide and wellbeing — Additional reports

The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide	2012
Solutions That Work: What Evidence and Our People Tell Us; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report	November 2016
Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas	November 2016
My Life My Lead — Report on the national consultations	2018, Department of Health
Country Can't Hear English: A Guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples	2020, Arabena
Culture is Key: Towards cultural determinants-driven health policy	Lowitja Institute, 2021
National Suicide Prevention Trial Final Evaluation Report	December 2020
Kimberley Suicide Prevention Trial, Final Evaluation Report	2021
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	2021, Department of Health
Connected Lives: Creative solutions to the mental health crisis	Australia Counci — Now Creative Australia, Sept 2022
Strong Culture, Strong Youth: Our Legacy, Our Future	Close the Gap Campaign Report 2023, March 2023
Links between Aboriginal and Torres Strait Islander language use and wellbeing	Mayi Kuwayu Study, October 2024
Strong Culture, Strong Place, Strong Families Research and Evaluation Project: Final Report	ANU Centre for Indigenous Policy Research, 2025
An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines https://www.lowitja.org.au/resource/an-aboriginal-and-torres-strait-islander-systems-approach-to-suicide-prevention-framework-and-implementation-guidelines/	Lowitja Institute, and by the Centre for Best Practice on Aboriginal Suicide Prevention, 2025
Preventing suicides of First Nations people https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/preventing-suicides-of-first-nations-people/abstract	AIHW 2025]

Cultural resilience and cultural strength is the main theme and the main priority consistently expressed across these 50 or so reports and inquiries. A few of the critically important comments, findings and recommendations in the ***Message Stick Report*** are the following:

- 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. [Chairman's Foreword]
- 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. [Executive Summary]
- 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. [Executive Summary]
- 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.

Findings/Observations/Propositions

1. **There is increasing evidence that culturally-based programs have the greatest impact in preventing First Nations suicide**

   This observation is based on the following:

   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.

   WA Parliament Message Stick Report, November 2016

2. **Up Until November 2016 there had been at least 40 reports written about the rising rates of Aboriginal Youth Suicide**

   This observation is based on the following:

   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.

   WA Parliament Message Stick Report, November 2016

3. **From the myriad of reports, the most important, yet least enacted recommendations were about the role of Aboriginal culture**

   This observation is based on the following:

   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.

   WA Parliament Message Stick Report, November 2016

4. **There are at least 50 Reports now written about Aboriginal Social and Emotional Wellbeing ie the forty reports cited in the *Message Stick Report* of 2016, plus at least a further 10.**

5. **The *Interim Report* seemingly equates health interventions with suicide prevention — in toto — with no reference to the 50 reports referenced herein relating to Culturally Based approaches to First Nations Suicide.**

   The ***Interim Report*** states as follows, on page 198:

   The areas of the suicide prevention system distinct from mental health include assessment and management of suicidal behaviours, means restriction and aftercare and postvention services (PC 2020a).

The present author entirely accepts that he may not properly understand the nature of the comment above from page 198 of the ***Interim Report***. But what is fully understood is that the general topic of discussion at that point [page 198] is the topic of suicide prevention. And in that quite fulsome discussion of suicide prevention, at no point is there even the beginning of a reference to any of the 50 Reports on Aboriginal suicide prevention which are listed herein.

[It is recognised that on page 166 there is a very brief discussion of the concept of Social and Emotional Wellbeing as it pertains to First Nations peoples in Australia. However, the conclusion drawn by the Productivity Commission, on page 167 relates to the concept of 'cultural safety' and makes no mention of concepts of 'cultural resilience.' Thus, the Commission's conclusions run contrary to the focus of the 50 reports referenced herein.]

Recommendations Relating to Aboriginal Suicide Prevention

1. **All Indigenous suicide prevention activity should include cultural renewal and cultural resilience programs.**

   This recommendation is based on the following:

   ATSISPEP Report Recommendation #Two:

   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.

2. **That Governments recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide and respect the three decades of advocacy around this. That Governments endorse the efficacy of culturally-based prevention approaches to First Nations suicide and that, consistent with a focus on productivity and prevention, focus future investments in this space on upstream, culturally-based preventative programs.**

   This recommendation is based on the following:

   Message Stick Report, WA Parliament:

   Recommendation 7 Page 57

   That Western Australian Government agencies recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide.

   Recommendation 8 Page 57

   That the Western Australian Government set aside an appropriate portion of grantexpenditure to fund more culture-embedded programs for Aboriginal young peopleacross the state.

Recommendations Designed to Refocus the System Towards Upstream, Preventative Strategies to Promote Mental Health and Wellbeing

- **Develop Historical and Background Context Around the Mental Health and Suicide Prevention System**

  The ***Final Report*** should provide greater detail around the historical context and background to the current Mental Health and Suicide Prevention system, giving particular consideration to the findings and recommendations contained with earlier systemic reviews including, but not limited to, the National Mental Health Commission's 2014 ***Contributing Lives Report.***

- **Develop Historical and Background Context Around the Mental Health and Suicide Prevention System — as it Applies to First Nations Communities.**

  The ***Final Report*** should provide greater detail around the historical context and background, giving particular consideration to the plethora of reports

relating to First Nations Wellbeing and noting the consistent theme across this plethora of reports around the need to support cultural resilience as the foundation for First Nations Wellbeing.

- **Develop greater detail around the impediments to systemic and structural change.**

  From #1 and # 2 above, the ***Final Report*** should provide greater detail around the impediments to systemic and structural change. The ***Final Report*** should give particular consideration to the 5 focus areas articulated in the 2014 ***Contributing Lives Report***, and should give specific consideration as to why such little progress has been made in regards to these 5 focus areas.

- **Develop an Understanding of the Barriers to Co Design, Especially as Described by the Productivity Commission and as Described by the Lowitja Institute**

  The ***Final Report*** should provide much greater detail around the systemic, structural, and political barriers to the successful implementation of any genuine Co Design process for systemic change.

- **Develop an Understanding of Impediments to Preventative Programs Being Implemented in Australia.**

  On Wednesday 13 August 2025

  the Productivity Commission will release its ***Delivering quality care more efficiently.*** In this report the Commission will make initial findings in regards to impediments to preventative strategies in Australia.

  The Productivity Commission's Interim Findings from the ***Delivering quality care more efficiently Inquiry***, in relation to the impediments to Preventative strategies being funded, should be carefully considered within this present Inquiry in to Mental Health and Suicide Prevention.

- **Develop an Understanding of How to Improve Productivity, Efficiency and Effectiveness in the Care Economy in Australia, And Make Pertinent Recommendations Around That Understanding.**

  On Wednesday 13 August 2025 the Productivity Commission will release its ***Interim Report on Delivering quality care more efficiently.***

  In this forthcoming report the Productivity Commission will make Initial Findings in regards to improving productivity in the Care Economy. These interim findings around improving productivity should be carefully considered within this present Inquiry in to Mental Health and Suicide Prevention, and should be considered in the light of the recommendations from the National Mental Health Commission in 2014 in regards to rebalancing expenditure in the Mental Health and Suicide Prevention system. Continuing a pattern of investment in to hugely expensive upstream, clinical programs is extremely unproductive, so why is it that we continue to invest the majority of resources in to unproductive modalities, despite the Mental Health Commission in 2014 urging us to make structural changes and to invest in more productive modalities?

- **That the Productivity Commission significantly revise its Theory of Change –**

  The Commission should significantly revise its theory of systemic change, such that a revised theory of change is heavily informed by the National Mental Health Commission's ***Contributing Lives Report*** and such that a revised theory of change materially and comprehensively addresses key impediments to systemic and structural change in the Mental Health and Suicide Prevention System. In particular, a revised theory of change should, consistent with the Productivity Commission's own current ***Inquiry in to the Care Economy***, seriously address the key issue of Governments' profound and persistent reluctance to invest in preventative programs.

  The ***Final Report on Mental Health and Suicide Prevention*** should be greatly informed by the Findings and Recommendations contained within the Productivity Commission's ***Care Economy Interim Report***.

- **That the Productivity Commission Make Specific Findings and Recommendations Around Rebalancing Expenditure, Echoing and Repeating the Recommendations Contained Within the National Mental Health Commission's 2014 *Contributing Lives Report*. (as follows)**

  "We need system reform to:

  - *redesign the system to focus on the needs of users rather than providers*
  - *redirect Commonwealth dollars as incentives to purchase value-for-money, measurable results and outcomes, rather than simply funding activity*
  - *rebalance expenditure away from services which indicate system failure and invest in*

evidence-based services like prevention and early intervention, recovery-based community."

- **No Co Design Process to be Commenced Without First Achieving Two Prerequisites.**

  No Co Design process should be commenced without the following first occurring:

  - A clear and detailed statement from Government, at the Ministerial level, setting out how the Government views Co Design operating within the constraints of, and within the context of, a Westminster democracy;
  - A clear Co Design resourcing and empowerment strategy, with a specific focus on how the non–Government sector, and the non–Government participants in the proposed Co Design process, would be resourced and empowered so as to enable them to participate in the Co Design process as full equals to the Government participants.

A Note About the Author

1. vis-à-vis Centring Lived Experience in Suicide Prevention and

2. vis-à-vis First Nations Culture and Wellbeing

In February 2008 the Hon Alistair Hope, the then WA Coroner, brought down his ***Kimberley Findings Report,*** being a 224-page long report on the deaths by suicide of 22 Aboriginal people in the Kimberley region of WA. In his opening acknowledgements to that ***Findings Report*** the Coroner states as follows:

> The drive for the inquest came, importantly, from the Aboriginal people themselves and the ongoing support of KALACC was of fundamental importance in obtaining evidence from many Aboriginal people. In that context I am indebted to Mr Joe Brown, KALACC Chairman, and Mr Wes Morris, KALACC Coordinator, for their ongoing support for the process.

Mr Joe Brown was a very senior Walmajarri cultural boss and in February 2007 Mr Brown and I wrote to the Coroner, calling on him to investigate the alarming rate of suicide in the Kimberley. We then contacted the Federal Government, and we secured funding with which to engage Legal Counsel to assist the families involved in this harrowing process. The Productivity Commission's ***Mental Health and Suicide Prevention Agreement Review Interim Report*** of June 2025 notes that the rate of First Nations suicide in Australia continues to worsen. This fact comes as a surprise to no one who has worked in the First Nations cultural space. For as long as suicide is treated as an individual mental health issue, and not as a collective, community issue reflective of a Culture under stress, then there can be no realistic expectation of statistical improvements in the rates of First Nations suicide in Australia.

Between February 2007 and the present time, a period of 18 years, my professional involvement in regards to the issue of First Nations Suicide included the following:

- **Coronial Inquiries:** Played a leadership role in regards to four major Coronial Inquiries;
- **Suicide Prevention Programs:** For 18 years I had management-oversight of a significant Aboriginal youth suicide prevention program based around building cultural resilience;
- **Regional Suicide Prevention Trials:** Participated in monthly meetings for close on 10 years;
- **Developing Co Design Guides:** Had management - oversight of the development of Co Design Guides for 1). Aboriginal Youth Wellbeing and for 2). Aboriginal Youth Justice Diversion;
- **Advocacy and Inquiries:** Made submissions to, and appeared before, countless Federal and State Inquiries.

For more than18 years I have witnessed the enhancement of resourcing to, and empowerment around, Aboriginal Community Controlled Health Organisations. This is a most welcome development. However, I repeat as above, for as long as First Nations suicide is treated as an individual mental health issue, and not as a collective, community issue reflective of a Culture under stress, then there can be no realistic expectation of statistical improvements in the rates of First Nations suicide in Australia. In the last 18 years I have seen little material action from Government regarding the central role of Aboriginal Culture in regards to First Nations wellbeing, despite a raft of Government–commissioned reports all calling for cultural solutions. The words 'Aboriginal' and 'Culture' are not synonyms. Neither are the words 'Health'

and 'Culture.' Cultural solutions are delivered by Cultural organisations, not Health organisations.

Beyond the professional capacity outlined above, in my private life I have significant personal relationships with people who work professionally in the Mental Health space in Queensland. This relates both to those who work in a clinical [psychological] mental health setting and those who work, through a lived experience framework, in the community mental health setting. These personal relationships have informed my comments, elsewhere, in regards to issues such as empowering Peer Support Workers in the Mental Health system. In regards to that, I note once again that the 2014 ***Contributing Lives Report*** recommended that we "redesign the system to focus on the needs of users rather than providers." In the intervening 10 plus years, there has been some expansion in the role of Peer Support Workers, but little overall structural reform.

Indigenous Suicide Prevention

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs.

ATSISPEP Report Recommendation #Two:

> *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*

First Nations suicide is best viewed as not being an individual mental health issue. And First Nations suicide prevention strategies should not focus on health programs. The WA Parliament's November 2016 ***Message Stick Report*** puts it thus:

> 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.
>
> [***Learnings from the message stick- The report of the Inquiry into Aboriginal youth suicide in remote areas.*** *Executive Summary*]

Drawing on over 50 reports, including the ***Message Stick Report***, I present herein the view that First Nations suicide is best understood as being a collective, community issue reflective of a Culture under stress. Prevention and early intervention are best viewed in the following light — **'Cultural Wounds Require Cultural Healing'.**

On page 167 of the ***Interim Report*** we read as follows:

> *In 2022-23, one in three Aboriginal and Torres Strait Islander people (30.2%) experienced high or very high levels of psychological distress (figure 5.1). This represents a slight increase compared to 2004-05.*

This statistic, this piece of data, is then followed by the following discussion, on page 169, about the delivery of health services such as the following:

SEWB. These services can provide tailored care to meet the needs of the local population, including:

- psychological therapies
- complex mental health support
- case management
- clinical care coordination (DoHAC 2025a).

The information contained across pages 166 to 180 of the ***Interim Report*** does canvass the notion of Social and Emotional Wellbeing at various points, but at no point in these 14 pages of text is there even once any mention of even one of 50 reports on Aboriginal Suicide Prevention and Wellbeing that are referenced in this present submission.

The information contained across pages 166 to 180 of the ***Interim Report*** tells us that fully one third of the First Nations community experiences 'experienced high or very high levels of psychological distress' and that this figure has slightly increased over the last two decades. One would have imagined immediately that the logical conclusion, indeed pretty much the only logical conclusion from this data, is the conclusion which the WA Parliament's Education and Health Standing Committee reached in November 2019:

> *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.*
>
> [***Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas.*** *Executive Summary*]

Despite this finding from the WA Parliament being pretty much the only logical conclusion that one can reach, it seems that the Productivity Commission has failed to reach that conclusion, and has instead chosen to focus on the health sector and to focus on psychological therapies; complex mental health support; case management; and clinical care coordination.

The proposition being presented in this submission, is supported by some 50 earlier reports and it holds that for as long as First Nations suicide is treated as an individual mental health issue, and not as a collective, community issue reflective of a Culture under stress, then there can be no realistic expectation of statistical improvements in the rates of First Nations suicide in Australia.

In December 2024 the ***NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION STRATEGY 2025–2035*** was released. This Strategy contains some six Core Priorities, including the following:

> Priority 2: Thriving communities
>
> Outcome: Aboriginal and Torres Strait Islander Communities are supported to thrive through culture and deep connection to family, community, and Country

This priority focusing on culture and deep connect to family, community and country represents a continuation of consistent advocacy that has existed over the last three decades. As part of that reality, this priority is entirely consistent with Recommendation # 2 within the ***ATSISPEP Report*** of 2016. It is long overdue for Governments to heed the great many expressions of this same sentiment, and it is long overdue for Governments to actually support Aboriginal and Torres Strait Islander Communities to thrive through promoting strong Culture.

A Dichotomy in Suicide Prevention

There Exist a Dichotomy in Suicide Prevention System Architecture: Prevention and Support…

Wherein 'prevention' in the first nations context is best understood as relating to cultural programs, and 'support' is best understood as relating to health interventions, being both community health and clinical health.

Professor Michael J Chandler held that ***"individualized medical models"*** of suicide prevention are mistaken at every turn."

The Productivity Commission's ***Interim Report*** seeks to develop a "new policy architecture" and states that:

> To be effective, the new policy architecture should be developed by governments in a process ofco-design with people with lived and living experience of mental ill health and suicide, their supporters, families, carers and kin as well as service providers and practitioners. [Page 2] and;
>
> *In the development of the next agreement, governments should realise their commitment to embed the voices of people with lived and living experience and supporters, carers, families and kin across the system. [Page 10]*

So, in its ***Interim Report*** the Productivity Commission is reflecting, and is strongly echoing, the recommendations from 2014 from the National Mental Health Commission, which in that year recommended in its ***Contributing Lives Report*** that we should as a nation:

- rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention.

It is the medical service delivery model which provides 'services that indicate system failure'. It is the investment in to hugely expensive, intensive and acute health services that are the "services which indicate system failure." Services such as 'psychological therapies; complex mental health support; case management; and clinical care coordination' are all 'services that indicate system failure'.

The "evidence-based services like prevention and early intervention" lie entirely outside of the acute end of the domain of medical service delivery models, and lie largely outside of the medical services domain in its totality. As is indicated in some 50 earlier reports in to First Nations wellbeing and First Nations suicide prevention, it is

cultural programs, delivered by First Nations Cultural organisations, which from an evidentiary perspective are best placed to provide effective preventative approaches to suicide. In November 2019 the WA Parliamentary Standing Committee on Health and Education put things thus:

> *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.*
>
> ***Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas.*** [Executive Summary]

This lack of recognition of, and lack of priority to, culturally -based programs was true back in 2012 when ***The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide*** https://cultureislife.org/wp-content/uploads/2024/02/Elders-Report.pdf was first published. This lack of recognition of, and lack of priority to, culturally -based programs was true back in 2019 when the ***Message Stick Report*** was published. And this lack of recognition of, and lack of priority to, culturally -based programs persists through to July 2025 ie the present time and is very evident in the huge knowledge gaps to be found in the ***Interim Report***.

In general, in terms of both the Mental Health and Suicide Prevention systems, we as a nation pathologise suicide and we preference and prioritise clinical and medical interventions. Such clinical and medical interventions have as their unit of intervention, the individual human being. Canadian Professor Michael J Chandler put things thus:

> *whenever we are moved to minister to such troubles, the usual impulse — the common intervention or treatment strategy — is to somehow buck-up the flagging spirits of those singular symptom bearers who are counted as most disheartened or undone. Picking away at such troubles one 'patient' at a time, we council and drug them, we bolster their flagging self-esteem, and otherwise do whatever seems appropriate to shore up their supposed personal shortcomings. In short, while many of our ills are acknowledged to sometimes be social or cultural in origin, when moved to intervene, Western society has customarily proceeded by attempting to redeem one lost soul at a time. A prime example of this individualistic approach to 'treatment' is to be found in standard responses to the so-called "epidemic" of suicides ascribed to the residents of many Indigenous communities. Those individuals somehow deemed to be at special risk are taken aside and variously bucked-up, all in the hope of somehow making each one of them personally better adjusted and less forlorn. This chapter will work to make the case that such applications of so-called individualized "medical models" of suicide prevention are mistaken at every turn, insisting instead that cultural wounds require cultural medicines.*
>
> ***Cultural Wounds Require Cultural Medicines*** by Professor Michael J Chandler.
>
> Document is accessible via the Centre For Healthcare Knowledge & Innovation, A Northern NSW Coast Consortium including the North Coast PHN. https://www.thecentrehki.com.au/wp-content/uploads/2021/05/Cultural-Wounds-Require-Cultural-Medicine-Michael-J.-Chandler.pdf

Emeritus Professor Patrick Sullivan spent a lifetime of professional anthropological work in the Kimberley region of Western Australia. And reflecting on the relatively recent arrival of the phenomenon of Aboriginal suicide in the Kimberley, Sullivan wrote as follows in September 2016:

> *Government investments in response to Aboriginal suicide are heavily weighted towards clinical interventions which are predicated on an individualised conception…*
>
> *I think that it is no coincidence that things have got worse psychologically for Aboriginal people as they have become better in material terms. The things that bind Aboriginal people together in social solidarity– shared language, sacred areas, religious ceremonies, ancient land-related values — have been consistently undermined. These are not part of the wider society's economic development agenda, or are believed to actively undermine it. At the same time, Aboriginal material conditions, land ownership and shares in the fruits of economic enterprises — those things that make Aboriginal people "more like us" — have improved greatly since the 1980s.*
>
> *Poverty itself does not cause suicide, but the resilience needed to confront poverty daily can often be lacking. Many of the at-risk group between fifteen and thirty-five years of age reach back for a handhold in the culture of their communities and find it doesn't have the weight to support them anymore.*

> ***A hope-led recovery?***
> https://insidestory.org.au/a-hope-led-recovery/

Very little has changed since Sullivan wrote those words back in 2016. The prospect, back in 2016, of the WA Government committing to a regional cultural strategy vanished like a mirage, like so many other culturally–based solutions presented to the WA Government.

Consistently we witness Governments investing in anything but cultural solutions. As former Social Justice Commissioner June Oscar put it:

> *We have the most extensive kinship network in the world and through a system of law, ceremony and song we have transferred a huge body of knowledge, including important principles of collective and common humanity, from generation to generation. There is much to celebrate but it is not celebrated — it is not even recognised.*

To promote a model of suicide prevention that resides and sits within the health system, to the exclusion and omission of Culturally–based programs, is to ignore some 50 earlier reports which position First Nations culture as being the bedrock and foundation of social and emotional wellbeing and which, as such, is the key plank for any productive and effective approach to preventing first nations suicide.

Locating and Placing First Nations Suicide Prevention Within the Policy Architecture for Suicide Prevention in Australia

The Productivity Commission's ***Interim Report*** states as follows in regards to suicide prevention:

> *There has been a shift towards an integrated, whole-of-government approach addressing the social and emotional factors affecting suicidality and recognises the suicide prevention system as sitting alongside the mental health system, not within it [page 186]*
>
> *The recently released National Suicide Prevention Strategy 2025–2035 sets out the pathway to achieve a comprehensive approach to suicide prevention, with the aim of aligning expenditure and activity with evidence and insights about what works (NSPO 2024d, p. 17). It does this by adopting a model focusing on the prevention of suicidal distress and supports for people experiencing suicidality and those who care for them, and by identifying the critical enablers of an effective suicide prevention system (figure 6.1).*
> *[Page 197]*

Figure 6.1 — 'A national model for suicide prevention in Australia' is sourced from the recently released National Suicide Prevention Strategy 2025–2035 and this strategy is endorsed by the Productivity Commission in its ***Interim Report***. If we look at Figure 6.1 then the very first thing that we note is that there are two headings at the top of the figure. These two headings are as follows:

- Prevention
- Support.

Yes. And again, yes. In other words, Prevention and Support are dichotomous and there are at least 50 reports over three decades all making recommendations around the central role of First Nations Cultural resilience as being the bedrock of First Nations suicide prevention.

Further in to the ***Interim Report*** , on page 199, we see a Venn Diagram ie *Figure 6.2 — The relationship between mental health and suicide prevention.* And the key point which the Productivity Commission is making in that diagram is the overlap between the Mental Health and Suicide Prevention systems. This overlap is fairly incontrovertible and I would imagine that it is largely uncontested. But if we fully accept this overlap, then it nonetheless stands that the majority of the two systems remain distinct and very different. The Mental Health system has long operated within a medical model of service delivery. There is exceptionally strong evidence for the need for the Suicide Prevention system to largely NOT operate within a medical model of service delivery. And within the suicide prevention system, the *Figure 6.1 – 'A national model for suicide prevention in Australia'* is based on the following dichotomy:

- Prevention
- Support.

The ***Interim Report*** then states further, as follows:

> *The recently released **National Suicide Prevention Strategy 2025–2035** sets out the pathway to achieve a comprehensive approach to suicide prevention, with the aim of aligning expenditure and activity with evidence and insights about what works (NSPO 2024d, p. 17). It does this by adopting a model focusing on the prevention of suicidal distress and supports for people experiencing suicidality and those who care for them, and by identifying the*

> *critical enablers of an effective suicide prevention system (figure 6.1). [page 197] and;*
>
> The areas of the suicide prevention system distinct from mental health include assessment and management of suicidal behaviours, means restriction and aftercare and postvention services (PC 2020a). [Page 198]

The present author entirely accepts that he may not properly understand the nature of the comment above. But it appears, at face value, to be deeply troubling and to be terribly ill–informed. [Happy to receive clarification and happy to be corrected]. What is fully understood is that the general topic of discussion at that point ie on page 198 of the ***Interim Report*** is the topic of suicide prevention. And in that quite fulsome discussion of suicide prevention at no point is there even the beginning of a reference to any of the 50 reports on Aboriginal suicide prevention which are listed herein.

Professor Michael J Chandler was writing in the Canadian context. But Chandler undertook three separate speaking tours of Australia. And the ***ATSISPEP Report*** cites Chandler's work, and comments that his findings are broadly applicable to Australia. When we seek to locate and place First Nations suicide prevention within the policy landscape for Australia, consideration should be given to these following words from Chandler:

> *not withstanding the untold millions of dollars invested, there is not a single shred of confidence-inspiring evidence that any of these exploratory, publicly funded suicide-prevention projects has actually 'worked' to prevent a single death…*
>
> *while suicide can be (and most commonly is) approached as a private problem hidden away in the secret hearts and minds of troubled individuals, it will prove more useful and coherent to undertake to re-envision suicide (especially Indigenous suicide) at the level of whole communities or cultural groups…*
>
> *The more collective and culture-based alternative that is being militated for here (the next best thing, if you will) turns upon setting aside all of our earlier and failed hopes of picking out and somehow patching up all of those forlorn individuals with suicide on their private minds, and to argue that what is needed instead are community-level initiatives that have as their purpose both helping to rehabilitate those frayed connections that so many Indigenous communities struggle to maintain with their traditional pasts, and joining them in their ambitions to enjoy a measure of local control over their own uncertain futures.*
>
> 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.
>
> ***Cultural Wounds Require Cultural Medicines.***

If we are to be guided by the evidence in hand, and if we are to be responsive at all to some 50 reports over the last three decades, then going forward First Nations suicide prevention — if it actually has the goal of statistically decreasing rates of First Nations suicide in Australia, will seek to locate First Nations suicide prevention primarily in the Cultural domain, not the Health domain. If fully one third of the Indigenous community in Australia is suffering from high or very high levels of psychological distress, then the provision of medicalised, individualised interventions provided through the Health system is clearly necessary. But by the same token, a simple understanding of logic, combined with basic levels of understanding of sociology, anthropology and statistics would dictate that such interventions, whilst necessary, are not sufficient, and will not lead to statistically lower levels of First Nations suicide in the future. Meanwhile, there are some 50 reports all pointing towards Culturally–embedded programs as being fundamental to statistically improving First Nations wellbeing in Australia.

November 2016 *ATSISPEP Report* and Recommendations Around Primordial Prevention Delivered at the Universal/ Indigenous Community Wide Level

None of the above, and nothing that follows, is offered here to the exclusion of the important roles and contributions of medical and health services and interventions in people's lives. Various people have exceptionally differing needs and requirements and in response to such varying needs a mature policy framework would seek to provide for a suite of varying interventions.

The provision of 'culturally–informed', 'Culturally–safe' and 'Culturally–appropriate' health services to Indigenous Australians is absolutely critical. But there are some 50

reports which speak to a different aspect of service need. Creative Australia puts things thus:

> *While previous generations have fought for life and for land, and this must and will continue, this must also be the time to fight for the centrality of our culture, because it is in the elevation and celebration of this most sacred practice that our wellbeing and Country flourish. First Nations arts and culture often get overlooked in the context of other needs resulting from intergenerational trauma, but our arts and culture give us our strength, our foundation, our identity, our hope; they give us our connection, our healing, our pride, our wellbeing.*
>
> ***Bringing it Forward***, Creative Australia, 2022, page 7 https://creative.gov.au/sites/creative-australia/files/documents/2025-03/NIACA-Consolidated-Report.pdf

The November 2016 ***ATSISPEP Report*** proposes a suite of services, programs and interventions, all of which are important, and each of which addresses a different aspect and dimension of wellbeing within First Nations communities in Australia. Herein, I seek to focus on the ATSISPEP Recommendations around what it calls Primordial Prevention, delivered through programs that are provided at the universal ie Indigenous community – wide level.

The ***ATSISPEP Report*** was first published in November 2016 – ***Solutions That Work: What Evidence and Our People Tell Us; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report***

https://www.niaa.gov.au/sites/default/files/documents/publications/solutions-that-work-suicide-prevention.pdf
As it happens, I was physically present in the garden/courtyard of Parliament House Canberra for the launch of the ***ATSISPEP Report***. The ***ATSISPEP Report*** doesn't employ the dichotomous structure which shapes the current ***National Suicide Prevention Plan***. Rather the ***ATSISPEP Report*** employs a visualisation based on a continuum of *Success Factors Identified by ATSISPEP* [page 3]:

- **Universal/ Indigenous Community Wide**
  - Primordial prevention
  - Primary prevention
- **Selective – At Risk Groups**
  - School age
  - Young people
- **Indicated – At Risk Individuals**
  - Clinical elements

At the preventative end of the spectrum, the ***ATSISPEP Report*** describes interventions and success factors as follows:

- **Primordial prevention**
  - Addressing community challenges, poverty, social determinants of health
  - Cultural elements – building identity, SEWB, healing
  - Alcohol /drug use reduction

On Page Four of the ***ATSISPEP Report*** we read the following:

> **Recommendation # Two:**
>
> *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.*

On page 12 of the ***ATSISPEP Report*** we read the following:

> A further challenge was posed by the studies of Chandler and Lalonde who examined suicide among British Columbian (Canadian) First Nations' young people. Their findings have been broadly considered to be applicable in an Indigenous Australian context. Two Chandler and Lalonde studies, which focus on the protective effects against suicidal behaviours of what was coined 'cultural continuity', are discussed below.

Cultural continuity and the research of Chandler and Lalonde

Chandler and Lalonde examined cases of suicide among young First Nations people of British Columbia and the protective effects of 'cultural continuity' against suicide.

In their first study (1987–92) cultural continuity was defined according to six key indicators of self-determination and cultural maintenance:

- Achievement of a measure of self-government

- Have litigated for Aboriginal title to traditional lands
- Accomplished a measure of local control over health
- Accomplished a measure of local control over education
- Accomplished a measure of local control over policing services
- Had created community facilities for the preservation of culture.

Chandler and Lalonde mapped suicides in all 197 communities or 'bands' in British Columbia and found that communities that achieved all six markers had no cases of suicide among young First Nations people. Conversely, where communities achieved none of these protective markers, youth suicide rates were many times higher than the national average (Chandler and Lalonde, 1998).

A second study (1993–2000) included two other indicators and found similar results to those of the first study. The additional indicators were:

- A measure of local control over child welfare services
- That they are characterised by having elected band councils composed of more than 50% women (Chandler and Lalonde, 2008).

If thematic elements can be drawn from the Chandler and Lalonde studies, the first is community empowerment: supporting communities' agency to make real choices and change their experience for the better. This could be through education and awareness raising, the emergence of leadership and decision-making structures, the devolution of decision-making power to such structures, and the presence of services and support organisations to assist in achieving goals and/or the provision of resources. Cultural maintenance and renewal was another thematic element. More broadly, the studies suggested that primordial prevention — upstream interventions that may have little directly to do with suicide as such — had an important place in Indigenous suicide prevention.

In fact, the work of Chandler and Lalonde has already influenced suicide prevention activity in Australian Indigenous communities. In particular, the ongoing National Empowerment Project (NEP) that aims to empower communities through education in identifying and addressing challenges (including those associated with suicide) and supporting community capacity for self-governance and organisation to address those challenges. Echoing Chandler and Lalonde's work, the NEP also places a strong emphasis on leveraging cultural strengths and supporting a community's cultural renewal on its own terms.

To be clear, although neither Chandler nor La Londe are alive any longer, both of them kept writing beyond November 2016 when the ***ATSISPEP Report*** was published. I particularly note again the following, which Chandler wrote at around the same time as ATSISPEP was released ie in 2016:

> 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. ***Cultural Wounds Require Cultural Medicines.***

This is the challenge that Chandler puts before us – if our serious goal is indeed suicide prevention ie the statistical reduction in rates of First Nations suicide rates – then continuing to invest in hiring ***'Still More Counsellors'***, to the ongoing exclusion of Culturally–based programs delivered at the whole of community level, is never going to achieve that goal. Psychological therapies and interventions are warranted and they are necessary. But if our serious goal is to statistically reduce rates of First Nations suicide, then Chandler tells us that medicalised interventions delivered at the individual level are, in his words, 'fishing in the wrong pond.'

It is only through a paradigm shift, and it is only through listening to, and responding meaningfully to the 50 earlier reports, and by investing in culturally based services delivered at the whole of Indigenous community level, that we will actually witness a decrease, not a continued increase, in rates of First Nations suicide in Australia.

None of the above should be interpreted in any way as being a contradiction to recommendations contained in the ***Interim Report***, such as the following:

- **Draft recommendation 5.1**
- **An Aboriginal and Torres Strait Islander schedule in the next Agreement [page 184]**

In regards to Aboriginal Suicide Prevention the ***Interim Report*** I note once again that on pages 221 ff of the ***Message Stick Report*** of November 2016 there is a list of some 40 earlier reports in to Aboriginal youth suicide. None of those 40 reports are even mentioned in the ***Interim Report***. Nor is any mention made of any of the following reports:

The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide	2012
Solutions That Work: What Evidence and Our People Tell Us; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report	November 2016
Learnings from the message stick — The report of the Inquiry into Aboriginal youth suicide in remote areas	November 2016
My Life My Lead — Report on the national consultations	2018, Department of Health
Country Can't Hear English: A Guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples	2020, Arabena
Culture is Key: Towards cultural determinants-driven health policy	Lowitja Institute, 2021
National Suicide Prevention Trial Final Evaluation Report	December 2020
Kimberley Suicide Prevention Trial, Final Evaluation Report	2021
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	2021, Department of Health
Connected Lives: Creative solutions to the mental health crisis	Australia Counci — Now Creative Australia, Sept 2022
Strong Culture, Strong Youth: Our Legacy, Our Future	Close the Gap Campaign Report 2023, March 2023
Links between Aboriginal and Torres Strait Islander language use and wellbeing	Mayi Kuwayu Study, October 2024
Strong Culture, Strong Place, Strong Families Research and Evaluation Project: Final Report	ANU Centre for Indigenous Policy Research, 2025
An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines https://www.lowitja.org.au/resource/an-aboriginal-and-torres-strait-islander-systems-approach-to-suicide-prevention-framework-and-implementation-guidelines/	Lowitja Institute, and by the Centre for Best Practice on Aboriginal Suicide Prevention, 2025
Preventing suicides of First Nations people https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/preventing-suicides-of-first-nations-people/abstract	AIHW 2025]

The complete silence around, and the complete absence of, any references whatsoever to any of the reports listed above is really quite astonishing and more than a little concerning. It is not entirely clear to this present author how the Productivity Commission can be promoting the notion of listening to, and responding to, First Nations voices when three decades of speaking and advocacy on the issue of Aboriginal suicide prevention is completely missing from the ***Interim Report***. The ***Interim Report*** instead chooses to focus its attention on present day actions and processes in regards to Aboriginal Health, in preference to listening and responding to three decades

of advocacy around cultural strength and resilience. In the context of that silencing, I note once again the words of June Oscar:

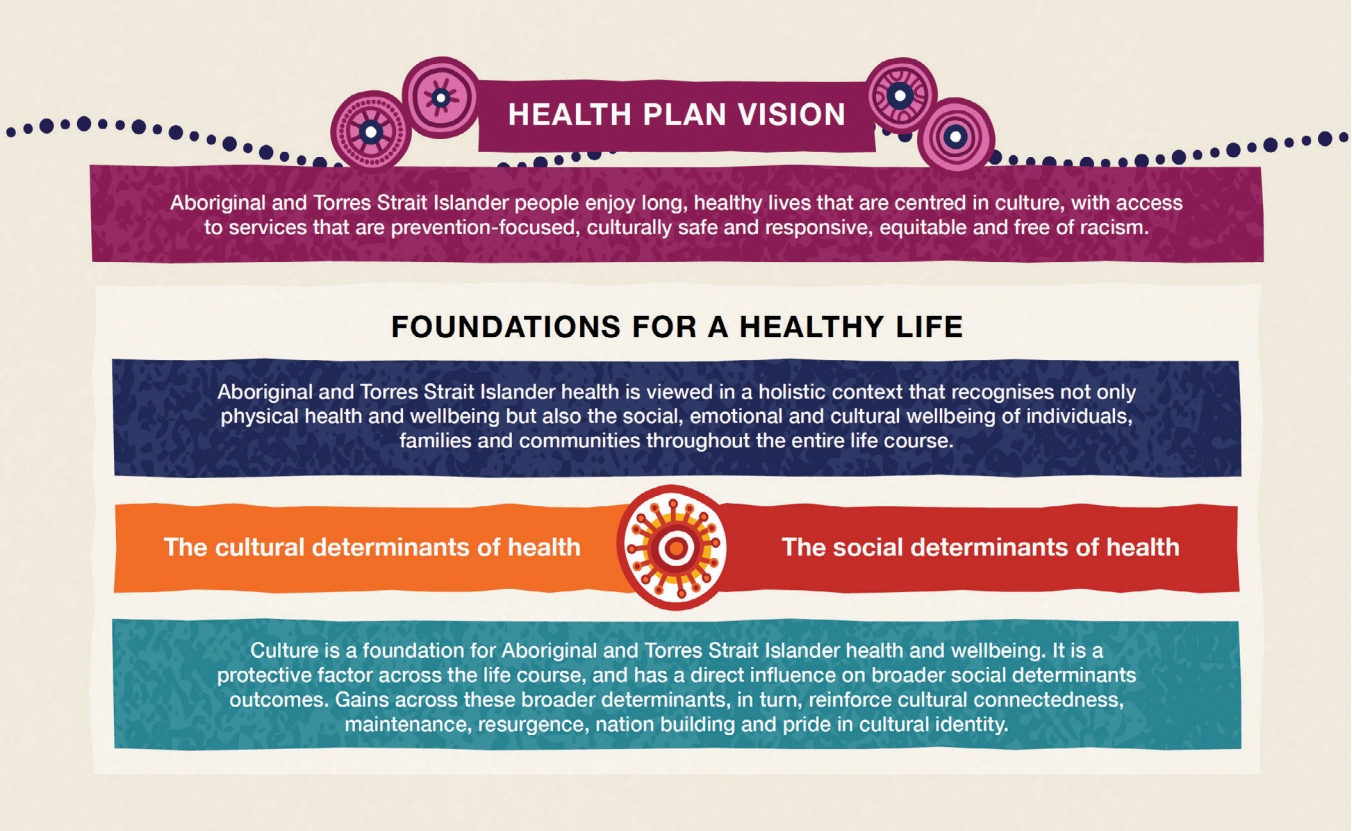
> *"We have the most extensive kinship network in the world and through a system of law, ceremony and song we have transferred a huge body of knowledge, including important principles of collective and common humanity, from generation to generation. There is much to celebrate but it is not celebrated — it is not even recognised."*

Whilst this complete failure to reference any of the 50 reports referenced herein is really quite shocking, perhaps the most astonishing of these 50 omissions is the lack of even a single reference in the ***Interim Report*** to the ***National Aboriginal and Torres Strait Islander Health Plan 2021–2031***

https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en

Immediately following is a diagram of the ***Health Plan Vision***, available here https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en and the foundation to this diagram states as follows:

> *Culture is a foundation for Aboriginal and Torres Strait Islander health and wellbeing. It is a protective factor across the life course and has a direct influence on broader social determinants outcomes. Gains across these broader determinants, in turn, reinforce cultural connectedness,maintenance, resurgence, nation building and pride in cultural identity*



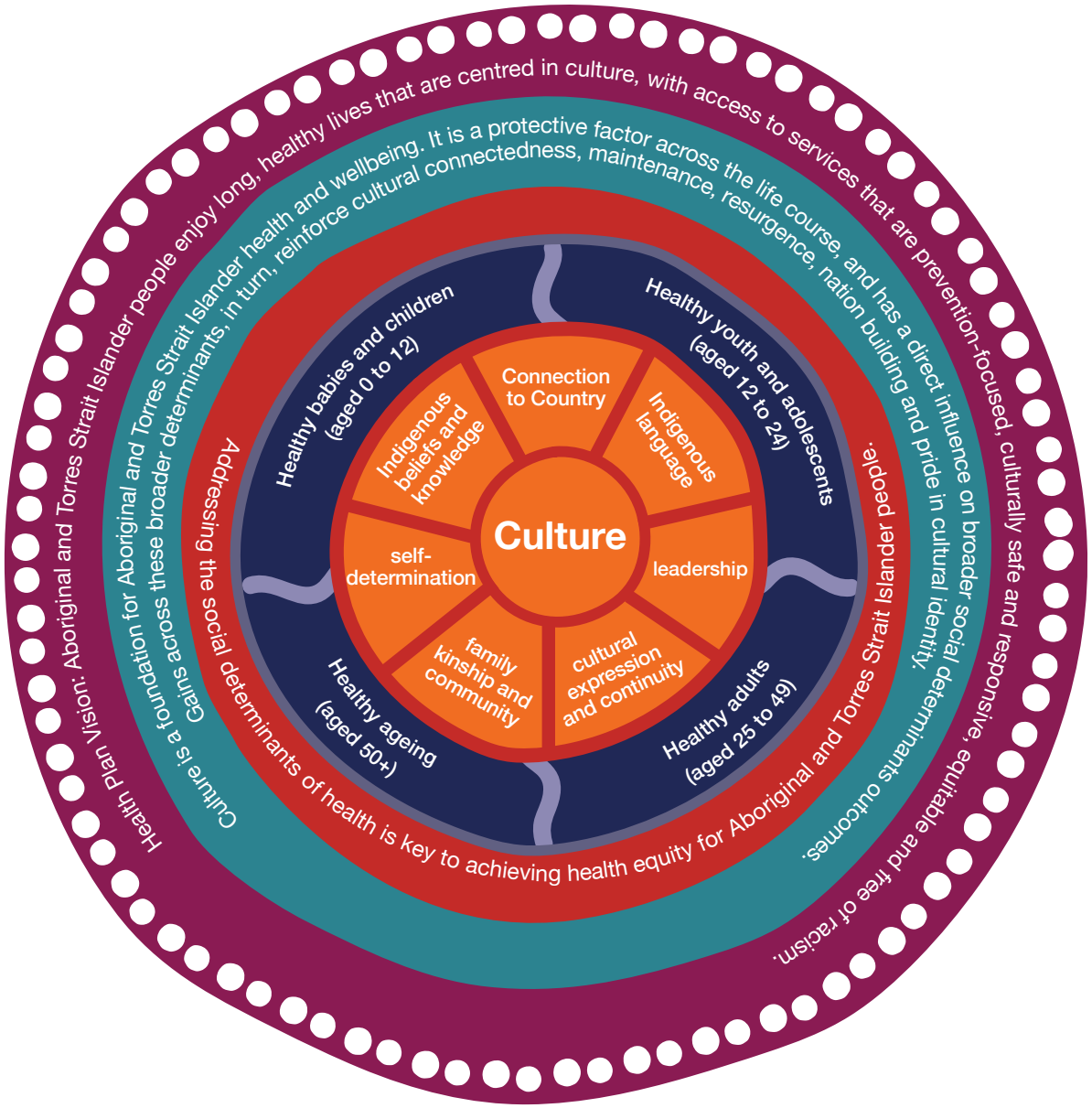
The ***National Aboriginal and Torres Strait Islander Health Plan 2021–2031*** restates these same words, which can be found on page 17 of the Plan:

> **Culture** *is a foundation for Aboriginal and Torres Strait Islander health and wellbeing. It is a protective factor across the life course and has a direct influence on broader social determinants outcomes. Gains across these broader determinants, in turn, reinforce cultural connectedness,maintenance, resurgence, nation building and pride in cultural identity.*

And on that same page ie page 17, one can also find *Figure 3, Circular Framework*. [See following] At the very centre of this diagram, are the following words:

- **Culture**
  - Connection to Country
  - Indigenous language
  - Leadership
  - Cultural expression and continuity
  - Family, kinship and community
  - Self-determination
  - Indigenous beliefs and knowledge.

It is to be sincerely hoped that the Productivity Commission in its ***Final Report*** will rectify and will redress the significant gaps and omissions which exist in the ***Interim Report***.



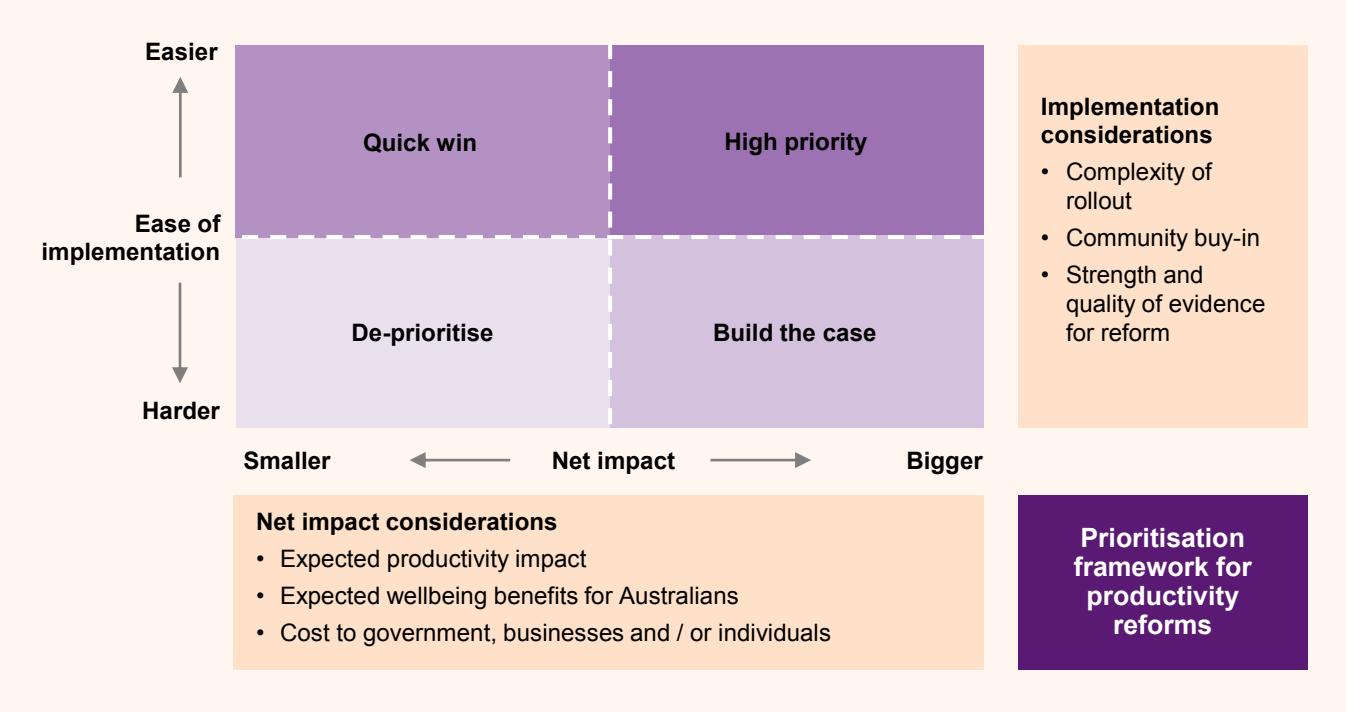
Aboriginal Culture and Wellbeing vis-à-vis the Productivity Commission's Net Impact Considerations

This section is based around the Productivity Commission's publication — ***Growth mindset: how to boost Australia's productivity 5 productivity inquiries*** https://www.pc.gov.au/inquiries/current/five-productivity-inquiries/growth-mindset.pdf In this PC document we read as follows:

> *...governments' time and resources are limited. They must select the most beneficial ideas and make tough choices on what to prioritise. That is why these inquiries have focused on proposing a small number of reforms that provide bang for buck. They build on existing policy reform efforts, such as the National Competition Policy reforms, to show how governments can emphasise growth in their choices. They also provide a stepping stone for more comprehensive productivity enhancing reforms, including those previously recommended by the PC in our Advancing Prosperity report (PC 2023c). In prioritising these choices, the PC has preferred options that:*

- have a sizeable net benefit — a high expected economic dividend or significant benefit to community or individual wellbeing, relative to costs, and
- are practical — relatively straightforward to implement, less complex to roll out, produce higher levels of community understanding and support, and are backed up by high-quality evidence (figure 7). For the most part, we have recommended reforms that meet both criteria and therefore sit in the 'high priority' quadrant in our decision-making framework (figure 7) below.

The PC Prioritisation Framework



Sadly, the reality is that the prospect of Governments choosing to invest in Culturally- based solutions to First Nations wellbeing in Australia could in no way be described as being a "quick win." Governments have consistently and continually ignored the role of First Nations Culture within Australia, and there is no reason to think that that situation would change any time soon.

However, if we look at the four quadrants within Figure 7, present author strongly suggests that whilst investing in culturally based solutions to First Nations wellbeing is not a "quick win" it is does absolutely sit within the "high priority" quadrant. The Productivity Commission tells us that fully one third of Indigenous people in Australia suffer from either high or extremely high levels of psychological distress. As written above, health and medical responses to this situation are clearly very much needed. But, having acknowledged the health need, one also needs to acknowledge the productivity agenda and the role of prevention within that productivity agenda. If

the real and genuine goal relates to prevention, then as fully 50 reports have stated, then the pathway forward for that agenda lies in building and fostering Cultural strength and Cultural resilience, by supporting the work of First Nations Cultural organisations.

Professor Michael J Chandler, in consideration of the issue of efficacy and productivity in First Nations Suicide Prevention programs, put things thus:

> *"whenever we are moved to minister to such troubles, the usual impulse — the common intervention or treatment strategy — is to somehow buck-up the flagging spirits of those singular symptom bearers who are counted as most disheartened or undone. Picking away at such troubles one 'patient' at a time, we council and drug them, we bolster their flagging self-esteem, and otherwise do whatever seems appropriate to shore up their supposed personal shortcomings. In short, while many of our ills are acknowledged to sometimes be social or cultural in origin, when moved to intervene, Western society has customarily proceeded by attempting to redeem one lost soul at a time. A prime example of this individualistic approach to 'treatment' is to be found in standard responses to the so-called "epidemic" of suicides ascribed to the residents of many Indigenous communities. Those individuals somehow deemed to be at special risk are taken aside and variously bucked-up, all in the hope of somehow making each one of them personally better adjusted and less forlorn. This chapter will work to make the case that such applications of so-called individualized "medical models" of suicide prevention are mistaken at every turn, insisting instead that cultural wounds require cultural medicines."*
>
> Professor Michael J Chandler, ***Cultural Wounds Require Cultural Medicines***.
>
> https://www.thecentrehki.com.au/resource/cultural-wounds-require-cultural-medicine/

Once again, what Chandler is saying to us, based on his thirty-year body of work as an actuary and examiner of First Nations suicide statistics, is that individualized "medical models" of suicide prevention are mistaken at every turn, and that what is required instead are cultural medicines delivered at the collective community level. Once again, if the unit of intervention is the individual person and if the modality of intervention is medical in nature [whether that be delivered in an acute clinical setting or whether that be delivered in a more community based setting], then Chandler, in that same paper, says we would then be "***fishing in the wrong pond.***"

Elsewhere, we can find very similar sentiments expressed by Mohawk Professor Taiaiake Alfred https://taiaiake.net/ Professor Alfred explains and illustrates present day First Nations psychological trauma, and the basis of the high rates of suicide in Canada, through the use of a metaphor, of a rock that has been worn down by the processes of colonisation. That rock, which is now a small pebble, used to be a giant boulder. His grandfather stood on a solid boulder of Mohawk ceremony and Culture, whereas he and his tribe today lack that solid foundation.

As the National Mental Health Commission recommended in 2014, we desperately need to rebalance the system so that it prioritises prevention and early intervention, both in the mainstream community and in the First Nations community. And in the First Nations context, a system that prioritises prevention and early intervention cannot be delivered through a Health paradigm, whether that be through mainstream health or through community health. Mohawk Professor Taiaiake Alfred puts it thus:

> *"Because we've shown, in a number of studies that we've looked at, in the Canadian context, and particularly — I'll use the example of the Cree people, in Northern Quebec, where the young people in that community, in that nation, that had survived and could withstand the ongoing effects of colonisation the best were those that benefited from programs that were set up by the Cree nation to relink them to their traditional cultural practice, to support the maintenance of their language fluency, and, even though it was seasonal and it wasn't a permanent state, to surround them and have them experience life in a traditional cultural community."*
>
> Transcript of a speech delivered at the ***Australian Institute of Aboriginal and Torres Strait Islander Studies***, Canberra, in 2015. Available upon request.

Part C: Restructuring the Care Economy To Make It More Efficient, Effective and Productive

A key theme of this submission to the Productivity Commission is that Australia currently does a poor job of the following:

- **Prevention:** investing in strengths based and preventative approaches to well–being;
- **Empowering People:** empowering communities at risk, and empowering those with lived experiences, and their families and friends, to be the focus of solutions to the problems that they face.

At present we pathologise social problems and create hugely unsuccessful and hugely expensive care systems that fail to deliver outcomes because those that are empowered at present primarily are not those personally experiencing the problems, and we invest the great majority of our resources in to downstream clinical and pathological responses to social problems.

Re-centering Systems Towards Prevention and Upstream Solutions.

How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?;

The Grattan Institute tells us that, as a nation, we do a very poor job of investing in preventative strategies and programs:

> *Australia lags far behind other countries in prevention spending, and far behind commitments that our own governments have made. We spend less than 2 per cent of our healthcare budget on prevention, well short of the average among OECD countries. Our spending is half the level of the UK's and a third the level of Canada's.*
>
> *Australia's National Prevention Strategy, agreed by the federal government and all the states, aspires to raise our spending to 5 per cent of the health budget by 2030. We're not even close, and the Victorian budget news is one sign that we might be about to go backwards.*
>
> *Experience here and around the world shows that when budgets are cut, prevention is often the first on the chopping block. Prevention is less painful to slash than other kinds of healthcare, because the payoff from prevention spending is in the future, when current Treasurers and Ministers will be long gone.* https://grattan.edu.au/news/cuts-to-preventive-health-are-a-false-economy/

Indeed, if we hop outside of the health sector and look at other sectors, such as justice, then we do an abysmal job of investing in preventative programs in that space. Sure, one can identify a large number of programs called 'diversionary'. But when one examines the definitions in place there, then it turns out that 'diversionary' is a very narrow, legalistic term that has very little at all to do with any concept of upstream prevention.

Many would argue that States such as Western Australia, Queensland and the Northern Territory are currently engaged in a 'race to the bottom' when it comes to youth justice - https://www.abc.net.au/news/2025-07-11/youth-justice-advocates-warn-nt-winning-race-to-bottom/105517194 The inevitable result of such races to the bottom are rising rates of incarceration, ever expanding justice budgets and, from a productivity perspective, much lower rates of productivity.

The Productivity Commission's current ***Delivering Quality Care More Efficiently Inquiry*** presents this following issue and problem to us:

> *Despite their benefits, governments are often reluctant to invest in prevention programs. Funding decisions tend to prioritise immediate needs and align with the responsibilities of specific departmental portfolios. Prevention requires governments to spend upfront while benefits can take time to be realised, are hard to measure and can span different parts or tiers of government.* https://www.pc.gov.au/inquiries/current/quality-care#interim

At the conceptual level, a big thank you to Cairney and Denny for their deeply insightful 50-page book on this topic ie ***Why Isn't Government Policy More Preventive?.*** https://paulcairney.wordpress.com/wp-content/uploads/2023/02/cairney-st.denny-2020-why-isnt-government-policy-more-preventive-intro-and-conclusion.pdf

Prior to reading Cairney and Denny's book I had a somewhat simplistic view, relating to political motivations. Certainly, it is exceedingly easy to point

to political slogans which win elections on the basis of NOT investing in preventative programs ie eg between August and October 2024, Queensland's ***Courier Mail Newspaper*** [a Newscorp publication] published 173 articles about youth crime in just 90 days. These articles amplified the mantra *Adult Crime, Adult Time*, and it was an election – winning mantra for Queensland's LNP. But beyond those obvious political motivations, Cairney and Denny do analyse a range of complex factors which serve to individually and collectively work against investing in preventative measures.

The Productivity Commission will on Wednesday 13 August 2025 publish its ***Interim Report on the Delivering quality care more efficiently*** https://www.pc.gov.au/inquiries/current/quality-care#interim Members of the public will then be invited to provide feedback on that ***Interim Report*** and will asked to lodge their submissions by September 2025. Within that context and within that timeframe I will have more to say, in detail, on the following topics:

- barriers to government investment or scaling up of effective prevention programs
- the extent to which inadequate funding and the short-term or limited assessment of benefits has restricted effective prevention
- the extent to which the benefits of prevention accrue across different sectors and/or tiers of government
- policy actions that could support greater investment in prevention activities.

  https://www.pc.gov.au/inquiries/current/quality-care#interim

So, it is exceedingly easy to identify instances, such as the above example of youth justice, where State Governments deliberately decide to not invest in preventative strategies and, for reasons of political capital and political advantage, see considerable benefit in investing greater and greater resources in to upstream, punitive responses based around incarceration. And in the Health system what State Government in its right mind would argue against the need for more [and yet further more] hospital beds?

Nonetheless, Cairney and St Denny's book is enlightening and they point to the following multifactorial reasons for underinvestment in to prevention:

- The scale of the task becomes overwhelming;
- There is competition for policymaking resources such as attention and money;
- The benefits are difficult to measure and see;
- Problems are 'wicked'. Getting to the 'root causes' of problems is not straightforward;
- Performance management is not conducive to prevention;
- Governments face major ethical dilemmas;
- One aspect of prevention may undermine the other;
- Someone must be held to account.

  https://paulcairney.wordpress.com/wp-content/uploads/2023/02/cairney-st.denny-2020-why-isnt-government-policy-more-preventive-intro-and-conclusion.pdf

Time and space do not permit of an exploration of each of those elements in this present context. However, in the August – September context and timeframe I will take the opportunity of exploring those various obstacles and impediments to greater investment in preventative programs in Australia, with specific examination of how those elements relate to the following fields:

- Mental Health and Suicide Prevention
- Aboriginal Social and Emotional Wellbeing, And Its Relationship To Strong Culture.

Whilst that extended examination and discussion will have to wait until that later juncture, I did want today to offer some initial thoughts with reference to First Nations policy in Australia.

And the best answers to the questions around Government under – investment in the preventative space come from the Productivity Commission itself, as expressed in its January 2024 report ***Review of the National Agreement on Closing the Gap Study report***. This Productivity Commission Report contains the following Recommendations:

- Recommendation 1: Power needs to be shared
- Recommendation 2: Indigenous Data Sovereignty needs to be recognised and
- Supported
- Recommendation 3: Mainstream systems and culture need to be fundamentally Rethought
- Recommendation 4: Stronger accountability is needed to drive behaviour change
  [Pages 7 – 9]

The point here of course is that without genuine power sharing, there will be little or no incentive to change from the status quo, and the status quo is heavily biased in favour of downstream, clinical, resource-intensive modalities. This remains the case no matter if Governments choose to pour more and more and endlessly more resources in to existing modalities, irrespective of the paucity of actual outcomes. Once again I reference Professor Chandler's query: ***'Still more counsellors?'*** Endlessly, still more counsellors, psychologists, psychiatrists, and clinicians of all manner and all sorts.

Focusing on the Productivity Commission's interest in Preventative Programs, one can read the following words on page 33 of the WA Government's ***Aboriginal Empowerment Strategy Policy Guide*** of 2021:

> *Currently, State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks. If current trends continue, demand for these "downstream" services is set to increase significantly in coming years.*
>
> *Preventative and early intervention initiatives can bring about positive changes that reduce the need for crisis responses. Initiatives in this category proactively build up resilience, capability, healing, and independence–in short, self-determination.*
>
> https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/aboriginal-empowerment-strategy-western-australia-2021-2029

Notwithstanding this lovely set of words, between 2021 and mid 2024 I had a front row seat and was exceptionally well placed to see what, if any, progress was being made in shifting towards 'Putting Culture at the Heart', as per pages 24 – 26 of the ***Aboriginal Empowerment Strategy Policy Guide***. In that time I was unable to identify any significant or meaningful progress from the WA Government, or from the Commonwealth. I no longer have that front row seat, but I have not been furnished with any evidence or any reason to think or even suspect that things might have changed and improved since mid-2024.

Indeed, in the public realm, one can readily find this following very recent information:

> **Culture at the Heart Forum: strengthening Aboriginal leadership in government**
>
> The Western Australian Government proudly supports the Culture at the Heart Forum, an initiative led by the Aboriginal Advisory Council of WA to foster collaboration among Aboriginal Advisory Groups across State Government agencies.
>
> Starting today, the two-day event focuses on Priority Reform 3: Transforming Government. Through dynamic workshops and targeted discussions, participants will explore new ways to enhance government accountability and responsiveness in Aboriginal affairs.
>
> By positioning culture at the heart and working in partnership with Aboriginal people and communities, the forum aims to reshape how government engages with Aboriginal leadership, fostering a more effective, culturally informed approach to policymaking and service delivery.
>
> https://www.wa.gov.au/government/media-statements/Cook%20Labor%20Government/Culture-at-the-Heart-Forum:-strengthening-Aboriginal-leadership-in-government--20250626

To be clear, the present author is not suggesting for a moment that the work which took place in that recent two day workshop was unimportant or that it was not important for Aboriginal people to have a direct say in regards to such matters. But what were the matters discussed? The Minister's Media Statement makes clear that the purpose of the two-day workshop was *Closing the Gap National Partnership Agreement Priority Reform 3: Transforming Government*. And where does Culture fit in to this? The Minister's Media Statement advises as follows:

> the forum aims to reshape how government engages with Aboriginal leadership, fostering a more effective, culturally informed approach to policymaking and service delivery.

One can very readily, all-too-readily, identify references in Government policy statements to the terms 'Culturally-informed' or 'Culturally-Safe'. Once again, the present author is not suggesting that either of those concepts is in any way unimportant or not necessary. What is being suggested is that when we look at the concepts of 'Prevention' and 'Early Intervention' a whole other space opens up ie a domain called 'Culturally-Embedded' or, alternatively, 'Culturally-Based.'

To understand this 'Culturally-based' domain, especially as it relates to First Nations Wellbeing, once again we turn to the works of Professor Michael Chandler:

> *"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."*
>
> ***Cultural Wounds Require Cultural Medicines***.

What Chandler is describing there are activities that are not best labelled as being 'Culturally–informed' or 'Culturally– afe.' Chandler is describing activities that are 'Culturally–based' or 'Culturally–embedded.'

Elsewhere, we can find very similar sentiments expressed by Mohawk Professor Taiaiake Alfred https://taiaiake.net/ Professor Alfred explains and illustrates present day First Nations psychological trauma, and the basis of the high rates of suicide in Canada, through the use of a metaphor, of a rock that has been worn down by the processes of colonisation. That rock, which is now a small pebble, used to be a giant boulder. His grandfather stood on a solid boulder of Mohawk ceremony and Culture, whereas he and his tribe today lack that solid foundation.

As the National Mental Health Commission recommended in 2014, we desperately need to rebalance the system so that it prioritises prevention and early intervention, both in the mainstream community and in the First Nations community. And in the First Nations context, a system that prioritises prevention and early intervention cannot be delivered through a Health paradigm, whether that be through mainstream health or through community health. Mohawk Professor Taiaiake Alfred puts it thus:

> *"Because we've shown, in a number of studies that we've looked at, in the Canadian context, and particularly – I'll use the example of the Cree people, in Northern Quebec, where the young people in that community, in that nation, that had survived and could withstand the ongoing effects of colonisation the best were those that benefited from programs that were set up by the Cree nation to relink them to their traditional cultural practice, to support the maintenance of their language fluency, and, even though it was seasonal and it wasn't a permanent state, to surround them and have them experience life in a traditional cultural community."*
>
> Transcript of a speech delivered at the Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, in 2015. Transcript available upon request.

In May 2016 the WA Department of Culture and the Arts published a 50 – page long discussion paper, DCA Reference 15/751, with the following title:

> Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services

On page four of this WA DCA Discussion Paper one reads as follows:

> *This paper reviews the outcome of Government expenditure on Aboriginal culture and arts, and assesses how that investment can contribute to positive outcomes for Aboriginal people across employment, culture, education, mental health, and general health and wellbeing.*
>
> *In terms of broad socio-economic outcomes, there is a substantial and growing body of academic and case evidence that Government programs or services targeted towards improving outcomes for Aboriginal people on a range of social and economic issues will be more effective if delivered within an environment where Aboriginal culture is recognised, valued and resilient.*
>
> *This paper proposes that a consolidated and targeted approach to the investment in Aboriginal culture and arts will increase cultural attachment, increasing subjective wellbeing for individuals and communities, leading to improved socio-economic outcomes.*

Nearly ten years later, and there is to this day no implementation of any of the key proposals described in this May 2016 WA DCA report.

Current patterns of Government expenditure are hugely unproductive and expensive. If the Productivity Commission truly wishes to explore the issue of Productivity in regards to the Care Economy, as it pertains to Indigenous Australians, then the Productivity Commission has to get serious about exploring the huge barriers to Governments investing in First Nations cultural programs [delivered by Cultural organisations, not Health organisations], which are the cornerstone of First Nations primary prevention and community resilience.

In the year 2021 the WA Department of Premier and Cabinet wrote as follows:

> *Currently, State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks.*

In July 2025 the WA Department of Premier and Cabinet held a two day workshop on Transforming Government, and they gave that two day workshop the title of 'Culture at the Heart.'

And in 2016 the WA Department of Culture and the Arts proposed:

> *A consolidated and targeted approach to the investment in Aboriginal culture and arts will increase cultural attachment, increasing subjective wellbeing for individuals and communities, leading to improved socio-economic outcomes.*

None of the actions or recommendations in the 2016 paper have been acted upon. As such, it is little wonder that the current situation remains that "State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks."

Australia has an exceedingly poor record when it comes to investing in Preventative programs. But when it comes to Preventative programs in regards to Aboriginal Social and Emotional Wellbeing the situation is truly dire. In November 2019 the WA Parliament Standing Committee on Health and Education published ***Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas.*** What the Parliamentary Committee found in that ***Message Stick Report*** is as follows:

- **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. [Chairman's Foreword]**
- **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. [Executive Summary]**
- **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 9 Page 57**
  By their very nature, culturally-based programs must be tailored to suit the particular community that will be using the program.
- **Recommendation 7 Page 57**
  That Western Australian Government agencies recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide.
- **Recommendation 8 Page 57**
  That the Western Australian Government set aside an appropriate portion of grant expenditure to fund more culture-embedded programs for Aboriginal young people across the state.

Funding for Aboriginal Cultural organisations to deliver Aboriginal Cultural Programs with the aim of building cultural resilience and fostering wellbeing remains at an almost non – existent level to this day.

For as long as First Nations suicide is treated as an individual mental health issue, and not as a collective, community issue reflective of a Culture under stress, then there can be no realistic expectation of statistical improvements in the rates of First Nations suicide in Australia.

A juvenile justice system based on a successful, election–winning slogan of 'Adult Crime, Adult Time' is certain to lead to increased juvenile incarceration. That is the whole point of the words 'Adult Time.' Such a system will be hugely expensive and hugely unproductive and an ineffective and inefficient use of public resources and public monies. But as a nation Australia greatly underperforms comparable countries in regards to its investments in to preventative programs. At present there is little cause for any optimism that this situation will improve in the foreseeable future.

If the upcoming Productivity Summit, or the current Inquiry in to Mental Health, or the current 5 Pillars Inquiry, including the Inquiry in to Delivering quality care more efficiently can lead to systemic change and can lead to the nation seriously considering raising its level of investments in to Preventative programs, then that will be a wonderful thing.

But noting once again the words of Cairney and St Denny, there is a strong "tendency for acute services to command more attention and money to solve the short-term and salient issues that people tend to relate to a government's competence." It requires a complete

transformation, a complete paradigm shift to think that funding cultural programs could be more productive, more preventative, more efficient and more efficient than employing 'still more counsellors." And as a nation we seem to be a very long way away from embracing such paradigm shifts at this present moment.

Ensuring that the voices of First Nations people are heard and acted upon.

Where are the voices to speak for 'Culturally-Based' and Culturally-Embedded' Programs (as distinct from 'Culturally-informed' or 'Culturally-safe' Health Programs)?

This section in no way seeks to speak for any First Nations person. Rather, the simple proposition in this section is that if Government is serious about listening to the voice of First Nations peoples in regards to reducing Indigenous suicide rates in Australia, then it should listen to the voices of First Nations peoples who have consistently called for 'Culturally–embedded' and 'Culturally–based solutions'. A short list of such reports is as follows:

Timeline of reports from 2012 to 2025

There have been a number of significant Australian reports released in recent years on the need for investment in cultural determinants of Indigenous health, including:

2012	***Elders Report The Elders' Report into Preventing Indigenous Self-harm and Youth Suicide***	People Culture Environment
Feb 2018	***My Life My Lead — Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations***	December 2017 Department of Health
Jun 2020	***'... Country Can't Hear English...' — A guide to implementing cultural determinants (Professor Kerry Arabena)***	Professor Kerry Arabena
Feb 2021	***Culture is Key: Towards cultural determinants-driven health policy***	Lowitja Institute
Dec 2021	***The National Aboriginal and Torres Strait Islander Health Plan 2021–2031***	Department of Health
Sep 2022	***Connected Lives: Creative solutions to the mental health crisis***	Australia Council — Now Creative Australia
Mar 2023	***Strong Culture, Strong Youth: Our Legacy, Our Future***	Close the Gap Campaign Report 2023
Oct 2024	***Links between Aboriginal and Torres Strait Islander language use and wellbeing***	Mayi Kuwayu Study, October 2024
2025	***Strong Culture, Strong Place, Strong Families Research and Evaluation Project: Final Report***	ANU Centre for Indigenous Policy Research, 2025
2025	***An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework & Implementation Guidelines*** PDF	Lowitja Institute, and by the CBPASP
2025	***Preventing suicides of First Nations people*** PDF	AIHW

The reports listed above are simply a list of mainly Commonwealth Government–developed reports or, if not, then reports that speak to a national context. The list above doesn't include a myriad of State level reports. The WA Parliament's November 2019 ***Message Stick Report in to Aboriginal Youth Suicide*** starts by providing a list of some 40 earlier reports, the majority of which have as their top priority calls for supporting Cultural programs.

On that basis, one can be safe in asserting that there is something in the order of 50 or so reports published over the last two decades, each having as its first priority a recommendation relating to supporting cultural programs. Not health programs. Cultural programs.

On 06 June 2025 I received an email from the Commonwealth Department of Health. I had written to the Department, pointing out that the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 states that there would be two Implementation Plans developed over that 10 year Plan period and pointing out that Implementation Plan #1 was to have covered the period 2021 – 2025. I then pointed out that, since we were now well in to the year 2025, one would have anticipated that Implementation Plan #1 [2021–2025] would have been developed long ago and that actual implementation of the Aboriginal Health Plan would have commenced years ago. The response that I received from the Department of Health on 06 June 2025 (See following page):

Dear Mr Morris

Thank you for reaching out to the Health Plan and Systems Section of the First Nations Health Division. Our Section oversees implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (the Health Plan) in partnership with the First Nations Health Governance Group (FNHGG).

The FNHGG is a genuine partnership between the Department of Health, Disability and Ageing and First Nations health experts and leaders, with the members of the FNHGG representing diverse Aboriginal and Torres Strait Islander leadership from across Australia — you can find the names of the members on the website. The FNHGG will co-design and share decision making by embedding expert and First Nations perspectives in the department's policy design, delivery, and advice to government, including the implementation of the Health Plan and its elements.

The FNHGG is considering implementation planning after significant delays due to COVID-19 and the Aboriginal and Torres Strait Islander Voice referendum. The FNHGG is also currently co-designing an Accountability Framework in line with the Health Plan and considering mid-point evaluation

We hope this helps and if you have any other questions, please do not hesitate to reach out.

Kind regards

Health Plan and Systems Section
Policy, Partnerships and Performance Branch
First Nations Health Division | Strategy and First Nations Group
Australian Government Department of Health, Disability and Ageing
IndigenousPolicy@Health.gov.au

There are three problems with this advice from the Department of Health:

1. **Indigenous Voices Over the Last 15 Years:**
   It is exceedingly far from clear how the Department is choosing to listen to the voices of First Nations people, as captured within and as expressed within the reports listed above, over the last 15 years;

2. **Why, Five Years in to the Aboriginal Health Plan, Is There Still No Implementation Plan #1:**
   The email from the Department clearly states that the Department is engaged in what it describes as a Co Design process. As I have not studied that Co Design process, I won't comment on that per se. Beyond that I do note the reference to the COVID 19 period. Having read and understood those advices, it is still far from clear to me why exactly five years after the ***Aboriginal Health Plan*** was released there is still no Implementation Plan #1. The COVID lock down period was years ago.
   (Cont'd over page)

3. **Cultural Voices?**:
   A list of names for the members of the First Nations Health Governance Group can be found here https://www.health.gov.au/committees-and-groups/first-nations-health-governance-group-fnhgg I have not the slightest doubt that the members of this group are very well suited and very able to speak for issues of First Nations Health, and quite likely, for matters relating to 'cultural safety' and 'culturally informed' health programs.

   But, the 50 or so reports referenced above are not about 'cultural safety' and they are not about 'Culturally–informed' programs. The 50 or so reports referenced above are about 'Culturally–embedded' and 'Culturally–based' programs. And it is far from clear to me how the First Nations Health Governance Group is constituted to speak for or about 'Culturally–embedded' and 'Culturally–based programs.' Where are the voices to speak for 'Culturally – based' programs, not health programs?