



National Stigma and Discrimination Reduction Strategy – Workshop Report

The National Mental Health Commission

19 April 2022

Final



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Acknowledgements

ABSTARR Consulting acknowledges Aboriginal people as Australia's First Peoples who have never ceded their sovereignty.

ABSTARR Consulting acknowledges the wisdom and strength of Aboriginal and Torres Strait Islander Peoples having the oldest living culture in the world.

We acknowledge this report was developed on the Sovereign Lands of the Kalkadoon and also on the lands of the Jagera, Yuggera and Ugarapul Peoples and acknowledge the richness and diversity of Sovereign Owners across Queensland and all of Australia.

We recognise the diversity of Aboriginal and Torres Strait Islander Peoples across the nation living with or caring for those with social and emotional wellbeing concerns.

We thank and acknowledge those who have generously shared their professional and/or cultural expertise and lived experience of social and emotional wellbeing concerns, which has been instrumental in the development of this report.

Disclaimer

This report presents discussions held as part of a workshop to inform the Stigma and Discrimination Reduction Strategy. ABSTARR Consulting acknowledges that this is not a complete representation of Aboriginal communities of all of Australia and that these experiences and insights, shared so generously, are the personal and professional experiences of participants who engaged with ABSTARR Consulting and the Commission. However, it should be noted that these participants came with strength, and with national, collective, cultural, lived and genuine understandings of the experiences of those who experience compromised social and emotional wellbeing (mental ill-health).

Terminology for mental ill-health and social and emotional wellbeing

Mental health and mental ill-health are mainstream terms. Mental health is a term where its true definition does not encompass the holistic nature of wellbeing which is important for Aboriginal and Torres Strait Islander Peoples. For the purposes of this report, the closest equivalent for these terms from an Aboriginal and Torres Strait Islander perspective will be the following:

Mental health	=	social and emotional wellbeing
Mental ill-health	=	compromised social and emotional wellbeing



Overview of ABSTARR Consulting

ABSTARR Consulting Pty Ltd is an exciting venture that delivers leadership, clarity and excellence in facilitation, strategic discussion, education and training in decolonisation, cultural safety and racism. ABSTARR specialises in the art and science of decolonisation.

ABSTARR Consulting is a 100% Aboriginal-owned company (Supply Nation and Victorian Kinaway Chamber of Commerce certified) and was established by Professor Gregory Phillips in 2007.

ABSTARR Consulting **leads change** by facilitating transformational growth in culturally safe environments. ABSTARR Consulting **delivers excellence** in strategic thought leadership, critical analysis and communication and **brings clarity** and confidence to those who want to deliver better outcomes for Aboriginal and Torres Strait Islander Peoples.

ABSTARR Consulting works in the following areas:

- Aboriginal and public health
- Medical education, health workforce and curriculum development
- Healing and social and emotional well-being
- Leadership development, change management and strategy
- Health, human services, and Indigenous affairs policy
- Community development
- Evaluation and action-oriented research.

Professor Gregory Phillips' and the ABSTARR team's academic qualifications, unique skill set and extensive networks combine to place ABSTARR Consulting in a prime position to deliver quality strategic outcomes and interventions. The ABSTARR Consulting team is made up of highly trained and deeply experienced Aboriginal and Torres Strait Islander professionals.

Expertise in the team includes:

- Strategy development and planning
- Implementation and change management
- Policy and planning
- Evaluation
- Auditing and review
- Leading group facilitation
- Consultation technique
- Social and emotional wellbeing – research, strategy, implementation, support.

ABSTARR Consulting has extensive strong ties and relationships with Aboriginal and Torres Strait Islander communities across Australia through its current and previous work in communication and engagement and through the members of its consulting team.



1. About this Report

In February 2022, ABSTARR Consulting was engaged by the National Mental Health Commission (the Commission) to facilitate a workshop and focus group to gather information and feedback from Aboriginal and Torres Strait Islander people and organisations in a trauma-informed, culturally and psychologically safe way.

This document provides a full report on this engagement, workshop, focus group and its findings.

This includes an overview of the Commission's *National Stigma and Discrimination Reduction Strategy*, the work on the Strategy to-date, the policy context for this work, and information and findings from the workshop and focus group.

Importantly, this report details Aboriginal and Torres Strait Islander perspectives on stigma and discrimination related to mental ill-health, trauma and distress that have emerged from the workshop, including specific actions and levers for change. Together with workshop and focus group outcomes, an analysis is undertaken in order to reach conclusions as a result of this engagement.

Consultation outcomes and analysis presented in this report will be used to further inform the development of the Commission's *National Stigma and Discrimination Strategy*.

Language and abbreviations are important considerations for the context of this report and are listed in [Appendix 1](#).

2. Setting the Scene

The Commission are developing a *National Stigma and Discrimination Reduction Strategy*, (the Strategy) which is due for completion by December 2022.

The Strategy is an important one, and has a long-term vision for Australia where stigma and discrimination based on mental ill-health are no longer barriers to living long and contributing lives. The Strategy will articulate clear priorities and focus areas, objectives, and actions to:

- Reduce self-stigma among those who experience mental ill-health, trauma and distress, and those who support them
- Reduce public stigma by changing attitudes and behaviours in the general community and among identified target audiences
- Take steps towards eliminating structural stigma and discrimination towards those affected by mental ill-health, trauma, and distress in identified settings.

The Strategy is being designed with genuine collaborations with key stakeholders and opportunities for input in various developmental stages.

In 2021, several engagements were carried out including a series of online workshops with up to forty participants each, across these six key focus areas of the Strategy:



- Mental Health System
- Health System
- Financial Services, Insurance and Law
- Education and Training
- Employment
- Social Services, Disability, Income Support and Housing.

The Commission provided opportunities to hear many voices in the development of the Strategy. From the outset, work to develop the Strategy included a focus on the effects of ongoing negative historical impacts, and of specific events, on the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander Peoples.

One input to the Strategy is the report of the MISRed project, led by the University of Melbourne on behalf of the Department of Health to inform actions to reduce stigma and discrimination under the *Fifth National Mental Health and Suicide Prevention Plan*. The University of Melbourne conducted online or in-person interviews and focus groups with twenty-eight people with lived experience, either their own, or as family members, friends and other support people. Most of the interviews were conducted face-to-face as requested by participants. All interviews were recorded, transcribed and analysed to identify key themes. The recommendations are based on the data collected as well as broader literature and input from the Aboriginal researchers involved in the consultations. There were four main themes coming from the data received:

- Social determinants of health
- Cultural determinants of health
- Community Education and anti-stigma programs
- The need for culturally competent mental health services.

ABSTARR Consulting facilitated a workshop on 24 March 2022 to gather further perspectives to inform the Strategy. The workshop held on 24 March 2022 focused on Aboriginal and Torres Strait Islander perspectives on stigma and discrimination related to SEWB, mental ill-health, trauma, and distress. A focus group was held on 28 March 2022, with Aboriginal and Torres Strait Islander people with lived experience of compromised SEWB (mental ill-health), to also inform this report.



3. Policy context

Mental health has become a significant component within overall health policies, programs and funding within Australia. Mental health services are being provided at the State and Territory levels and Federal level. In addition to these services, much work has prioritised strategies such as the *National Mental Health Strategy*, the *National Aboriginal and Torres Strait Islander Health Plan* and the *Fifth National Mental Health and Suicide Prevention Plan*.

Australian Federal, State and Territory Governments currently share responsibility and oversight for mental health policy and supporting mental health services. The Australian Government acknowledge and understand the importance of supporting optimal health and wellbeing; and policies have been developed for prevention, intervention and sustainability.

There are a large number of reports, frameworks, recommendations that can inform the Strategy in relation to stigma, discrimination and the impact of intersecting stigma. It is beyond the scope of this report to name them all. This report will instead list the key policies that are pertinent for Aboriginal and Torres Strait Islander perspectives and are listed below.

National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031

The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (see [link](#)) has been developed in full and genuine partnership with and for Aboriginal and Torres Strait Islander Peoples. This plan is aligned with the new *National Agreement on Closing the Gap*. This is an important document for the Strategy to leverage from, as this a newly developed health plan, so it has recency in which to draw inferences from in regard to stigma and discrimination.

Importance for the Strategy: The plan identifies stigma as a barrier to accessing services for Aboriginal and Torres Strait Islander Peoples and provides the relevant policies and guidelines, and practical strategies to address stigma and discrimination at the sector level.

This plan is not just targeted at the health and wellbeing sector, it is also focussed on disability, workforce, development and aged care services.

National Agreement on Closing the Gap

The *National Agreement on Closing the Gap* (see [link](#)) is an agreement between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments, being: The Commonwealth of Australia, NSW, VIC, QLD, WA, SA, TAS, ACT, NT and the Australian Local Government. This agreement takes effect from 27 July 2020 and is an ongoing agreement that can be updated to continue to reflect shared priorities, progress and feedback from Aboriginal and Torres Strait Islander Peoples.

The Agreement identifies four Priority Reform areas for joint national action. Under Priority Reform One – Formal Partnerships and Shared Decision-making, the Agreement identifies five policy priority areas: 1) justice (adult and youth incarceration); 2) social and emotional wellbeing (mental health); 3) housing; 4) early childhood care and development; and 5) Aboriginal and Torres Strait Islander languages.



Also of particular interest is Priority Reform Three – Transforming Government Organisations. The transformation elements are to:

- a) Identify and eliminate racism
- b) Embed and practice meaningful cultural safety
- c) Deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people
- d) Increase accountability through transparent funding allocations
- e) Support Aboriginal and Torres Strait Islander cultures
- f) Improve engagement with Aboriginal and Torres Strait Islander people.

Importance for the Strategy: This is an important agreement, as it is a current commitment – already in place – that the parties who have signed the agreement will listen to the voices and aspirations of Aboriginal and Torres Strait Islander Peoples. It is a document of leverage – for genuine change.

The Fifth National Mental Health and Suicide Prevention Plan

This is an important plan which is a federally developed mental health initiative. The *Fifth National Mental Health and Suicide Prevention Plan* was endorsed by COAG Health Council in August 2017 see [link](#). The Fifth Plan shows a commitment from all governments to work together to achieve integrated planning and service delivery of mental health and suicide prevention related services. Reducing stigma is within the vision of the Fifth Plan, and priority area six within this plan aims to reduce the impact of mental health problems and mental illness, including the effects of stigma on individuals, families and the community.

Importance for the Strategy: The plan specifically provides actions to reduce stigma and discrimination.

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and SEWB 2017 - 2023

This is a renewed framework that is intended to guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms, see [link](#). The framework aims to address the SEWB concerns with a framework for action. This framework also contributes to the *National Aboriginal and Torres Strait Islander Health Plan 2012 – 2023*.

Importantly the framework continues to support the ongoing dialogue and advice seeking from Australian Government with Aboriginal and Torres Strait Islander stakeholders.

The framework is intended to assist with:

- Understanding the mental health reforms
- Understanding expected service provision
- Guide the development and direction of SEWB programs
- Guide and support Primary Health Networks and other providers with planning and commissioning culturally safe SEWB services

- Frame Aboriginal and Torres Strait Islander SEWB activities
- Inform policy development, research and evaluation
- Support program implementation.

Importance for the Strategy: In the nine guiding principles for the Framework, drawn from the [Ways Forward report](#), principle 6 highlights that stigma is an ongoing stressor and has a negative impact on Aboriginal and Torres Strait Islander Peoples' health and wellbeing. There is reference to reducing stigma of mental health problems for Aboriginal and Torres Strait Islander children and reducing stigma for mental health conditions.

4. About the Workshop

ABSTARR Consulting held a three-hour workshop with Aboriginal and Torres Strait Islander key stakeholders to further inform the Strategy. Due to tight time constraints, natural disasters and ongoing pandemic attentions, the workshop was conducted via the online platform Zoom. ABSTARR Consulting have gained effectual skills in navigating online platforms, and this was an appropriate platform.

A clear methodology had been developed to maximise success and safety for all involved ([Appendix 2](#)).

The agenda ([Appendix 3](#)) for the day was sent ahead, one week prior to the workshop. The agenda helped to:

- Define the purpose of the workshop
- Explain the roles of ABSTARR and the Commission to the stakeholders invited
- Provide clarity about the outcomes needed from the workshop
- Increase engagement towards the workshop.

There were sixty-seven invitations sent and twenty-eight stakeholders confirmed their attendance. Ten stakeholders indicated interest, but could not attend. On the day, a total of nineteen stakeholders from across sixteen organisations, spanning most states and territories attended. The attendee list will not be shared externally and has been shared with the Commission from ABSTARR Consulting to provided an account of attendance. No permissions were asked, nor granted to share the names of participants publicly.

Considerations around the potential stakeholders was highly important to the success of the workshop. ABSTARR Consulting invited current stakeholders, with long standing relationships to the Commission, to attend. ABSTARR Consulting also invited stakeholders that they had long-term relationships of trust and respect with.

The workshop began with ABSTARR facilitators Professor Gregory Phillips and Tanja Hirvonen providing background information and an overview of the workshop. This included a list of objectives of the workshop, which were to:

- Understand the context of the Strategy, and where it is up to



- Draw out individual, group and collective perspectives, on any gaps that the Strategy is missing
- Identify opportunities to build on and strengthen the Strategy.

Informed consent and voluntary participation were explained. ABSTARR Consulting discussed the possible risks and opportunities of workshop participation. Privacy and confidentiality provisions and what will be done with the information gathered were discussed.

The Commission's Stigma Strategy Team provided basic background context on the Strategy (brief definitions of Self/Public /Structural Stigma; six settings of focus), a summary of overall common themes emerging from work so far, and a summary of specific issues that may be of relevance for, or specific to, Aboriginal and Torres Strait Islander Peoples. The Commission's Stigma Strategy Team shared where the Strategy was up to and what the timelines were.

The workshop was structured around carefully considered high-level questions, which framed large and small group discussions. The questions were scrutinised and based on the information already gathered to date. The questions were developed to elicit additional information and what would add value to the information already known and gathered.

The workshop included the following questions:

Question 1: From the key themes provided from workshops held in 2021, do these key themes reflect the priorities for Aboriginal and Torres Strait Islander peoples? Is there anything missing? If so, what may that be?

Question 2: What does it look like for Aboriginal and Torres Strait Islander people to be free from the experience of stigma and discrimination based on mental ill-health?

Question 3: What will be most important for the Strategy to convey in relation to Aboriginal and Torres Strait Islander peoples' experiences of stigma and discrimination based on mental ill-health?

Question 4: Once the Strategy is developed and implemented, how can we measure and monitor progress on the stigma and discrimination strategy? What voices will be needed? What platforms?

Question 5: Once the Stigma and Discrimination strategy has been developed, how can this be shared with Aboriginal and Torres Strait Islander peoples for maximum dissemination, impact, and effect?

Question 6: Where else can the Strategy make a significant difference/value-add?

Participation in the workshop was active, generous, clear and direct. Discussion was robust both in the large and small groups and the Zoom chat function was used extensively.

ABSTARR Consulting worked in a trauma informed manner with stakeholders to ensure that people were feeling supported during the time they engaged with ABSTARR Consulting. The workshop concluded with a one-word checkout, in which stakeholders were asked to provide one word to express how they were feeling at the end of the session. No concerns were identified. In fact, people felt hopeful and optimistic about their contributions to the workshop.



The workshop was followed the next day by two surveys. One survey was sent to workshop stakeholders to confirm the high-level key themes derived from the workshop, to ensure their voices are represented accurately. A second survey was sent to the stakeholders who expressed an interest in attending the workshop but were unable to attend, as a mechanism to provide feedback. Three stakeholders who attended the workshop provided feedback and nine stakeholders who were not able to attend the workshop provided feedback.

5. Lived Experience Focus group

On 28 March 2022, ABSTARR Consulting conducted a focus group with six Aboriginal and Torres Strait Islander persons with a lived experience of compromised SEWB (mental ill-health). ABSTARR Consulting contacted the Black Dog Institute as they have a formalised cohort of people with lived experience and have support mechanisms already in place. The lived experience group are currently supported through terms of reference, psychological supports and other practical supports from the Black Dog Institute.

ABSTARR Consulting received advice from the Black Dog Institute on the most appropriate engagement with the lived experience cohort. It was advised for ABSTARR Consulting to share the workshop outcomes from the workshop held on 24 March 2022 with the Lived Experience cohort to provide commentary on. This was a preferred way of engagement rather than hold a workshop similar to the 24 March 2022. This advice was heeded by ABSTARR Consulting.

The six participants were contacted by the Black Dog Institute alongside ABSTARR Consulting and the participants were provided a background on the aims of consultation, intended outcomes and expectations for the focus group. The six participants were invited to join an online platform, Zoom, on the 28 March 2022.

Similar to the workshop, there was an Acknowledgement of Country, adequate time for introductions and a clear discussion on the meeting purpose. A discussion on informed consent principles and what would happen to the information collected from the focus group was provided. Participants felt comfortable with proceeding and ABSTARR Consulting shared the outcomes from the workshop held on 24 March 2022. A Black Dog Institute employee who supports the lived experience cohort also stayed on the Zoom meeting to foster comfortability for the participants.

The lived experience focus group agreed on the principles derived from the 2021 workshops and also the key themes from the 24 March 2022 workshop. The lived experience focus group shared further observations and commentary regarding the Strategy. In brief, the lived experience focus group strongly agreed with the key themes from 24 March 2022 workshop, particularly on having a larger Aboriginal and Torres Strait Islander workforce in all sectors. An additional priority that was not mentioned in the 24 March 2022 workshop was the suitability of the workforce, and assessing their soft skills in their respective fields. While service provider/professionals' technical and professional training is highly regarded, so too is their ability to empathise, show care and compassion, and be relational.



Other comments from the focus group have been collectively outlined with the workshop findings. The comprehensive feedback is provided in section 6 below.

6. Methodology

The questions for both the workshop and focus group were aimed at understanding perceptions and ideas and opinions about the current Strategy, and thematic analysis was chosen as the most appropriate method to analyse and identify the common themes. This analysis method also allowed ABSTARR Consulting greater flexibility in interpreting the commentary (data).

ABSTARR Consulting used an inductive approach, which allowed the data to determine to themes.

There are many approaches to thematic analysis, however ABSTARR Consulting used the following six-step method to analyse the qualitative data. The six steps included:

1. Familiarisation of the commentary
2. Coding of the commentary (data)
3. Generating themes
4. Reviewing themes
5. Defining and naming themes
6. Writing up the analysis of the data.

The following nine findings were the initial themes that had come from the commentary:

1. Education
2. Impact
3. Aboriginal and Torres Strait Islander knowledges
4. Leadership
5. Workforce
6. Self-determination and Cultural Safety
7. Truth telling
8. Evaluation
9. Procurement/funding/resourcing.

ABSTARR Consulting sent the themes out to participants who confirmed the nine themes were accurate and reflective of the 24 March 2022 workshop. Further feedback necessitated the inclusion of another theme, key finding 10 - an open disclosure framework which has now been included.



7. Workshop and focus group findings

Feedback obtained from the workshop, survey responses and focus group are detailed in this section.

Theme 1 – Education and consistency of terms; mental health, stigma, discrimination and wellbeing

Stigma can impact on any person who may be experiencing compromised wellbeing when accessing a service. Aboriginal and Torres Strait Islander Peoples accessing services have further compounding impacts in accessing services for mental health care. The language used to talk about mental health/wellbeing may either hinder or help a person access the appropriate services, which is a concern. Stigma may also be a factor in talking about wellbeing with family, service providers and in other settings such as the workplace.

Some focus areas to address include:

- Education on terminology inclusive of mental health, mental ill-health, mental illness, SEWB, holistic health
- Clear descriptions of terms to be shared internally and externally with all sectors, to have shared understandings across sectors
- Factual and reputable sites for information.

Theme 2 - The Strategy needs to be impactful

The overall Strategy should have a clear vision and an implementation plan sitting alongside, so that the Strategy is as effective as it can be. There are high costs in not doing this, with Aboriginal and Torres Strait Islander Peoples continually experiencing poorer health and wellbeing outcomes in comparison with other Australians.

Some focus areas to address include:

- The Strategy speaks to all peoples in Australia, and that Aboriginal and Torres Strait Islander Peoples can see themselves in the Strategy
- Share the Strategy in such a way that it does not become another standalone document
- Share the Strategy with a clear implementation plan (with resources to support this).

Theme 3 - Incorporating Aboriginal and Torres Strait Islander knowledges, priorities and values in the Strategy is essential

Aboriginal and Torres Strait Islander views and perspectives of mental health, mental illness and wellbeing are different from other Australians. Aboriginal and Torres Strait Islander knowledges are good for all Australians. Not incorporating Aboriginal and Torres Strait Islander knowledges has a direct impact on training, education, service delivery, procurement, treatment and outcomes for Aboriginal and Torres Strait Islander Peoples and by extension, for other Australians.

Some focus areas to address include:



- Mental health services targeting Aboriginal and Torres Strait Islander Peoples must be community-led
- A clear understanding across sectors of Aboriginal and Torres Strait Islander ways of knowing, being and doing
- Data sovereignty is important; people who deliver the service and people who assess the service's competency is important
- Research tools and methods must be Aboriginal and Torres Strait Islander-led and culturally safe
- Include the need to develop and share culturally validated assessment tools, development of the Aboriginal and Torres Strait Islander workforce, and the recognition of healing and traditional healing within the system
- Recognise sovereign rights and data sovereignty.

Theme 4 - Aboriginal and Torres Strait Islander leadership is critical to addressing stigma and discrimination

Mainstream services have held the reigns and leadership in mental health for some time. SEWB (mental ill-health) for Aboriginal and Torres Strait Islander Peoples continues to worsen. Aboriginal and Torres Strait Islander people must be represented at the levels to leverage change at a whole systems level.

Some focus areas include:

- Ensure Aboriginal and Torres Strait Islander people are involved in decision-making at all levels (Board and Executive)
- Aboriginal and Torres Strait Islander leaders are fundamental to drive the change needed
- Do not engage in black cladding, (whereby Aboriginal and Torres Strait Islander Peoples' voices are only advisory in nature, to account for diversity rather than true change) and have methods to ascertain if an organisation is doing this, or is a genuine ally
- Aboriginal and Torres Strait Islander leaders will champion and bring along others if there is genuine intent in the Strategy.

Theme 5 - Workforce and Training

The Aboriginal and Torres Strait Islander workforce plays a critical role in providing culturally safe health and wellbeing services. If there are non-Aboriginal and Torres Strait Islander people in the workforce working with Aboriginal and Torres Strait Islander Peoples, a clear understanding and commitment to cultural safety is critical.

Some focus areas include:

- Continued methods and resources to train Aboriginal and Torres Strait Islander people in the different sectors
- Competency and training in cultural safety should be mandatory and linked to funding
- Training in cultural safety needs to be broader than the health sector



- The need for workforce education and training, true training on the ground
- Evaluation of sectors/programs and individual service providers with 360 feedback mechanisms to hear from the client user of the service or program
- Understand the impact of potential stigma associated with working in sectors such as substance usage and the impact this has on recruitment and retention.

Theme 6 - Programs to encourage self-determination, governance, cultural safety and have trauma informed terms of reference, for any chance of success

Self-determination is intrinsically linked to health outcomes for Aboriginal and Torres Strait Islander Peoples. If people have true self determination, then their lives will be comparatively better than if their self-determination is not met.

Some focus areas include:

- A holistic approach which incorporates trauma informed practices
- A means of empowering people
- Strategies that are Aboriginal and Torres Strait Islander-led, culturally safe, and specific to the sector
- Genuine partnerships with the Aboriginal Community Controlled Health Services sector and local communities and/or led by the Aboriginal Community Controlled Health Service sector.

Theme 7 - Truth Telling: acknowledging existence of stigma and discrimination

The current health and wellbeing challenges can never be addressed if they are not acknowledged. Solutions can be provided if we understand if the deficits and challenges are laid bare.

Some focus areas include:

- Existence of racism and developing clear strategies or leveraging of those that are in existence to counteract the harmful effects of stigma, discrimination and racism
- Truth-telling will provide the justification for doing things differently in the Strategy.

Theme 8 - Evaluation

Evaluation of health and wellbeing programs, to confirm and assist with improving focus, goals and outcomes, are critical to improving the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. Evaluations should include the voices of the persons accessing the health and wellbeing services.

Some focus areas include:

- Mainstream services need to be accountable – how are they skilled, competency – Aboriginal and Torres Strait Islander communities should decide what is successful
- Continued consultation and development with Aboriginal and Torres Strait Islander Peoples to have input into measures of Indigenous evaluation of the Strategy
- Focus on impact when evaluation occurs – genuine impact, where lives are improved

- Including a section for Review Committees across all layers, in hospital and out in community around open disclosures. This will hold agencies, services, consumers and providers (including clinicians) accountable around the patient care coordination journey, and the engagement consumers received at Emergency Departments.

Theme 9 - Resourcing and procurement

For improvements in health and wellbeing for Aboriginal and Torres Strait Islander Peoples, there must be sufficient funding, resources and time provided for healthy outcomes.

Some focus areas include:

- Pay attention to recommendations and reports that already have buy-in, such as the *National Agreement on Closing the Gap*
- Consider integrated funding models that ensure equity for Aboriginal and Torres Strait Islander Peoples
- Integrated funding of different streams for Aboriginal and Torres Strait Islander people
- Close the gaps in the different funding streams and clients, staff and organisations.

Theme 10 – Open Disclosure Framework

Systems to report racism, discrimination and treatment from sectors must be in place for accountability and for change. An instrument similar to an Open Disclosure Framework should be designed to allow Aboriginal and Torres Strait Islander people accessing services to communicate openly with health and wellbeing providers and system providers/systems in a fair and timely manner.

Some focus areas include:

- Strengthen the Strategy by incorporating Review Committees for open disclosures if people experience stigma and discrimination
- The Open Disclosure instrument to be effective and not perpetuate harm for the person disclosing
- The Open Disclosure instrument to be a comprehensive mechanism for people accessing services to be valued, cared and heard by all in all the various sectors.



8. Discussion

The workshop held on 24 March 2022 had several aims. One was to meet with like-minded stakeholders to facilitate the review of the Strategy and to solicit advice and recommendations to further inform the Strategy, with consideration given to how it can serve as an effective tool for Aboriginal and Torres Strait Islander Peoples. The expected outcomes were to (a) raise awareness and understanding of the development of the Strategy, (b) review the current Strategy, (c) review commentary from 2021 and provide further insights.

All expected outcomes had been achieved. The Aboriginal and Torres Strait Islander stakeholders who attended the workshop were further informed of the development of the Strategy. They generously provided commentary and advice and are keenly interested in the next steps of the Strategy. The ten themes that had emerged from the 24 March 2022 workshop fit with the literature and with the evidence about experiences of stigma for Aboriginal and Torres Strait Islander Peoples. The ten themes identified issues and started to recommend solutions to address them.

An unintended but beneficial outcome of the workshop was the interest in the work of the Commission. Many of the stakeholders attended due to their interest in improving outcomes for Aboriginal and Torres Strait Islander people, but also due to their relationship with ABSTARR Consulting. It is known by Aboriginal and Torres Strait Islander community and sector members that ABSTARR Consulting is Aboriginal-led and only works with organisations that demonstrate readiness to address racism, have genuine intent for change and attends to decolonising systems. Up to nine stakeholders who were not able to attend the workshop sought to provide feedback and did so, which evidenced an interest in the Strategy and also the Commission, and the hope that their contributions can inform the Strategy.

A noteworthy outcome was the theme around accountability and an open disclosure framework. These types of frameworks are intended to provide a consistent process for open discussions of significant issues. However, there was a sense that current processes do not have a focus on engaging Aboriginal and Torres Strait Islander Peoples. With historical and current distrust of health and other systems, to achieve equitable and racist free health care and service care, a framework that allows people to tell their stories to address systems would be a strong addition to the Strategy.

All of the generous contributions and actionable steps provided will be particularly useful to informing the Strategy. The engagement through this workshop with Aboriginal and Torres Strait Islander stakeholders will have the potential for further impact of the implementation of the Strategy, if the Commission remain engaged and communicate frequently with the stakeholders involved. The Strategy will be helpful if it includes the voices of the stakeholders. However, it can improve its effectiveness if there is a good reach in the population it is intending to serve. The Strategy will require the necessary resourcing, implementation and evaluation.



9. Conclusion

The workshop enabled participants from diverse backgrounds to understand the purpose of the Strategy and to provide input into how the Strategy will support Aboriginal and Torres Strait Islander Peoples with compromised SEWB to not face stigma and access services that are stigma free.

Just as important, participants had an opportunity to ask questions, discuss issues together, and work in groups to identify solutions and ideas from their perspective. It was always clear that cultural safety was an important feature of the 24 March 2022 workshop facilitated by ABSTARR Consulting.

A range of themes emerged from the organised groups, which were grouped as:

1. Education
2. Impact
3. Aboriginal and Torres Strait Islander knowledges
4. Leadership
5. Workforce
6. Self-determination and Cultural Safety
7. Truth telling
8. Evaluation
9. Procurement/funding/resourcing
10. Open Disclosures

The workshop and focus group findings were clear, strong, and generously offered. ABSTARR Consulting believes these findings fit with the literature, are representative of strong and clear Aboriginal and Torres Strait Islander voice (self-determination and leadership), and should be utilised in the next phases of strategy development in their entirety. Any watering down of these findings would be detrimental to the spirit and intent of the workshop and focus group, and to Aboriginal and Torres Strait Islander self-determination.

Next Steps

The key to successful input, consultation, communications and true engagement is in the follow-up and implementation of these findings. The Commission will be in a 'caretaker period' once the Federal election is called. Over this period, the Commission will continue to work on developing the Stigma Strategy with no further public engagements. Once the outcome of the election is finalised and the caretaker period is lifted, the Commission will recommence engagement on the Strategy. This will include publishing the key findings from ABSTARR Consulting's report to inform the Strategy, as well as a broader phase of public consultation on the Draft Strategy, which is planned for release in the middle of 2022.

ABSTARR Consulting strongly recommends that the Commission continue to engage with and inform the workshop participants and lived experience focus group who were involved with this



round of consultations, including reporting back to participants on this Report. There is also an expectation from the workshop participants and lived experience focus group that there will be continued communications and accountability back to the participants regarding the Strategy.



Appendices

Appendix 1 - Abbreviations and Acronyms

Abbreviations and Acronyms	
CEO	Chief Executive Officer
The Strategy	National Stigma and Discrimination Reduction Strategy
The Commission	The National Mental Health Commission
NACCHO	National Aboriginal Community Controlled Health Organisation
AMS	Aboriginal Medical Service
IAHA	Indigenous Allied Health Australia
QAIHC	Queensland Aboriginal and Islander Health Council
AMSANT	Aboriginal Medical Services Northern Territory
COAG	Council of Australian Governments
SEWB	Social and Emotional Wellbeing



Appendix 2 – Methodology, document reviews and analysis

ABSTARR Consulting worked closely with the Commission to provide design and facilitation of an engagement approach with Aboriginal and Torres Strait Islander people and organisations, to inform development of the Strategy.

ABSTARR's methodology included the following steps:

Step 1 – Desktop review

A review of background readings and preparatory documents provided by the Commission.

Step 2 – Engagement and communication plan

Development of an engagement and communication plan in collaboration with the Commission.

Step 3 – Engagement approach

Development of draft agenda(s), pre-reading and other materials in collaboration with the Commission. Ensuring that approaches to consent, privacy and safety of participants were culturally appropriate and adhered to the Commission requirements.

Step 4 – Development of stakeholder list

Development of a stakeholder list that included:

- Indigenous persons working at peak Aboriginal health and wellbeing organisations
- Key stakeholders working in Aboriginal and Torres Strait Islander wellbeing organisations – inclusive of state, federal and local government, the Aboriginal Community Controlled Sector, and Lived Experience service delivery and suicide prevention.


Step 5 – Development of trauma informed safety plan

Development of a trauma informed safety plan to ensure participants' safety in the workshop, inclusive of where they can go for further supports if they are triggered.

Trauma informed approaches were developed to ensure that no further harm was perpetuated throughout this work. This acknowledged that people may have had past experiences of trauma and that psychological safety is critical in any work carried out by ABSTARR.

While there are numerous definitions of cultural safety and trauma informed care used in Australia, the principles underpinning ABSTARR's work in embedding cultural safety are comprehensively evidence-based. This includes pillars of cultural safety used in ABSTARR's trauma informed safety plan, where cultural safety:

- Includes actions at the individual and institutional level
- Acknowledges the importance of place
- Deals with power inequities
- Is concerned with continuous quality improvement
- Is a euphemism for addressing and unlearning racism in the enabling environment – individual, institutional and systemic
- Requires an analysis of one's own cultural values, rather than merely learning about 'the other's' cultures

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- Requires a commitment to Aboriginal and Torres Strait Islander self-determination – ‘nothing for them without them’. That is, Aboriginal Peoples must lead Aboriginal programs, policies and procurement, based on Aboriginal paradigms, or as Aunty Lilla Watson describes it, ‘Aboriginal terms of reference’.

Step 6 – Development of workshop tools

Development of a detailed workshop facilitator guide, PowerPoint presentation, key questions, and workshop design.

Step 7 – Implementation of the workshop

Delivery of the 3-hour workshop on 24 March 2022 via the online platform Zoom.

Step 8 – Confirmation of key themes

Development of an online survey for those who attended the workshop. This survey included collated high-level key themes and sought to ensure that the voices of workshop participants were represented accurately.

Step 9 – Online survey

Implementation of an online survey for those who expressed an interest in attending but were unable to attend. This survey provided a mechanism for additional feedback.

Step 10 – Focus group with lived experience group from Black Dog

Implementation of a focus group with persons of lived experience, an established group (Black Dog Institute Lived Experience Centre group) on 28 March 2022. The aim of the focus group is to test key themes emerging from the workshop held on 24 March 2022.

Step 11 – Critical analysis

Critical analysis of the workshop, interview and survey outcomes using thematic analysis in order to formulate conclusions to feed into the development of the Strategy.



Appendix 3 – Workshop Agenda

AGENDA: 24 March 2022

Times displayed are in Australian Eastern Daylight Time (AEDT). Please adjust for your time zone.

Time (AEDT)	Item
11.00am	Acknowledgement of Country
11:05am	Introductions and expectations
11:25am	The Strategy current context and overview Aims for the day
11:45am	Open discussion: Underlying issues and solutions
12.00noon	Breakout Groups with facilitated questions
12.20pm	Report back from breakout groups
12:30pm	Short Break
12:45pm	Open Discussion
1:00pm	Breakout groups: What would this strategy look like in our community?
1:20pm	Report back from breakout groups
1:30pm	Open discussion: Reflections and next steps
2:00pm	Meeting close