



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

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# National Mental Health Workforce Strategy

Submission to the National  
Mental Health Workforce  
Strategy Taskforce

September 2021

## About NACCHO

**NACCHO** is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

Our Members provide about 3.1 million episodes of care per year for about 410,000 people across Australia, which includes about 800,000 episodes of care in very remote and outer regional areas.

**Sector Support Organisations, also known as Affiliates**, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their Members including advocacy, governance, training and advocacy on State and Territory Government health care policies and programs.

Affiliates also support ACCHOs to deliver accessible, responsive and culturally safe services for Aboriginal and Torres Strait Islander people. The leadership and support provided by Affiliates strengthens governance and financial expertise in the Aboriginal and Torres Strait Islander community controlled health sector. Affiliates provide a strong interface for the Aboriginal and Torres Strait Islander community controlled health sector with the national reform agenda occurring in the health system. Together NACCHO and Affiliates harness better coordinated, more cohesive and cost-effective mechanisms for stakeholder and community engagement on Aboriginal and Torres Strait Islander health issues, and providing advice to State, Federal and Territory Governments.

**ACCHOs** range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 550 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.

The COVID-19 pandemic has highlighted how effective the structure and combination of NACCHO, State and Territory Affiliates and Aboriginal Community Controlled Health Services is in responding to COVID-19.

Any enquiries about this submission should be directed to:

NACCHO  
Level 5, 2 Constitution Avenue  
Canberra City ACT 2601  
Telephone: 02 6246 9300  
Email: [policy@naccho.org.au](mailto:policy@naccho.org.au)  
Website: [naccho.org.au](http://naccho.org.au)

## Introduction

NACCHO welcomes the opportunity to provide a submission to the National Mental Health Workforce Strategy Taskforce on the draft National Mental Health Workforce Strategy 2021-2031 (Strategy). NACCHO has developed this submission with valuable input from the Aboriginal Medical Services Alliance Northern Territory and Kimberley Aboriginal Medical Services.

The draft Strategy provides a broad overview of some of the key challenges facing Australia's mental health workforce. However further work is required to ensure the Strategy addresses the needs and experiences of Aboriginal and Torres Strait Islander people as trainees, workers, and as consumers.

The Strategy must adopt a holistic approach to mental health that aligns with the National Agreement on Closing the Gap (National Agreement). To enable this, the Strategy must specifically address Social and Emotional Wellbeing (SEWB) conceptually and consider the subsequent workforce implications. For Aboriginal and Torres Strait Islander people, health is understood as 'social and emotional wellbeing' which connects the health of a person to the health of their family, kin, community, connection to Country, culture, spirituality, and ancestry. Mental health from an Aboriginal and Torres Strait Islander perspective is an intrinsically linked aspect of a person's overall health. It is a more collective and holistic concept than the mainstream view.

A holistic approach centred around SEWB combines the clinical, non-clinical, and cultural aspects of health to treat the individual, not just the diagnosed health condition. As it currently stands, the draft Strategy is overly focussed on the clinical aspects of mental health. There is a lack of focus on preventative strategies that require a highly skilled, yet distinctive, workforce than the secondary and tertiary referral pathways. The scope of the Strategy must be widened to include a focus on the non-clinical and cultural workforce. There should be a shift away from the idea of a discreet "mental health workforce" and instead recognition of the need for an interdisciplinary and multiskilled workforce to ensure clients can access and enter the mental health system in primary health care settings through to tertiary referral pathways. For Aboriginal and Torres Strait Islander people this must be done in a culturally safe and responsive manner throughout.

NACCHO has addressed each of the specific consultation questions below.

### **Question 1: To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health workforce?**

The aim of the Strategy acknowledges that consumers need to be able to access services "when and where" they need them. This aim must be broadened to include an individual's right to receive services *in the manner* they need them and do so in a culturally safe environment. For Aboriginal and Torres Strait Islander people, this would allow alignment with the core values of Aboriginal and Torres Strait Islander peoples' holistic view of health and could be further strengthened through the Strategy with reference to equitable access to services, the role of the SEWB workforce and delivery of culturally competent care and support.

The aim of the Strategy has a limited view of the mental health workforce. The aim should highlight that the mental health workforce needs to include appropriately skilled multidisciplinary teams crossing clinical, non-clinical and cultural expertise to enable culturally appropriate SEWB and mental health support for Aboriginal and Torres Strait Islander people, as well as other culturally diverse communities in Australia.

For Aboriginal and Torres Strait Islander people, the cultural aspect of health services are critically important. This is particularly true for a strong SEWB workforce. A well-trained and specialised SEWB

workforce is essential to ensure Aboriginal and Torres Strait Islander people can access mental health supports. The cultural care that an SEWB workforce provides tends to get lost within mainstream services. The Strategy should provide greater acknowledgement of the importance of cultural knowledge and support for Aboriginal and Torres Strait Islander people, and its central role in a multidisciplinary mental health workforce.

To support an increased focus on SEWB and Aboriginal and Torres Strait Islander people throughout the Strategy, the aim needs to be amended to include a focus on developing a prevention and early intervention workforce. Structural reform is required to address mental health issues before they require tertiary care. This is where non-clinical and cultural expertise are essential. These services take pressure off clinical services. Aboriginal and Torres Strait Islander people often experience discrimination, stigma and institutional racism when accessing health services, particularly emergency rooms (Duggan et al., 2020). While Aboriginal and Torres Strait Islander people make up around 3% of the population, they comprise 11% of all emergency department mental health presentations across the country. A structural shift away from tertiary and emergency mental health care, and to supporting the development of a highly trained and effective SEWB workforce will aid in the provision of culturally appropriate, clinically effective care for more people at reduced cost.

In addition to this, the Strategy must address the racism and discrimination experienced by Aboriginal and Torres Strait Islander people, including those who work in mainstream settings. Importantly, we must ensure mainstream services address racism and provide culturally safe and responsive care, with continuous quality improvement processes in place to ensure accountability to Aboriginal and Torres Strait Islander people and communities.

The roles and responsibilities of the Strategy must also be amended to recognise Aboriginal Community Controlled Health Organisations (ACCHOs) as a key component of the mental health system. Our ACCHOs provide culturally competent SEWB and mental health programs that deliver integrated and locally tailored support for Aboriginal and Torres Strait Islander people. If the Strategy is to be successful in enabling and strengthening the mental health workforce over the next decade, it must support the development and build capacity of the ACCHO workforce as well as the other organisations listed on page 4 of the Strategy. ACCHOs face significant workforce shortages, especially in regional and remote areas. There is a need to develop a national competency framework for the ACCHO sector that aligns to career pathways for a SEWB and mental health workforce. Aboriginal Community Controlled Registered Training Organisations (ACCRTOs) must also be recognised in this section of the strategy. ACCRTOs sole purpose is to build a skilled Aboriginal and Torres Strait Islander workforce to support their communities. Many already have the Cert IV Mental Health on their scope of practice and, unlike mainstream RTOs, integrate SEWB and culturally safe practices into their training programs.

NACCHO suggests an aim that encompasses these changes could be: *A multi-disciplinary mental health workforce is distributed to deliver equitable support and treatment when, where and in the manner consumers need it.*

**Question 2: To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?**

To support the development of the mental health workforce in Australia, the Strategy needs to provide and clearly outline the pathways for developing and sustaining a career in mental health, that is inclusive of all Australians and their circumstances. The Strategy needs to make clearer that tertiary qualifications are not the only avenue to a successful career in mental health. This includes

upskilling the existing workforce, building genuine workforce pathways, acknowledgement and respect for work and lived experience, supporting people to re-enter or move laterally within the workforce, and addressing shortages in areas with high demand.

To encourage people to pursue a career in mental health, the Strategy needs to promote the need for clear pathways across the entire system. Students entering the system need clarity around what is required of them to progress in the workforce, how long this will take, and prerequisites for advancement. Mapping of the current pathways will identify qualifications that are missing or difficult to obtain.

For those already in the workforce, there need to be clearly identified pathways on how to upskill and gain new accreditation to further career opportunities. This needs to include micro-credentialing and short courses to boost necessary mental health workforce skills without the need to undertake longer-term study, which is also in alignment with the proposed changes to the VET qualifications reforms<sup>1</sup>. There must also be opportunities for people to remain in their community while undertaking training to increase the accessibility and uptake of training opportunities – this is particularly important for regional and remote workers.

NACCHO suggests that the Strategy include a specific objective focussed on the community-controlled sector. This would help to align the Strategy to the National Agreement and allow for specific implementations to support and develop Aboriginal and Torres Strait Islander mental health workforce. For many Aboriginal and Torres Strait Islander people there are structural barriers to accessing higher education, including entry requirements, cost, time, language, and the need to support family and community. To support the development of an Aboriginal and Torres Strait Islander mental health and SEWB workforce; work and lived experience needs to be taken into consideration in the design of training, study and attainment of qualifications which can be contextualised by ACCRTOs. This can be achieved through a mix of accredited and non-accredited training options, leveraging Recognition of Prior Learning (RPL) VET mechanisms and customised, targeted place based training with trusted facilitators.

A greater focus on work and lived experience will support Aboriginal and Torres Strait Islander people to advance their mental health careers, and assist in providing a multidisciplinary workforce that meets the needs of the community. These structural changes will help to facilitate increased recruitment and retention into these fields, and increase positive perceptions of the field, making it more attractive to enter and stay in these roles.

The Strategy must also address the need to divert the workforce into areas experiencing shortages or high demand. This is particularly relevant for rural and remote areas. Training and qualifications that consider previous work experience need to be readily available to support the transition of workers who may be required across numerous human services areas, such as disability, aged care, and mental health. Aboriginal Health Workers and Health Practitioners are also a vital and well-established workforce in the ACCHO sector. This will also lead to a workforce that leverages skills across sectors and can respond rapidly to the changing needs of a region.

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<sup>1</sup> [https://www.skillsreform.gov.au/images/documents/VET\\_Qualification\\_Reform\\_Explanation\\_Notes.pdf](https://www.skillsreform.gov.au/images/documents/VET_Qualification_Reform_Explanation_Notes.pdf)

### **Question 3: Are there any additional priority areas that should be included?**

NACCHO has identified four additional priority areas that should be included in the Strategy. These are:

- 1) ACCHOs and Aboriginal Community Controlled Registered Training Organisations (ACCRTOs)
- 2) Social and Emotional Wellbeing workforce
- 3) Primary Health Care and Early Intervention
- 4) Access to Data.

As previously discussed, ACCHOs are an integral part of the architecture of the primary health care system in Australia. The Strategy must include ACCHOs as a priority to acknowledge the important work they do, and to ensure that they are supported to develop their own SEWB and mental health workforce. The Strategy must also align with other government and community strategies to strengthen the Aboriginal and Torres Strait Islander workforce. To support the development of an Aboriginal and Torres Strait Islander workforce, support must be given to ACCRTOs, whose sole purpose is to build a skilled Aboriginal and Torres Strait Islander workforce to support their communities.

While ACCHOs are not able to provide all mental health care, other services need to work in genuine collaboration with them to identify service gaps, address access barriers and share workforce resources. NACCHO is aware of numerous examples where skilled workers are brought to communities, such as psychiatrists, however the local community is not suitably engaged about their presence and uptake of the service is limited. By working with ACCHOs, this communication can occur in a culturally safe way and support Aboriginal and Torres Strait Islander people accessing the care and support they deserve.

To help support ACCHOs to undertake this work there needs to be a separate focus on developing the SEWB workforce. Highly skilled and adequately resourced SEWB teams are required within ACCHOs to enable Aboriginal and Torres Strait Islander people to access culturally-based care to support their long-term wellbeing. ACCHOs need to be resourced and supported to recruit, train, and retain a SEWB workforce that responds to their Community's priorities and needs.

As previously highlighted, the Strategy is heavily focused on the clinical workforce and should be amended to recognise Primary Health Care and early intervention as priority areas requiring workforce growth. The goal of a successful mental health system should be to reduce the number of people requiring emergency and tertiary care. Not only does this add significant cost to maintaining the system, but it also leads to increased suffering for those requiring support whose circumstances need to deteriorate before being able to access care.

ACCHOs are the predominant providers of Primary Health Care for Aboriginal and Torres Strait Islander people. The Strategy must acknowledge the primacy of this work and include strategies that support them to develop their capabilities in responding to mental health issues.

The Strategy must also acknowledge the need for community-controlled services to access data in a timely way, to enable them to plan and design services, target early interventions, and identify related workforce development needs. This would strengthen alignment between the Strategy and the National Agreement.

**Question 4: The draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges across occupations and settings (public, private and community-based). To what extent does the draft Strategy achieve an appropriate balance?**

Further work is required for the Strategy to achieve the appropriate balance. Strengthening alignment with the National Agreement on Closing the Gap, inclusion of ACCHOs, ACCRTOs, and the broader community-controlled sector and recognition of the critical importance of SEWB services and workforce will assist achieving the balance sought as it will recognise and include the experiences of Aboriginal and Torres Strait Islander people.

Integral to achieving nationally consistent approaches is greater collaboration between the Commonwealth and State/Territory governments. Strong governance and accountability are required to ensure a comprehensive national workforce is developed. This will require state legislation to be streamlined and aligned to allow for greater transferability of qualifications and workforce requirements.

VET funding and performance is one area that requires national attention. The VET sector should be encouraged to see mental health and the human services sectors as a priority and leveraged to build specialisations and targeted training which can be leveraged across many professions in the human services sector. The Aboriginal and Torres Strait Islander community-controlled Human Services Sector is facing major workforce challenges where demand will outstrip supply of suitably skilled and job ready Aboriginal and Torres Strait Islander employees. This shortage will impact access to culturally appropriate, effective and efficient support and assistance. Developing targeted and specialised training will allow a greater number of professionals to upskill quickly and regularly, rather than needing to undertake more lengthy and duplicative qualifications.

Significant attention needs to be given to building an integrated workforce across many sectors, rather than building a siloed mental health workforce. The Strategy must align with existing workforce strategies at both a national and jurisdictional level, such as the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. The Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) are working closely with governments to develop a National Aboriginal and Torres Strait Islander Human Services Workforce Framework which will support this objective and align with the National Agreement.

Greater collaboration and integration of the health and human sector workforce will support development across numerous sectors, help address a shortage in workers, particularly in regional and remote areas, and build prevention and early intervention capacity. To allow for this, there needs to be clearly identified pathways to quickly educate and upskill workers and allow them to have mobility across the health workforce. There also needs to be clear integrated referral pathways across the aged care, disability, and primary and tertiary health care settings to stop clients falling through the cracks when moving between clinicians.

**Question 5: The draft Strategy provides a high-level roadmap to improve the attractiveness of careers in mental health, with implementation approaches differing across occupations and locations. To what extent does the draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?**

The Strategy needs to more fully consider the issues that impact on the attractiveness of training and working in the mental health sector for Aboriginal and Torres Strait Islander people.

Training is vital for currently employed workers to upskill and progress in their careers. ACCHOs and their mental health/SEWB staff are already under incredible pressure due to workforce shortages, identifying time for workers to upskill is increasingly challenging. It is vitally important to support organisations to be able to backfill positions to allow for Aboriginal and Torres Strait Islander people to undertake training. ACCRTOs must be supported to provide this training. ACCRTOs are essential to ensuring Aboriginal and Torres Strait Islander people have a culturally appropriate training option to support both student and employer through the study journey from enrolment, clinical placement to graduation.

In addition, to support and retain staff in this sector funding for staffing must include supervision and mentoring, inclusive of cultural supervision.

Staff in the mental health workforce often experience high rates of stress and burnout in their roles due to the extensive demands and expectations. For many Aboriginal and Torres Strait Islander people, particularly in smaller communities, this is compounded by the 24/7 nature of the job. As trusted community members, Aboriginal and Torres Strait Islander people working in the mainstream and community-controlled sectors are often required to respond to crisis situations in their communities at all times of the day and night, not only when they are officially at work. This unique nature of the work for Aboriginal and Torres Strait Islander people needs to be recognised as it impacts on recruitment and retention. In addition, long-term, adequate, and sustainable funding would enable organisations to offer staff longer contracts and more secure positions, positively impacting on both recruitment and retention.

Within the mainstream system there needs to be an urgent and dedicated effort to improve the cultural safety of organisations. Often, Aboriginal and Torres Strait Islander staff within mainstream organisation do not feel culturally safe and are not provided the adequate support leading to people leaving the workforce. They are often required to perform unpaid and unrecognised 'cultural navigation' roles between Aboriginal and Torres Strait Islander consumers, non-Aboriginal workers as well as the organisation.

Across the mental health sector there needs to be an increase in remuneration, particularly for workers without tertiary qualifications. There needs to be recognition of the SEWB workforce and a clear SEWB pathway to allow for recognised qualifications for natural healers, care workers and other SEWB workers. Aboriginal Health Workers and Practitioners and SEWB workers are the centre of an ACCHO, and often form the basis of an SEWB team and provide key linkages across the health system. An increase in remuneration would improve recruitment and retention and remunerate people adequately for the work they do. Non-monetary conditions must also be considered, particularly in remote areas, where housing shortages are an increasing problem. Supporting adequate living conditions for local community-based workers, will help individuals and service providers to move into remote areas.



**Question 6: A key issue for the mental health workforce is maintaining existing highly qualified and experienced workers. To what extent does the draft Strategy capture the key actions to improve retention?**

The Strategy requires further work to capture the key actions needed to improve retention, many of which have been covered in previous questions including acknowledging and supporting the non-clinical and cultural workforce, addressing institutional racism, and improving access to training and upskilling opportunities. The evidence and recommendations from the Career Pathways Project report, *Growing and Strengthening the Aboriginal and Torres Strait Islander Health Workforce*, should be embedded into the Strategy to support the achievement of outcomes. This report provides a nationally evidenced-based framework and clear recommendations with pillars for actions pertaining to leadership and self-determination, cultural safety, valuing cultural strengths, investment in the workforce and the workplace, and education and training.

Consideration should also be given to research by Deroy and Schutze (2021) that found the key to retention of SEWB workers was being connected to and responsive to community need, teamwork and collaboration, cultural safety, supervision, professional advancement, and recognition. All these factors need to be improved to increase the retention rates of Aboriginal and Torres Strait Islander workers.

One key action that needs to occur to retain workers is to improve the remuneration. Mental health and SEWB workers have difficult jobs that require them to manage trauma, significant mental health issues, and support people in crisis. This often leads to people developing or exacerbating their own mental health issues. Such a highly skilled and important job requires adequate pay in recognition of the difficulty and importance.

Workers need access to training and be given encouragement to upskill, inclusive of self-care practices. A key part of enabling this is to provide backfill funding to community-controlled organisations to allow them to replace a staff member while they are away receiving this training. Smaller organisations are unable to manage without each staff member available. To support this, the Strategy needs to support more on the job training and access to paid supervision.

Action needs to be taken to foster the recruitment and retention of Aboriginal and Torres Strait Islander staff through providing workplace environments that are culturally safe, responsive and free of racism. There must be ongoing partnership work to build and sustain a workplace culture across primary care, tertiary and hospital care, community and allied health, and mental health services. All settings must value culture and cultural skills in the same way clinical skills are valued, and develop pathways and programs for ongoing support, mentoring and development of Aboriginal and Torres Strait Islander staff, including into leadership positions.

The Strategy should also address the need to upskill Aboriginal and Torres Strait Islander SEWB and mental health workers. To support this, there needs to be (among other things) clearly identified pathways, paid cultural supervision, recognition of previous work experience in obtaining qualifications, and the ability to receive qualification while remaining in community, as previously highlighted.

**Question 7: The Productivity Commission and other inquiries have identified the importance of improving integration of care, and supporting multidisciplinary approaches. How can the Strategy best support this objective?**

The importance of improving integration of care and supporting multidisciplinary approaches has been highlighted in the response to previous questions. The Human Services Framework currently under development by the Coalition of Peaks will help support this objective. This Strategy also needs to be flexible and supportive of VET sector reform to align with the Framework.

As previously raised, clear, integrated referral pathways are needed to reduce overlap and allow staff to understand their roles and responsibilities within the system. These pathways will work to improve communication across the system, ensure accountability and set expectations for each worker, and make it easier for clients to navigate an increasingly complex system.

The Strategy needs to acknowledge the importance and value of work experience in developing skills. There currently exists a large workforce of people with skills learned on the job, who need to be supported with additional training to upskill while recognising they have already developed the skills, they need to obtain a qualification. It needs to be easier to gain new skills and have these recognised without the need to undertake a new qualification (Lai, Taylor, Haigh and Thompson, 2018).

NACCHO strongly recommends that the Taskforce consider the Western Australian Aboriginal Community Controlled Health Services' (WA ACCHS) Model of Care developed by the Aboriginal Health Council of Western Australia. This Model of Care guides the delivery of SEWB healthcare across WA communities and clearly articulates what is needed to improve integration of care and support multidisciplinary approaches with SEWB teams in ACCHOs.

Some important considerations that the Model raises that are relevant to the Strategy include:

- the need to identify ways to establish and strengthen existing SEWB teams, including the development of an SEWB competency framework and mandatory training and professional development requirements.
- the need to evaluate, strengthen and establish appropriate local referral pathways recognising the fluctuating, diverse nature of SEWB and mental health needs.
- mapping services according to local areas, and identify local priority areas, gaps, and opportunities for partnership.

**Question 8: There are recognised shortages across the mental health workforce, including maldistribution across metropolitan/regional locations and settings. To what extent does the Strategy address the issues and supports required to improve workforce distribution?**

A key action that is required to improve workforce distribution is the redirection of funding from "fly-in fly-out" services to services within communities and regions. These services do not work well for Aboriginal and Torres Strait Islander people, do not build trust within communities, and do not support the development of trusted therapeutic relationships. The Strategy should support the development of localised workforces, rather than increase the reliance of intermittent and distant services. To help address workforce shortages, there needs to be support given to upskill current workers to specialise in SEWB and mental health. These people are already connected to the organisation, and this allows for a much quicker increase in workforce capacity.

There is also a need to better integrate services in regional areas and leverage telehealth services. This could include the funding and creation of regional, co-ordinated networks, such as suicide

prevention. This would improve communication and collaboration between services within a regional area, allow them to share knowledge and resources, and provide better integration. It is vital that these occur within a community-controlled framework for Aboriginal and Torres Strait Islander people and are supported by Aboriginal and Torres Strait Islander governance.

It is also important for the Strategy to acknowledge that mental health workforce shortages can occur for Aboriginal and Torres Strait Islander people within metropolitan settings due to the lack of culturally competent mainstream services. Building and upskilling the ACCHO workforce to address these shortages across all settings should be an urgent action of this Strategy, in alignment with Strategic Direction 2 of the National Aboriginal and Torres Strait Islander Health Workforce Plan and Priority 3 of the National Aboriginal and Torres Strait Islander Health Plan 2021-2031.

**Question 9: Adopting a broad definition of the mental health workforce provides a platform for innovation to ensure all occupations are able to work effectively. How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?**

A key action required to achieve innovation is to establish clear national governance to take ownership of the Strategy. Innovation begins with communication and requires the Commonwealth and State/Territory governments to work together in genuine partnership with one another and with the Aboriginal and Torres Strait Islander Community Controlled Sector.

Integral to innovative service delivery models and workforce optimisation approaches for Aboriginal and Torres Strait Islander communities is alignment and commitment to the National Agreement on Closing the Gap. The strategy needs to incorporate innovation and implementation together with place based support to monitor, evaluate and research SEWB and Mental Health strategies and practices with recognition of the diversity of Aboriginal and Torres Strait Islander peoples across the national landscape.

The Community-controlled sector must be empowered and funded to develop approaches that work for the local community and address their needs. This includes providing long-term, sustained and flexible funding to develop SEWB teams with significant capacity to support community wellbeing. The SEWB Model developed by AHCWA is an example of an innovative service delivery approach, and other jurisdictions should be supported to develop and implement similar models.

In the training and education space, innovative approaches are required to move away from qualifications and certificates to consideration of required capabilities and skills. These should be mapped to qualifications to allow this expertise to be recognised and utilised within the health system. Non-clinical and cultural expertise must also be recognised and acknowledged within the mental health system.