Gayaa Dhuwi (Proud Spirit) Australia

Aboriginal and Torres Strait Islander Leadership in Social and Emotional Wellbeing, Mental Health and Suicide Prevention

29 January 2021

The Hon Josh Frydenberg
Treasurer
C/- The Treasury
Langton Crescent
PARKES ACT 2600
AUSTRALIA

Dear Treasurer,

Re: Pre-Budget Submission 2021/22 – Equity in Funding Indigenous-specific Mental Health, Social and Emotional Well Being, and Suicide Prevention

Gayaa Dhuwi (Proud Spirit) Australia is the national peak body for Aboriginal and Torres Strait Islander suicide prevention, mental health and social and emotional well being, and a member of the Coalition of Peaks made up of over 50 Aboriginal and Torres Strait Islander community-controlled organisations across Australia.

We determine that to achieve equity between Mental Health, Social and Emotional Well Being, and Suicide Prevention outcomes for Aboriginal and Torres Strait Islander People and non-Indigenous Australia, that the optimum proportion of the 2021/22 budget allocated to Indigenous-specific Mental Health, Social and Emotional Well Being, and Suicide Prevention activities would be 20% of the overall total.

We base our estimate on Aboriginal and Torres Strait Islander needs (Appendix 1) and known programs and population profiles (Appendix 2). We will be recommending in our policy work a more definitive approach to calculating the actual costs of Mental Health, Social and Emotional Well Being, and Suicide Prevention to ensure that the comprehensive approach required, is supported by an evidence base of costs matched to the needs which are well known.

The Interim Advice of the National Suicide Prevention Advisor further recommends an equity approach is adopted to suicide prevention planning, acknowledging the disproportionate impact experienced by some population groups, making them vulnerable to suicidal behaviour and requiring targeted approaches, including Aboriginal and Torres Strait Islander Peoples' (Recommendation 10).

In this year's 2021/22 budget we encourage the Australian Government to equitably increase spending and funding of significant reform for Aboriginal and Torres Strait Islander People in response to the recommendations of The National Suicide Prevention Advisor, The Productivity Commission to empower Indigenous communities to prevent suicide (Action 9.2), as well as improve planning and service delivery with Aboriginal and Torres Strait Islander People (Action 22.2), and the commitment in the Fifth National Mental Health and Suicide Prevention Plan that:

> Governments will improve Aboriginal and Torres Strait Islander access to, and experience with mental health and wellbeing services in collaboration with ACCHSs [Aboriginal Community Controlled Health Services] and other service providers by… recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration (COAG Health Council 2017a, p.34).

ACTION 9.2 – EMPOWER INDIGENOUS COMMUNITIES TO PREVENT SUICIDE

Indigenous communities should be empowered to prevent suicide.

Start now

- The Australian, State and Territory Government should support development of a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and associated Implementation Plan to guide suicide prevention activities in Indigenous communities. The development of this strategy and its implementation plan should be led by Aboriginal and Torres Strait Islander people.
- Indigenous organisations should be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people.
- All organisations providing suicide prevention programs or activities in Indigenous communities should recognise the importance of building on existing capabilities within the Indigenous workforce.
- Performance monitoring, reporting and evaluation requirement for programs to prevent suicide among Aboriginal and Torres Strait Islander people should be adapted to ensure they are appropriate to the cultural context in which they are delivered and consistent with Indigenous evaluation principles.

Source: Productivity Commission 2020, Mental Health, Report no. 95, Canberra

ACTION 22.2 – IMPROVING PLANNING AND SERVICE DELIVERY WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23 has not been fully implemented, to the detriment of the mental health of Aboriginal and Torres Strait Islander people.

Start now

The Australian Government should:

- Expedite the development of an implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23
- Entrust development to Gayaa Dhuwi (Proud Spirit) Australia, working with the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group
- Ensure that development and operationalisation of the implementation plan is well resourced.

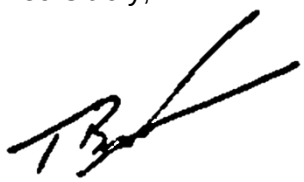
Source: Productivity Commission 2020, Mental Health, Report no. 95, Canberra

We also thank the Australian Government for entrusting Gayaa Dhuwi (Proud Sprit) Australia with the leadership and development of implementation plans for:

1. The renewed *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*;
2. *The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2017-2023*; and,
3. *The Gayaa Dhuwi (Proud Sprit) Declaration* on Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islanders.

We encourage the Australian Government to continue and strengthen its commitment to an active process of direct engagement with Aboriginal and Torres Strait Islander peak bodies and leaders in shared decision-making. If you have any questions or would like to discuss Gayaa Dhuwi (Proud Spirit) Australia's submission, please contact me at tom.brideson@gayaadhuwi.org.au or on 02 4003 5388.

Yours truly,



Tom Brideson
Chief Executive Officer
Gayaa Dhuwi (Proud Spirit) Australia

APPENDIX 1 - SUMMARY NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION STRATEGY AND PLAN

Aboriginal and Torres Strait Islander (Indigenous) suicide prevention sits within the broader context of strengthening the social and emotional wellbeing (SEWB) of Indigenous individuals, families and communities. As such, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Plan* (NATSISPSP) needs to be implemented concurrently with:

- The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023* – which is a strategic blueprint for strengthening SEWB in addition to transforming the mental health system to work effectively with Indigenous peoples;
- The 2020 *National Agreement on Closing the Gap* (NCTGA). This includes Outcome Area 14 focused on strengthening SEWB and Target 14, towards zero suicides; and
- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (under development).

A pillar of the NATSISPSP is the inclusion of Aboriginal and Torres Strait Islander (Indigenous) people with lived experience in the codesign, implementation and evaluation of all Indigenous suicide prevention activity. In addition, any suicide prevention strategy or initiative, must be broadly inclusive of Aboriginal and Torres Strait Islander communities and the recommendations contained within the NATSISPSP. Other pillars, as reflected in the headings of this summary, include:

1. Indigenous Governance and Community Leadership of Suicide Prevention Activity;
2. Strengthening Supports for Communities, Families and Young People;
3. Focus on Priority Groups: Men, Women, LGBTIQ+SB and Stolen Generations;
4. Transforming Services and Workforces for Indigenous Suicide Prevention; and
5. Indigenous Governance in Suicide Prevention Research, Data and Evaluation.

Part 1: Indigenous Governance and Community Leadership of Suicide Prevention Activity

The following system architecture is proposed:

(a) A national leadership and governance body for NATSISPSP implementation begins operating on 1 July 2021 within the National Suicide Prevention Leadership and Support Program (NSPLSP). So positioned, it works with other NSPLSP and related bodies and programs to ensure a nationally consistent, quality, lived-experience inclusive approach to Indigenous suicide prevention. It also supports Whole-of-Government activity to that end. This will include national campaigns; development of evaluation frameworks and reporting; the scaling up of successful programs; ensuring suicide prevention in all policies analysis; national map and gap analysis; research promotion and coordination; surveillance and data-gathering, and other activities.

The body also works through the NCTGA Joint Council on Closing the Gap and social and emotional wellbeing (SEWB) policy partnership to progress Whole-of-Government activity towards zero Indigenous suicides. That is, within the broader context of working to progress all 16 NCTGA outcome areas and particularly those relevant to suicide prevention (e.g., for increasing employment, reducing contact with the criminal justice system, and so on); as well as Priority Reform Area 2 about building the community-controlled health sector, and Priority Reform Area 3 about transforming mainstream

services to be responsive to Indigenous peoples. The body also aims to empower Indigenous communities to respond to suicide by:

- Supporting communities from the national level in practical ways: such as accessing resources, training, and other suicide prevention activity developed or operating at the national level.
- Providing communities with a national voice to shape the ongoing development of national policy.

(b) Under the auspice of the National Community Controlled Health Organisation (NACCHO), State and Territory Aboriginal Community-controlled Health Peaks (peaks) are established and funded as regional commissioning authorities (as per the Productivity Commission's report of its Inquiry into Mental Health). Pooled Commonwealth and jurisdictional Indigenous suicide prevention funds will be used by the peaks to commission service and program responses guided by a national commissioning framework. The peaks have long standing relationships with their jurisdictions' communities and community-controlled health services and are well placed to work effectively with them. They are also best placed to interface with State and Territory governments, health departments and mental health departments.

(c) Regional Suicide Prevention Networks inclusive of people from target groups are established by the peaks in agreement with a region's communities to develop regional suicide prevention plans. These, in turn, aim to empower communities to plan to respond to suicide while also allowing them to benefit from regional economies of scale and regional map and gap analysis. These networks could include Primary Health Networks and Local Hospital Networks.

(d) Placing communities in control of suicide prevention activity. In broad terms, the above national commissioning framework does this by positioning:

- Aboriginal Community Controlled Health Services (ACCHSs) under the auspice of NACCHO as the preferred coordinators and providers of suicide prevention programs and services within communities (and as per NCTGA Priority Reform Area 2); and
- Aboriginal community-controlled organisations (ACCOs) should be considered in areas where there are no ACCHOs.
- The commissioning framework will ensure that in the absence of ACCHOs and ACCOs, mainstream organisations could be commissioned to coordinate or provide services that meet criteria for operating effectively within Indigenous communities. Guidelines for this would include Indigenous community governance of relevant activity; community engagement; employment of local/ Indigenous staff; culturally safe service delivery; and the transitioning of such to ACCOs over time.

(e) Community choices for integrated suicide prevention activity. These are not prescribed in the NATSISPSP to ensure communities can make the most appropriate choices for their situations. However, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project's (ATSISPEP) *Solutions That Work* report's success factors, and the ongoing work of the Centre of Best Practice in Indigenous Suicide Prevention (CBPATSISP), is strongly supported.

Part 2: Strengthening Supports for Communities, Families and Young People

The NATSISPSP recognises that Indigenous suicide prevention requires action across the life course and involves whole communities. It also acknowledges that suicide-prevention resources are finite and that, particularly in a Whole-of Government context, other strategic responses and resources can be leveraged to play a role in Indigenous suicide prevention. In the context of the SEWB framework, investing in a healthy start to life with targeted perinatal and early childhood programs will assist in addressing upstream risk factors that can develop early in life with ongoing early intervention and support for children and families throughout development.

Within the NCTGA, this includes the development of an *Indigenous Early Childhood Development Strategy* and outcome areas that include significantly reducing rates of Indigenous children in out-of-home care; strengthening home and community safety; promoting school attendance, educational attainment and employment and significantly reducing Indigenous peoples contact with the criminal justice system.

Important suicide prevention-specific elements that NATSISPSP would add to these developments are:

- School programs that address mental health needs and that equip schools/ teachers to identify and appropriately refer children and families in distress, and that otherwise provide age-appropriate education in mental health, alcohol and drug use and suicide prevention.
- Building on the strengths of young people, including the cultural determinants of health. Action here builds on existing programs to support indigenous youth and youth lived experience leadership to develop culturally based responses to youth suicide (as per 2019-20 Budget). The Plan particularly supports youth cultural programs (e.g., going on Country, working with Elders) and youth peer-to-peer mentoring and gatekeeper/ natural helper programs as identified by ATSISPEP as successful Indigenous youth suicide prevention activity.
- In communities, families, peer networks and front-line workers (GPs, police, health service, employment, housing and other service workers) are often the first challenged with providing care to people at risk of suicide. The need for support, including by involvement of people with lived experience in co-designing responses and culturally appropriate referral pathways, for gatekeepers and natural helpers as was identified by ATSISPEP as successful Indigenous suicide prevention activity.

Part 3: Focus on Priority Groups: Men, Women, LGBTIQ+SB and Stolen Generations

While strategic directions are yet to be finalised with these groups, an overarching theme of the consultation roundtables was the need:

- To empower and resource these groups, people with lived experience within these groups, and their organisations to lead and implement suicide prevention activity among their members. For example, among LGBTIQ+SB, to develop resources for parents and others to support young Indigenous people coming out.
- To provide spaces for connection, identity strengthening, belonging and healing outside of mental health system contexts.
- For culture as a key element underpinning responses.
- For SEWB-based services and programs that are 'safe spaces' for these groups including by their representation among staff.

People challenged by contact with the criminal justice system are another priority group identified in the NATSISPSP. While strategic directions are yet to be finalised with stakeholders, continuity of SEWB and mental health care throughout the journey in the justice system provided by ACCHSs, or other services as appropriate, in partnership with prison health services has been proposed as one way forward.

Part 4: Transforming Services and Workforces for Indigenous Suicide Prevention

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023* supports the establishment of a multidisciplinary, team-based SEWB service model for ACCHSs and other services as appropriate. This model was founded on integrated SEWB, health, mental health, and suicide prevention capabilities, and also support access to cultural and traditional healers. For suicide prevention, model elements would specifically include:

- Building stronger relationships support. One of the main proximal challenges to wellbeing associated with Indigenous suicide are problems with partner and family relationships. In particular, this is

associated with the suicide of younger Indigenous men. The service model elements would support Indigenous young people to build better partner relationships, seek relationship-related help, and cope with relationship breakdowns.
- Integrated family programs. Indigenous families and children are challenged by a much higher exposure to intergenerational trauma and stressful life events than non-Indigenous families and children. The service model elements would work to heal family trauma and its symptoms, and support families to stay together.
- Youth suicide prevention service capabilities to ensure 24/7 place-based service responses.
- Proactive, place-based after attempt/people challenged by suicide ideation care case management.
- Postvention services for families who have experienced suicide or traumatic bereavement.
- Telehealth and other digital support as appropriate.

Complementing the above, the NATSISPSP Indigenous leadership and governance body will establish an Indigenous stakeholder and lived experience-led co-design process to transform mainstream suicide prevention and related service delivery. Action to transform mainstream services into more culturally safe and responsive service environments should be reflected in renewed National Mental Health Service Standards. The above will include an increased emphasis on Indigenous governance in service partnerships including with:

- Local Hospital Networks and Primary Health Network (or other regional commissioning authority) - commissioned mental health and suicide prevention services.
- headspace; Beyond Blue; SANE; Reach Out; R U OK? and other relevant organisations.
- Residential mental health and custodial settings.
- Hospital emergency departments.
- Postvention services.

To support the above, there should be comprehensive plans to develop and support the participation of Indigenous peoples in the suicide prevention, mental health and wellbeing workforce. Workforce related action should be addressed primarily through the ongoing development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (under development) and the *National Mental Health Workforce Strategy* including targets for the Indigenous peer and lived experience workforces and the ongoing development of national workforce standards for Indigenous suicide prevention.

Part 5: Indigenous Governance in Suicide Prevention Research, Data and Evaluation

To ensure Indigenous governance over all aspects of research, evaluation and data collection, the Indigenous leadership body would also:

- Promote the expansion of Indigenous suicide prevention best practice promotion and research including that undertaken by CBPATSISP within the NSPLSP.
- Support and secure funding for the comprehensive evaluation of Indigenous suicide prevention activity nationwide to continue to expand the evidence base for effective suicide prevention.
- Work in partnership with the National Suicide and Self-harm Surveillance System to ensure Indigenous governance at all levels, and ensure jurisdictions, regions and communities have access to the data and skills needed to make informed decision making about suicide and self-harm in their areas.

Gayaa Dhuwi (Proud Spirit) Australia

Aboriginal and Torres Strait Islander Leadership in Social and Emotional Wellbeing, Mental Health and Suicide Prevention

APPENDIX 2 - FUNDING THE 2020 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION STRATEGY AND PLAN

Part 1: Equity in Indigenous-specific suicide prevention allocations

This part aims to consider what an equitable share of overall funding for suicide prevention is for Indigenous peoples. Our estimates are summarised in the table below which comprises a needs index based on ABS and AIHW data.

	Indigenous proportion of population/age cohort	**Indigenous suicide rate compared to non-Indigenous**	**Suggested Indigenous spend as a percentage of the total per annum spend per age group**
Total indigenous population	**3.5 per cent** - based on an ABS estimate of 800,000 Indigenous people, or 3.3% of the total Australian population, at the 2016 Census[i] This is expected to pass one million in 2027 or 2028 (resulting in Indigenous people comprising about **3.5%** of the total[ii]); and by 2031, an estimate of up to 1.1 million Indigenous people is proposed[iii].	**Double and increasing -** In 2019, there were 195 were Indigenous suicide deaths in Australia[1]; about double the non-indigenous rate[iv]. Rates have increased about 25 per cent since 2010-14[v] - a far higher rate of increase than among the non-Indigenous population.	**About 10 per cent** – based on 7 per cent needs index (3.5% x 2) but with additional factored in to stay ahead of the relatively rapid rate increase.
Indigenous children 10 to 17 years	**6 per cent** of that total population age group cohort[vi]	**Four times** over 2014-2018 – just under one in four deaths from the total population cohort[vii]	**About 25 per cent** (6% x 4)
Indigenous 14 to 24-year-olds	**5 per cent** of their total population cohort[viii]	**Five times** higher over 2014-2018[ix]	**About 25 per cent** (5% x 5)
25 – 34 years	**4 per cent** - our estimate, extrapolated from the above.	**Three times** higher over 2014-2018[x]	**About 12 per cent** (4% x 3)

Based on the above, the starting point of determining equity should be that a minimum Indigenous-specific suicide prevention spend in relation to any overall spend should be between **10 and 12 per cent**. But this rises to about **25 per cent** in relation to indigenous-specific youth suicide prevention spending (under 25 years of age). However, given the median age of the Indigenous population was 20.3 years at the 2016 Census[xi] (meaning 50 per cent were younger and 50 per cent older) we propose an equitable indigenous-specific spend of **about 20 per cent of all suicide prevention spending** as the starting point

[1] https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicide-in-aboriginal-and-torres-strait-islander-people

for discussions around Budget and other allocations pending further research. The 20 per cent figure also aims to account for the additional cost of serving remote communities.

At the 2016 Census, about 525,000 Indigenous people were counted as living in non-remote areas; and about 120,000 in remote areas.[xii] Indigenous people make up 47 per cent of the very remote living population; and 18 per cent of the remote living population[xiii]. The additional costs of service delivery in remotes areas must also be accounted for within Indigenous suicide prevention allocations, particularly in very remote areas like the Kimberley where suicide rates are higher.

In 2001, the Commonwealth Grants Commission illustrated these additional costs by developing a resource allocation formula to ensure that spending on Indigenous programs resulted in equitable outcomes for Indigenous people living in urban versus remote areas.[xiv] In this way it was calculated that for every health services dollar spent per Indigenous person in Perth, for equity to be achieved a person in Narrogin would need to have $1.80 spent, and in Warburton $5.66.[xv] Similar formulae are widely used today including by State and Territory Governments for hospitals and area health services and should also be developed within the research we are proposing to determine equitable Indigenous suicide prevention allocations.

(b) Summary of mainstream and Indigenous-specific suicide prevention spending since 2011

With the above in mind, we now consider Indigenous-specific suicide prevention spending over the last decade.

- *Context – mental health spending*

The AIHW has estimated that total Australian government mental health spend was **$9.9 billion in** 2017-18, or $400 per person. Of this, **$6 billion** was spent on state/territory mental health services; $2.6 billion on public hospital services; $2.3 billion on community services[xvi]. In 2018-19, **$1.3 billion** was spent by the Australian Government on benefits for Medicare-subsidised mental health-specific services; and **$541 million** was spent on subsidised mental health-related prescriptions under the PBS/RPBS.

The Australian Government estimated its annual expenditure for all population mental health services and suicide prevention to be more than $5.2 billion in 2019-20.[xvii] In terms of Indigenous specific mental health allocations, the 2016-17 Budget included $85m/3yrs for mental health in Indigenous communities to be implemented through the PHN network[xviii]. The 2019-20 Budget included an additional $89m/3yrs specifically for Indigenous mental health (about 0.16% of the total Australian mental health and suicide prevention spend that Budget)[xix].

- *Suicide prevention*

The following table summarises identifiable suicide prevention-specific expenditure since 2011. It also compares mainstream to Indigenous-specific expenditure and attempts to quantify the latter as a percentage of the total spend. The summary does not include expenditure on research including that of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, or Indigenous-specific research funded through the Million Minds Mental Health Research Fund or other sources.

Source	Activity	Overall allocation	Indigenous-specific	% of Total Indigenous-specific
2011-12 Budget	Taking Action to Tackle Suicide (TATS) package includes plans to	*$292m/4yrs*	**$6m/4yrs** quarantined for Indigenous community-based prevention	About 0.5%

	develop a NATSISPS		activities[xx]: about $1.5 million p.a.	
2016-17 Budget	NATSISPS implementation	No equivalent	**About $25m/ 4yrs** -$17.8m/3yrs (2013-14 to 2016-17) allocated in May 2013 but quarantined, then folded into $25m/4yrs (2016-17 to 2020-21) allocation.	Although allocation occurred across different Budgets, the spend equates to about 8.5% of TATS package
2016-17 Budget	National Suicide Prevention Trial	About $62m/5yrs (2016 – 2021) (the trials were extended in the 2019-20[xxi] and 2020-21[xxii] Budgets)	**About $10m/5yrs** - About $1m per trial site, p.a. inc. in the Kimberley and Darwin area Indigenous-specific trial sites.	About 12%
2017, PM&C	National Indigenous Postvention Response Service[xxiii].	StandBy (United Synergies) had an operational budget of around $22.5m in 2020; 87% is Australian Govt. grant revenue.[xxiv]	**About $10m/3yrs** (2017 – 2020)	About 14% of Standby annual budget
2017-18 Budget	Suicide hotspots program[xxv]	$11.1m/3yrs	No Indigenous specific	-
2018-19 Budget	Various - $37.6m/4yrs to *beyondblue* & PHNs for aftercare; $33.8m/4yrs Lifeline; $1.2 million in 2018–19 to SANE for campaign[xxvi].	$72.6m/4yrs	No Indigenous specific	-
2019-20 Budget	Youth mental health and suicide prevention package (the bulk going to headspace)[xxvii].	$461m/4yrs spend on youth mental health and suicide prevention	**$15m/4yrs**: $4.5m/3yrs (2019-2022) for GDPSA to develop the NATSISPSP; $5m/4yrs - youth Indigenous leaders to develop place-based cultural programs; Additional to $ for Red Dust Healing and towards a child and youth trauma treatment program[xxviii].	About 0.3%

2020-21 Budget	Various - $65.2m/1yr[xxix] includes: $7m Beyond Blue's Way Back Program; $10m StandBy; $4.6m youth/peer support (ReachOut, Raise Foundation, headspace); $4.4m - headspace National Youth Mental Health Foundation; $21.7 million headspaces in Pilbara; $2m Lifeline/Kids Helpline. (Also, Covid/ bushfire measures/ Victoria lockdown measures. Overall, Budget inc. additional $630m/4yrs for headspace[xxx].)	No Indigenous specific	-

Based on the above, we conclude that **equity in Indigenous suicide prevention spending has not occurred in the past decade, and that significant 'catch up' funds are needed to close this particular gap,** particularly if the towards zero indigenous suicide prevention target in the 2020 National Closing the Gap Agreement is to be worked towards.

Further, we note that the most significant single allocation, $25m/4years in the 2016-17 Budget was channelled through 31 PHNs who were instructed 'to take into account the recommendations of the NATSISPS' when commissioning services[xxxi]. Apart from the fact that this amounts to a relatively small $6m in total p.a. or about $195K per region, p.a., the situation whereby PHN's mediate and otherwise control the channelling of Indigenous specific funds into Indigenous communities is contrary to the rights of Indigenous people to be self-determining in relation to matters that affect them.

The NATSISPSP aims to change this situation by establishing system architecture that places dedicated Indigenous funds under Indigenous control from the national level down, with particular focus on the State and Territory Aboriginal Community Controlled Health Sector peaks as the locus for the pooling of Commonwealth and State/Territory dedicated or otherwise identifiable Indigenous suicide prevention funds. Further, Aboriginal Community Controlled Health Services are the preferred coordinators and/or providers of suicide prevention activity in Indigenous communities. As noted in the 2020 National Closing the Gap Agreement, there is now a significant body of evidence that suggests the best 'bang for buck' in delivering accessible, quality services is achieved through funding these services.

(c) Specific allocations against parts of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Plan

Part 1: Indigenous Governance and Community Leadership of Suicide Prevention Activity	
(a) A national leadership and governance body for NATSISPSP implementation begins operating on 1 July 2021 within the National Suicide Prevention Leadership and Support Program (NSLSP).	Suicide Prevention Australia's annual income in 2020 was $7.1m[xxxii]. We base our estimate at 20 per cent of this income to arrive at an initial funding estimate of **about $4.3m/3years**
(f) Under the auspice of the National Community Controlled Health Organisation (NACCHO), State and Territory Aboriginal Community-controlled Health Peaks (peaks) are established and funded as 'regional commissioning authorities'	The PHNs have administered about 25m in Indigenous-specific suicide prevention funding in since 2016. We estimate their administration costs at 25 per cent of the total (about $6.25m). As such we allocate **$6.25m/3yrs** to the peaks for this role
(g) Regional Suicide Prevention Networks inclusive of people from target groups are established by the peaks in agreement with a region's communities to develop regional	Based on the costs of the suicide prevention trials, **at least $31m p.a.** That is, 31 PHN regions at about $1m per year.

suicide prevention plans with commissioning undertaken by the peaks.	
Part 2: Strengthening Supports for Communities, Families and Young People	
• School programs that address mental health needs and that equip schools/ teachers to identify and appropriately refer children and families in distress, and that otherwise provide age-appropriate education in mental health, alcohol and drug use and suicide prevention.	**$5.75m/p.a.** - Based on equity at 25% of overall spend on Be You at $23m p.a. to operate[xxxiii].
• Building on the strengths of young people, including the cultural determinants of health.	**$5m/4yrs** – continuing the allocations made in the 2019-20 Budget.
• In communities, families, peer networks and front-line workers (GPs, police, health service, employment, housing and other service workers) gatekeepers and natural helper training	**$6m/4yrs** – based on the income of Mental Health First Aid Australia of about $6m in 2017 (i.e. p.a. - latest financial report available)[xxxiv].
Part 3: Focus on Priority Groups: Men, Women, LGBTIQ+SB and Stolen Generations *Young people – see above.*	
LGBTIQ+SB	**$2.5m p.a**. Based on 5 per cent representation in overall Indigenous population (about 40,000)
Men	**$2.5m p.a.** Based on around 75% of Indigenous suicide deaths being of males
Women	**$2.5m p.a.**
Stolen Generations	**$2.5m p.a.** - 120,000 Stolen Generations members and their descendants
People in contact with the criminal justice system	**$5m p.a.** based on 12,000 Indigenous people in incarceration per day in the September quarter 2020[xxxv]. These are an identified priority group for suicide prevention activity.
Part 4: Transforming Services and Workforces for Indigenous Suicide Prevention	
The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023* supports the establishment of a multidisciplinary, team-based SEWB service model for ACCHSs but also other services as appropriate. This model was founded on integrated SEWB, health, mental health, and suicide prevention capabilities, and also support access to cultural healers. For suicide prevention, model elements would include partnerships with other services.	To be estimated with NACCHO and in the context of building the community-controlled health sector within the context of the 2020 *National Closing the Gap Agreement*.
To support the above, there should be comprehensive plans to develop and support the participation of Indigenous peoples in the suicide prevention and wellbeing workforce. Workforce related action should be addressed primarily through the ongoing development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategy* and the *National Mental Health Workforce Strategy* including targets for the Indigenous peer and lived experience workforces	To be calculated. As a starting point, if an equitable population to suicide prevention worker ratio is set at 1:2500 people (with reference to the 1:500 ratio of mental health worker to Indigenous population as per the *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*) 320 Indigenous suicide prevention workers would need to be employed nationally.

and the ongoing development of national workforce standards for Indigenous suicide prevention.	
Part 5: Indigenous Governance in Suicide Prevention Research, Data and Evaluation	
Promote the expansion of Indigenous suicide prevention best practice promotion and research including that undertaken by CBPATSISP within the NSLSP.	**About $24m/10 years,** with reference to the 120m/10yrs Million Minds Research fund x 20 per cent
Support and secure funding for the comprehensive evaluation of Indigenous suicide prevention activity nationwide to continue to expand the evidence base for effective suicide prevention.	

[i] https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release#:~:text=The%20final%20estimated%20resident%20Aboriginal,of%20the%20total%20Australian%20population.
[ii] https://www.abs.gov.au/statistics/people/population/population-projections-australia/latest-release
[iii] https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release#australia
[iv] https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicide-in-aboriginal-and-torres-strait-islander-people
[v] https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicide-in-aboriginal-and-torres-strait-islander-people
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