



From:

- Mr Tom Brideson, Chair National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
- Professor Pat Dudgeon, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)

By email c/o NATSILMH EO Christopher Holland

1 September 2019

Dear Mr Mokak

**Joint interim submission to the Productivity Commission's Indigenous Evaluation Strategy inquiry**

Thank you for the opportunity to make this interim submission to the inquiry and also for the extension to the deadline to make this submission. Unfortunately, among many competing commitments, we have not had the chance to complete a full submission but will do so in response to the draft inquiry report in June 2020.

In the meantime, we submit the following as principles to guide an Indigenous Evaluation Strategy with a particular focus on Australian governments' mental health, social and emotional wellbeing and suicide prevention activity:

1. Evaluations should be based around Indigenous consumer/ community perspectives – and not entirely agency self- assessment. This is particularly so in assessments of cultural safety and cultural competence in mental health and suicide prevention service contexts where Indigenous consumers' experience of services should be the measure.
2. Indigenous Social and Emotional Wellbeing (SEWB) and Mental Health Impact Statements – Evaluations of all indigenous programs and activity should consider mental health impacts and impacts on SEWB domains - family, community, culture, country, etc. regardless of ostensible program subject matter.
3. Evaluations should include measures of how activities progressed the implementation of existing Indigenous SEWB and mental health -related policy: particularly the *Gayaa Dhuwi (Proud Spirit) Declaration* and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*.
4. Evaluations should weight program/ activity support for:
  - Indigenous community control
  - Robust co-design (technically defined) and co-implementation processes with communities,
  - Indigenous employment
  - Community capacity building, and

- Place based service provision.

5. Evaluations of mainstream spending on Indigenous consumers/ communities and Indigenous-specific expenditure through mainstream mechanisms (i.e. Indigenous -specific mental health and suicide prevention spending through Primary Health Networks) should include:

- Precise accounting for where spending on Indigenous people/ communities occurred
- Whether expenditure equity (taking into account Indigenous population presence and - usually - greater need) was achieved
- Processes leading to decision-making around expenditure
- Flow on effects - whether Indigenous employment/ business support, etc. resulted
- Support to ACCHSs in the case of health-related expenditure.

6. Re: the above, in the case of health, mental health and suicide prevention funding, if expenditure has not gone through Aboriginal Community Controlled Health Services (ACCHSs), an accounting of the reasons why and how this represented better value for money. (In other words, evaluation against the preferred provider principle in favour of ACCHSs).

7. All program and activity evaluations should be subject to review by an Indigenous-controlled evaluation quality assurance body of some sort.

8. All evaluations should feed an additional process whereby the evidence base is collated and improved and best practice continuously identified so CQI across the Indigenous Affairs space occurs.

Yours faithfully

Mr Tom Brideson

Chair, NATSILMH

Professor Pat Dudgeon

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