



Partnerships between mainstream mental health services and Aboriginal and Torres Strait Islander organisations: summary

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Partnering to provide holistic health care respecting Aboriginal and Torres Strait Islander cultural protocols

Aboriginal and Torres Strait Islander health organisations deliver health care in a much more holistic way than do most mainstream mental health services – they are holistic, intergenerational, and connected to identity, culture and Country. These services are often run by boards of Aboriginal and Torres Strait Islander people elected from the local community, to represent local community needs, rights and aspirations. They reflect the way Aboriginal and Torres Strait Islander people see mental health, which includes cultural concepts of health and wellbeing, and in many ways is different to how non-Indigenous people see mental health. For these reasons, among others, Aboriginal and Torres Strait Islander people often want to be cared for by Aboriginal and Torres Strait Islander people, and value Aboriginal and Torres Strait Islander-led services. However as state, territory and national policies recognise, Aboriginal and Torres Strait Islander health services are not adequately funded to meet need.

On the other hand, mainstream mental health services, including government mental health services, have often reported low numbers of Aboriginal and Torres Strait Islander people accessing them. That is because, in general, they offer services that do not accord with the worldviews, rights, cultures and protocols of Aboriginal and Torres Strait Islander people.

If mainstream mental health services develop effective partnerships with Aboriginal and Torres Strait Islander organisations, this can help them move some way towards redressing this disjunction. Partnerships can have significant benefits for mainstream mental health services, in that they can learn about the needs of their clients and ways to meet them, and they can learn about holistic care, which will be of benefit to all clients, Indigenous or not. Partnerships can provide Aboriginal and Torres Strait Islander organisations with resources to extend their reach, and might provide access to specialised services they may not otherwise have access to.

But if partnerships are tokenistic, that could be worse than no partnership, as it could increase levels of distrust among Aboriginal people and communities.

Project overview

This project was funded by National Mental Health Commission, and was designed to examine partnership types and structures that exist between mainstream mental health services and Aboriginal community controlled health organisations (ACCHOs), and to document a small number of existing partnerships, drawing out critical success factors common to these.

Methods used to gather information included reviews a wide range of published and online information, and direct engagement with service providers involved in partnerships. Material from these was used to both document key features of partnerships as well as develop narratives about specific partnerships.

This report builds on existing knowledges by Aboriginal and Torres Strait Islander experts in partnership that can support mainstream mental health services and ACCHOs to work together in partnerships. Some complex yet necessary issues are explored, including identifying where power could and should lie in partnerships, how this fits with Aboriginal and Torres Strait Islander people's right to self-determination and how to respect Aboriginal and Torres Strait Islander people's cultural concepts of health, social and emotional wellbeing and mental health.

Power and principles in partnerships

There are many different types of relationships between organisations, but the term “partnership” should be reserved for relationships that are substantially equal. Because mainstream organisations tend to be larger and better funded than Aboriginal and Torres Strait Islander organisations, mainstream services wanting to enter partnerships should take time to critically reflect, identify and acknowledge imbalances in power. Partnerships work well when power is shared, or when power is vested in Aboriginal and Torres Strait Islander Elders and leaders to support their right to self-determination. As examples in this report demonstrate, there are many ways mainstream organisations can and have rectified power imbalances, including through:

- Aboriginal and Torres Strait Islander leadership and intergenerational transfer of knowledge
- prioritising Aboriginal and Torres Strait Islander people's views and voices in discussions
- working to develop principles on which the partnership should operate.

It is also important that the work the partnerships is seeking to support arises from and is supported by local Aboriginal and Torres Strait Islander peoples and organisations. To achieve these features, Aboriginal and Torres Strait Islander organisations will have protocols they will expect mainstream organisations to follow – examples are shown in this report. Common elements of these include:

- viewing and centring of Aboriginal and Torres Strait Islander cultures as a source of strength and healing
- rectifying assumptions, negative perceptions and racism that underscores colonisation and colonialism
- respect for and use of Aboriginal and Torres Strait Islander Elders' knowledges, evidence and practices
- development of strong relationships built on time, trust and respect.

This is likely to result in services that are more relevant to Aboriginal and Torres Strait Islander people and cultures.

Partnerships can exist in many ways, and mainstream mental health services wishing to form partnerships will need to work locally to understand an Aboriginal and Torres Strait Islander organisation's staff, resources and the communities they serve.

Westernised processes and contractual relationships used by mainstream businesses are unlikely to be effective. The mainstream workforce usually needs preparation and support to understand how rights to self-determination of Indigenous peoples are operationalised in practice, and to develop the conditions for culturally safe care.

Diverse partnerships in this report

This report provides examples of partnerships between mainstream organisations and Aboriginal and Torres Strait Islander organisations – the *Looking Forward Moving Forward* project, the Indigenous Mental Health Intervention Program, headspace Broome, Headspace Inala, Wadamba Wilam, Wyiliin ta, and a cautionary tale from Winnunga Nimmitjyah Primary Healthcare. These cases exhibit tremendous variety, highlighting there is no one approach. They have grown in response to local need and to the local environment, and have changed over time. We highlight important points to note from each example.

Evaluation in accordance with the Indigenous Evaluation Strategy of the Productivity Commission (2020) will help contribute more examples and is essential for strengthening long-

term partnerships that support the rights of Aboriginal and Torres Strait Islander peoples to self-determine ways forward.

For future development

Again, mainstream mental health services stating they are committed to providing services for Aboriginal and Torres Strait Islander people, or who wish to partner with Aboriginal and Torres Strait Islander organisations, need to critically reflect on their own ways of planning and operating. Over time, this will allow them to understand their own individual and organisation culture, which is the prelude to understanding others.

In addition to understanding their own culture, mainstream mental health service providers will need to understand:

- the importance of family, community, culture and Country to Aboriginal and Torres Strait Islander people
- the importance of and processes for community control and self-determination
- the conceptualisation of health, social and emotional wellbeing and mental health
- the importance of holistic care and the breadth of services required.

They will need to do the work to understand generalities about working with Aboriginal and Torres Strait Islander people and organisations, then about the local population they wish to support.

About the authors

Yulang Indigenous Evaluation is an Aboriginal-led consultancy that works with communities and clients to research and evaluate policies and programs that affect Aboriginal and Torres Strait Islander people. Yulang is the Wiradjuri word for ripple ... we have used it to signify our belief that all we do has an impact, and that even small changes for the better can lead to changes both upstream and downstream.

Yulang is led by Professor Megan Williams PhD, who is Wiradjuri and palawa through her father's family and has more than 20 years' experience working on programs and research to improve the health and wellbeing of Aboriginal and Torres Strait Islander people, particularly in the criminal justice system. Megan is Associate Dean (Indigenous), Professor of Public Health (Indigenous) and Head, Girra Maa Indigenous Health Discipline, Faculty of Health, UTS.

The minority partner is Dr Mark Ragg MBBS BA, a non-Indigenous man with long and varied experience in health, policy and research. Mark has worked as a doctor in emergency departments, as a journalist with the *Sydney Morning Herald* and as a consultant to governments and NGOs on health policy, on program design and on communications. He has also sat on the NSW Mental Health Review Tribunal. He is Adjunct Fellow at Girra Maa Indigenous Health Discipline, Faculty of Health, UTS.

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The views expressed in this report are those of Yulang Indigenous Evaluation, not the National Mental Health Commission.

The work described in this report took place in 2021 and 2022. Since that time, the National Mental Health and Suicide Prevention Agreement came into effect and other changes to the landscape have taken place.

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