



**Gayaa Dhuwi
(Proud Spirit)
Australia**



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



Senate inquiry into Measuring Outcomes for First Nations Communities

28 February 2025



About Gayaa Dhuwi (Proud Spirit) Australia

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

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

Gayaa’ means happy, pleased, and proud, and ‘Dhuwi’ means Spirit, in the Yuwaalaray and Gamilaraay languages of north-west New South Wales.

Gayaa Dhuwi (Proud Spirit) Australia’s vision is the highest attainable standard of social and emotional wellbeing, mental health, and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

About The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the University of Western Australia was established in 2017 to develop and share evidence about effective suicide prevention approaches for Indigenous people and communities.

Building on the foundation of the earlier Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), the CBPATSISP influences Indigenous suicide prevention policy, practice, and research by promoting access to evidence and resources and through advocacy.

The work of the CBPATSISP is centred on the rights of Indigenous people and communities to self-determination, and the critical importance of cultural responses to distress alongside clinical approaches.

The work of the CBPATSISP will continue after June 2025 through an expanded centre focused on developing and translating a culturally informed evidence base for Aboriginal and Torres Strait Islander suicide prevention and social and emotional wellbeing, in collaboration with community partners.



Summary

This response makes some general observations and responds specifically to Outcome 14, and Target 14 under the National Agreement on Closing the Gap:

- Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing
- Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

It is important to recognise that best practice in these domains is not only - or even primarily - about the nature of an intervention itself. Of greatest significance is that programs and services proceed under Aboriginal and Torres Strait Islander leadership and governance, co-designed with communities to be responsive to their needs. In parallel, mainstream services need to be designed and implemented in ways that welcome Aboriginal and Torres Strait Islander peoples and respect and respond to our cultural needs.

Aboriginal and Torres Strait Islander people's high rates of distress and suicide are fundamentally linked to our present and historical experiences of colonisation, dispossession, discrimination, disadvantage, and entrenched racism. To be successful, social and emotional wellbeing and suicide prevention programs and services need to acknowledge the centrality of these experiences and address them by empowering Aboriginal and Torres Strait Islander communities.

Funding the Closing the Gap Targets

The funding mechanisms for Closing the Gap targets must move past a generic, one size fits all approach to one that reflects the diverse needs, aspirations, and contexts for Aboriginal and Torres Strait Islander peoples and communities. Social and emotional wellbeing, mental health, and suicide prevention require flexible, long term funding arrangements that are co-designed and administered in partnership with Aboriginal and Torres Strait Islander communities.

The National Agreement on Closing the Gap (2020) emphasises the importance of shared decision making (Priority Reform One). However, this reform needs to be more deeply embedded into funding mechanisms to ensure that Aboriginal and Torres Strait Islander communities are genuine partners in the design, delivery, and oversight of funded programs. The Productivity Commission has repeatedly emphasised this point in its assessments of progress under the national agreement, including in its [Review of the National Agreement on Closing the Gap](#) (February 2024). It makes key recommendations to enhance and accelerate progress, which this submission supports.

To ensure these efforts are effective in social and emotional wellbeing and suicide prevention, alignment with the following policies and strategies is critical:

- *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*. The Health Plan calls for investment in community-controlled health services, recognising their ability to deliver culturally safe care. Adequate funding would also help address the social determinants of health, such as housing, education, and employment, which are profoundly interconnected to the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples (Dudgeon et al., 2014).
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*, developed in partnership between the Australian Government and Gayaa Dhuwi (Proud Spirit) Australia, sets a path for all governments to work in genuine partnership with Aboriginal and Torres Strait Islander peoples, organisations, and communities to reduce the rates of suicide and self-harm amongst Aboriginal and



Torres Strait Islander peoples by driving culturally safe and responsive solutions.

- The [Gayaa Dhuwi \(Proud Spirit\) Declaration](#), which describes how Aboriginal and Torres Strait Islander leadership and social and emotional wellbeing concepts should be embedded throughout Australia's mental health and suicide prevention systems.

Resources should prioritise place-based and community-led initiatives that have demonstrated success, such as culturally grounded healing programs and suicide prevention initiatives developed by Aboriginal community-controlled organisations (ACCOs). For this reason, funding models should support innovation and collaboration, allowing communities to develop specific solutions to the specific challenges they may face (Pearson et al., (2020).

The Government has already recognised these needs, for example through its preparations to transition program funding to the Indigenous community-controlled sector: [First Nations Health Funding Transition Program \(FNHFTP\)](#).

The National Aboriginal Community Controlled Health Organisation (NACCHO)'s [Culture Care Connect](#) is an example of a major investment in a program for Aboriginal and Torres Strait Islander people that has been designed, funded, implemented and evaluated by the Indigenous community sector. Comparable funding and community control models should be adopted more widely to support Indigenous communities' social and emotional wellbeing and suicide prevention.

Five policy partnerships have already been established to progress objectives under the national agreement by sharing authority between government and Indigenous leaders. These are:

- social and emotional wellbeing (SEWB)
- justice (adult and youth incarceration)
- housing
- early childhood care and development
- Aboriginal and Torres Strait Islander languages

The mechanisms already exist to develop and apply solutions under shared Indigenous governance. Progress now depends on prioritising and funding their implementation.

Measuring Progress

The current methods for measuring progress against Closing the Gap targets are overly focussed on deficits, presenting Aboriginal and Torres Strait Islander peoples and communities through a lens of failure rather than strength. This problem-focused perspective not only undermines the strength of communities, but also fails to acknowledge the resilience, cultural richness, and self-determination of Aboriginal and Torres Strait Islander peoples.

A shift towards a strength-based framework for measuring progress is required. This would recognise the factors that underpin social and emotional wellbeing and mental health, such as strong cultural identity and connection to Country (Gee et al., (2014). This aligns with the Gayaa Dhuwi (Proud Spirit) Declaration (2015) and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing which emphasise the holistic nature of health and the centrality of cultural strength in achieving positive outcomes (Dudgeon et al., 2014).

The [Indigenous Evaluation Strategy](#) (Productivity Commission 2020) embodies and operationalises central principles for evaluating Indigenous programs in ways that include and respect the perspectives of Aboriginal and Torres Strait Islander communities. The government should ensure this work is promoted and applied



broadly within its agencies.

The Closing the Gap targets for Housing, Education, and Justice are closely linked to Social and Emotional Wellbeing (SEWB) and should be more explicitly cross-referenced to reinforce their interconnected impact. Key examples of how these areas intersect with SEWB include:

- Stable housing provides an environment conducive to positive mental and emotional health by reducing stress factors like overcrowding, unsafe living conditions, and homelessness.
- Programs such as the *National Partnership Agreement on Remote Indigenous Housing* focus on addressing these issues, with culturally safe housing supporting connection to community, culture, and family—core components of SEWB.
- Education plays a crucial role in fostering SEWB, with initiatives like *Deadly Choices* empowering youth to make positive decisions about their health and education.
- The Closing the Gap education targets aim to improve school attendance, literacy, and numeracy outcomes for Aboriginal and Torres Strait Islander students, which are key to reducing social inequalities and promoting individual and community wellbeing.
- The justice system has a profound impact on SEWB. Programs such as *Just Reinvest NSW (JRNSW)* aim to reduce incarceration rates by addressing the social drivers leading people into the criminal justice system. These community-led strategies focus on early intervention, diversion, and support for young people.
- These initiatives align with Closing the Gap targets to reduce overrepresentation of Aboriginal and Torres Strait Islander peoples in the criminal justice system and promote healing through culturally safe support services, ultimately fostering long-term positive impacts on SEWB.

By recognising the interconnectedness between these critical areas, it's clear that policies and programs addressing multiple determinants of health simultaneously are essential. Acknowledging the holistic nature of SEWB ensures that progress in one domain can have a positive cascading effect on others.

The absence of dedicated measures for children risks overlooking the unique needs and experiences that shape their development and long-term wellbeing. Early intervention is key to addressing disparities before they become more complex and entrenched in adulthood. Without child specific indicators, we miss the opportunity to identify and respond to issues during the formative years, where support can have the most profound and lasting impact. This not only impacts individual children but contributes to intergenerational cycles of disadvantage. (SNAICC, (2024).

Embedding comprehensive measures for children across health, education, social and emotional wellbeing, and cultural connection is essential to ensure that outcomes improve. It ensures that Aboriginal and Torres Strait Islander children are visible within data, policies, and programs, and that their voices and needs are central to driving meaningful change.

Targets must be developed with Aboriginal and Torres Strait Islander peoples and communities to ensure that they reflect their aspirations, values and lived experiences. This includes integrating diverse perspectives through mechanisms such as community consultations, collaboration with Elders, and engagement with Aboriginal and Torres Strait Islander organisations. The process should also align with Priority Reform Four of the National Agreement on Closing the Gap (2020), which is a commitment to shared access to data and information at a community level.

Incorporating alternative measures alongside traditional indicators is critical. For instance, progress could be assessed through indicators of cultural participation, community empowerment, and healing outcomes (Burgess et al., (2009). This approach aligns with calls to broaden the definition of wellness to include spiritual,



emotional, and cultural aspects of health, as outlined in the National Agreement.

Additionally, data collection methods should balance numerical data with insights gained from storytelling and lived experience. Storytelling is an intrinsic part of Aboriginal and Torres Strait Islander cultures, and it provides a rich understanding of progress and community wellbeing (Geia, L., Hayes, B., & Usher, K. (2013). Co-designing these methods with Aboriginal and Torres Strait Islander peoples ensures that the metrics are meaningful and culturally appropriate while promoting accountability and transparency in the reporting.

By adopting a strengths-based, culturally informed approach to measuring outcomes, we can capture progress more accurately, whilst fostering a narrative of strength and resilience within Aboriginal and Torres Strait Islander communities.

Recommendations:

- **Capacity Building for Community-Led Initiatives:** Governments must recognise the time and resources required for ACCOs to develop capacity. Programs should include a dedicated establishment period that allows for recruitment, infrastructure, and the development and implementation of policies and procedures. These steps are necessary to ensure long-term success and sustainability of community-led initiatives.
- **Data Sovereignty:** The importance of Aboriginal and Torres Strait Islander peoples controlling their own data cannot be overstated. Aboriginal and Torres Strait Islander data sovereignty ensures that data can be used to support community driven decision making and policy development, allowing for Aboriginal and Torres Strait Islander peoples to push for tailored solutions to issues like health disparities, and to drive the development of programs and services that genuinely meet the needs of their peoples and communities.
- **Long-term Sustainable Funding:** Moving away from short-term projects-based funding cycles is essential. Long-term funding commitments would allow ACCOs to plan effectively, build capacity, and implement strategies with a clear sense of sustainability.

By adopting these recommendations, policymakers can foster an environment that supports the self-determination and resilience of Aboriginal and Torres Strait Islander communities.

Holistic Wellbeing and Alternative Measurements

A broader and more inclusive definition of wellbeing is essential to reflect the holistic nature of Aboriginal and Torres Strait Islander health. An inclusive concept of social and emotional wellbeing (SEWB) has been described and is widely used and accepted in Indigenous communities and by governments. It encompasses physical, mental, emotional, spiritual, and cultural aspects of health (Dudgeon et al., 2014) and views these in the contexts of social and historical influences in people's lives.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing provides a culturally appropriate perspective for understanding wellbeing. It emphasises the interconnectedness of health with relationships, culture, spirituality and connection to Country. For instance, strong kinship networks and participation in cultural practices are proven factors for better mental health, social and emotional wellbeing and suicide prevention.

Embedding principles of social and emotional wellbeing into the development of targets and measurements ensures that policies and programs align with the lived experiences and aspirations of Aboriginal and Torres Strait Islander communities. This also means embedding cultural safety and trauma-informed care into all service delivery systems. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2025) provides guidance on integrating these principles into suicide prevention programs, focusing on healing and



restoring wellbeing through culture and community.

Governments must also recognise that traditional western concepts of health may not fully capture the experiences and needs of Aboriginal and Torres Strait Islander peoples. Broader definitions of wellbeing should include community-level measures of cultural participation, connection to Country, self-determination, and empowerment. There is powerful evidence that these factors influence wellbeing and that high levels of cultural connection can prevent suicide. (Gibson et al., (2021). By embracing the best of both worlds approach, the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration ensures that Aboriginal and Torres Strait Islander ways of knowing, being and doing are integrated with Western health practices.

In relation to suicide prevention in particular, the number and rate of completed suicides of Aboriginal and Torres Strait Islander people are extremely important but not the only outcome that should be noted. Suicide is a complex behaviour that has risen sharply in Indigenous communities over recent decades. It is deeply interconnected with all aspects of people's lives and experiences. Therefore, measures of wellbeing, cultural experience and community connectedness may better predict future suicide trends and the effectiveness of suicide prevention interventions and policies.

Development of culturally-appropriate measures of social and emotional wellbeing is in progress through the [Aboriginal and Torres Strait Islander SEWB Measurement Consortium](#), which includes the Australian Institute of Health and Welfare working alongside Aboriginal and Torres Strait Islander community organisations. Complementary research undertaken through the CBPATSISP is developing terminology and coding approaches for SEWB approaches in clinical practice. Cowdrey- Fong et al., (2024). The government should continue its support for this work and ensure agencies adopt its outcomes.

By incorporating other measures, we can move away from deficit-based narratives and foster a qualitative strengths-based approach that accurately reflects the values of Aboriginal and Torres Strait Islander peoples. This shift is essential for creating policies and programs that genuinely promote systemic and lasting change. The five Policy Partnerships (above) are well placed to oversee the development of measures that appropriately balance Aboriginal and Torres Strait Islander community perspectives with mainstream quantitative approaches.

Conclusion

The current targets are inadequate as they fail to align with the unique cultural frameworks and worldviews of Aboriginal and Torres Strait Islander peoples, often focusing solely on deficits. Meaningful progress requires a shift toward self-determination, ensuring that Aboriginal and Torres Strait Islander voices lead the development of future targets. Policy partnerships must be prioritised to create targets that are not only relevant but also inclusive, respectful of Aboriginal and Torres Strait Islander knowledge systems, and designed to foster long term, sustainable change.

Moving forward, self-determination must be at the heart of measuring outcomes, empowering Aboriginal and Torres Strait Islander peoples to define their own goals, solutions, and pathways to success. This can be achieved through strengthened policy partnerships and community-led approaches that embed Aboriginal and Torres Strait Islander ways of knowing, being, and doing. By grounding future policies in these principles, we can work toward a more just, equitable, and sustainable future.



References

- Burgess C., Johnston F., Berry, H., McDonnell, J., Yibarbuk, D., Gunabarra, C., (2009). *Healthy country, healthy people: the relationship between Indigenous health status and “caring for country”*. *Australian & New Zealand Journal of Public Health*.
- Commonwealth of Australia (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023*. Department of the Prime Minister and Cabinet
- Cowdrey- Fong, S., Lowe, J., Agung-Igusti, R., & Carlin, E. (2024). *Social and Emotional Wellbeing: Exploring the foundations for appropriate and usable clinical terminology and coding practices - Workshop Summary*. University of Western Australia.
- Department of Health. (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*. Australian Government Department of Health.
- Gayaa Dhuwi (Proud Spirit) Australia, Australian Government Department of Health. (2024). *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*.
- Gayaa Dhuwi (Proud Spirit) Australia (2015) Gayaa Dhuwi Declaration. <https://www.gayaadhuwi.org.au/gayaa-dhuwi-proud-spirit-declaration/>
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). *Aboriginal and Torres Strait Islander social and emotional wellbeing*. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* ((2nd ed.)). Department of the Prime Minister and Cabinet.
- Geia, L., Hayes, B., & Usher, K. (2013). *Narrative or Yarning/Aboriginal Storytelling: Towards an Understanding of an Indigenous Perspective and Its Implications for Research Practice*. *Contemporary nurse*.
- Gibson, M., Stuart, J., Leske, L., Ward, R., Tanton, R. (2021). *Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness*. *The Medical Journal of Australia*.
- National Agreement on Closing the Gap. (2020). *National Agreement on Closing the Gap*. Australian Government.
- Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., & Braunack-Mayer, A. (2020). *Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia*. *BMC Public Health* 20, 1859 (2020). <https://doi.org/10.1186/s12889-020-09943-4>
- SNAICC - National Voice for our Children. (2024). *Family Matters Report, 2024*. [250207-Family-Matters-Report-2024.pdf](https://www.snaicc.org.au/250207-Family-Matters-Report-2024.pdf)