

Design of mental health and wellbeing crisis and emergency responses

First Nations Engagement Overview

IMPACT CO.



Acknowledgement of Country

We would like to acknowledge the traditional custodians of the land on which our offices stand, and pay our respects to Elders past, present and emerging. We acknowledge their continuing relationship to this land, its waterways and seas and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

Finally, we would like to acknowledge that sovereignty has never been ceded.

This land always was and always will be the land of Aboriginal and Torres Strait Islander peoples.



Recognition of Lived and Living Experience

We recognise the individual and collective contributions of people with a lived and/or living experience of mental health issues, their families, carers and supporters.

Through listening to and acting on the voices of people with lived experience, those who provide services, those who fund services, and most importantly, those who use services, we will find the information we need to move towards the mental health system that Australia needs.

Every person's story we hear, and every experience shared, helps to develop our understanding of the system that is required to best meet the needs of Australians living with mental health issues, their families, carers and supporters.

CONTEXT

SYSTEM & SERVICE DESIGN CONSULTATIONS

BACKGROUND

This Paper provides an overview of key themes identified through engagement activities, and is supported by desktop review outputs to provide additional context of the current state of mental health crisis responses for First Nations peoples.

Background

Impact Co. and Lively Collective facilitated a range of Service and System Design Consultations with Aboriginal and Torres Strait Islander-controlled health, wellbeing, and Social and Emotional Wellbeing (SEWB) organisations in Victoria. These targeted consultations specifically focused on the experience of First Nations peoples in accessing mental health crisis responses, and bringing together vast knowledge and expertise to inform crisis response system design.*

The system design sessions sought to:

- Build a shared understanding of how Aboriginal and Torres Strait Islander consumers experience the current crisis response system, including strengths and culturally specific challenges; and
- Envision a future system where support is timely, culturally safe, and delivered by a well-supported, culturally competent workforce.

The service design sessions sought to:

- Explore how the five new or redesigned proposed service models can best meet the needs of Aboriginal and Torres Strait Islander consumers, families, carers, and supporters.

The in-scope services include:

 Telehealth

 Crisis Outreach

 Safe Spaces

 Clinical Assistance

 Criss Stabilisation

Engagement timeline & participants

Across our system and service design consultations, we spoke to **43** Aboriginal Community Controlled Health Organisation (ACCHO) representatives across varying roles, including frontline and community-based service delivery experience, clinical expertise, and organisational and policy leadership.



About this document

This document outlines a high-level summary of key themes that were captured across the engagement period. This is not intended to be an exhaustive list of diverse perspectives and insights elicited through engagement activities.

This is supported by outputs from desktop review activities which provide additional context to support a shared understanding.

Where you can get support

We're conscious this subject matter may cause distress. If you are seeking support, please refer [here](#) or [here](#) for a list of telephone and online services.

Yarning Safe N Strong (YSNS), 1800 959 563, is delivered by the Victorian Aboriginal Health Service (VAHS). YSNS is available 24 hours, seven days a week to people and families who need to have a yarn with someone about their wellbeing. It is a free and confidential counselling service for Aboriginal and Torres Strait Islander Peoples

* Note: some First Nations participants also attended sector-wide workshops.

SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH

WHY WE NEED TO GET IT RIGHT

Incorporating [Social and Emotional Wellbeing](#) (SEWB) principles into the design of mental health crisis services is essential for creating culturally safe, effective, and appropriate care for Aboriginal and Torres Strait Islander peoples.

Social & Emotional Wellbeing (SEWB)

SEWB is a holistic concept of physical and mental health that results from a network of relationships between individuals, family, kin, and community. It recognizes the importance of connection to land, culture, spirituality, and ancestry and how these affect the individual.

SEWB may change across the life course; what is important to a child’s social and emotional well-being may differ from what is important to an Elder. However, a positive sense of SEWB is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives.

SEWB is the foundation of physical and mental health for Aboriginal and Torres Strait Islander people. SEWB is often misunderstood as synonymous with mental health. It is important to note that it is a broader concept of which mental health and connection to the mind is one component. For Aboriginal and Torres Strait Islander peoples, SEWB includes a collective sense of self that is defined by connections:

- Mind;
- Body;
- Family;
- Community;
- Culture;
- Country; and
- Spirituality.

Furthermore, sense of self is significantly impacted by historical, political, social, and cultural determinants of health. The concept also recognises:

- The significant diversity among Aboriginal and Torres Strait Islander people across Australia;
- How culture evolves and adapts over time; and
- How experiences and expressions of social and emotional wellbeing can change over an individual’s lifespan.

The importance of SEWB principles in mental health crises response

Incorporating SEWB principles ensures that no matter where and when Aboriginal and Torres Strait Islander people access mental health crisis services – whether through First Nations-specific services, mainstream health facilities, emergency departments, or community programs – they are respected and receive access to good quality care that acknowledges their cultural identity and needs.

Social & Emotional Wellbeing Wheel



SEWB Diagram adapted from Gee et al., (2014)

CURRENT STATE

POLICY AND LEGISLATIVE LANDSCAPE

Whilst there are a range of relevant National and State policy directions focused on closing the gap for Aboriginal and Torres Strait Islander communities, the two documents that are central to crisis reform design in Victoria are the [Royal Commission into Victoria's Mental Health System](#) (Recommendation 33) and the [Mental Health and Wellbeing Act 2022](#) (VIC).

The Royal Commission into Victoria's Mental Health System: Recommendation 33

Recommendation 33 of the Royal Commission into Victoria's Mental Health System (the Royal Commission) focuses on strengthening Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. Specific recommendations include:

- **Establishing two co-designed Aboriginal healing centres** to deliver early, culturally safe, and flexible mental health support.
- **Funding Aboriginal community-controlled organisations** to provide culturally appropriate, family-oriented social and emotional wellbeing services for children and young people.
- **Enabling shared care partnerships** between Aboriginal organisations and Area Mental Health and Wellbeing Services.
- **Supporting VACCHO** to lead the development of culturally appropriate services for infants and children requiring intensive mental health support.

In addition, the [Recommendation 4 of the Royal Commission's Interim Report](#) supported the need for self-determined Aboriginal social and emotional wellbeing services. Specifically, it includes:

- **Social and emotional wellbeing services need to be Aboriginal-led and self-determined** by Aboriginal communities and Aboriginal community-controlled organisations.
- **Mental health services should be culturally safe** for Aboriginal people.
- **Aboriginal knowledge, expertise and experience** needs to be embedded in the mental health system needs to reflect.
- **The workforce** needs to reflect the community it serves.
- **Aboriginal people should be able to choose** to receive care within Aboriginal community-controlled organisations, within mainstream services, or a mix of both.

The recommendations seek to ensure Aboriginal and Torres Strait Islanders across the lifespan can access mental health support from a network of services.

[Royal Commission Fact Sheet: Aboriginal Social & Emotional Wellbeing](#)

Many Aboriginal people access mainstream mental health services for their care and it is incumbent on mental health services to provide culturally safe responsive and inclusive treatment, care and support.

The Commission's aspiration is for a mental health and wellbeing system where Aboriginal self-determination is respected in the design and delivery of care. In the new system, Aboriginal people should be able to choose to receive care within Aboriginal community-controlled organisations, within mainstream services, or a mix of both. Irrespective of where treatment, care and support are delivered for Aboriginal people, communities and families, it is fundamental that it is safe, inclusive, respectful and responsive.

Mental Health and Wellbeing Act 2022 (VIC)

The *Mental Health and Wellbeing Act 2022* embeds cultural safety and the rights of Aboriginal and Torres Strait Islander people as a core part of Victoria's mental health system:

- **Cultural safety** is recognised as a **fundamental principle** in the delivery of services.
- The Act requires services to be delivered in a way that respects and promotes the **distinct cultural rights** of Aboriginal people.
It acknowledges Aboriginal **self-determination**, placing obligations on system leaders to work in partnership with Aboriginal communities.
Establishes the role of the Chief Officer for Mental Health and Wellbeing, who must promote **culturally safe practices** across the system.
Supports the establishment of Aboriginal **Social and Emotional Wellbeing teams** and governance structures.

However, the Act does not explicitly mandate cultural safety compliance.

CURRENT STATE

POLICY AND LEGISLATIVE LANDSCAPE

The [Yoorrook Justice Commission](#) was Victoria's and Australia's first formal truth-telling inquiry into historic and ongoing systemic injustices perpetrated against First Peoples through colonisation, led by First Peoples. The Yoorrook Justice Commission's final interim report, *Yoorrook for Transformation*, and the final report, *Yoorrook Truth be Told*, were tabled in the Victorian Parliament on 1 July 2025. Findings relevant to mental health are outlined below.

Key mental health findings

"First Peoples in Victoria face profound mental health inequities and ongoing systemic injustices in the mental health system"
Yoorrook for Transformation: Third Interim report – Volume 4

The Yoorrook Justice Commission's final report underscores the profound impact of colonisation on the mental health of Aboriginal and Torres Strait Islander Victorians. It identifies historical and systemic injustices, such as mass killings, cultural erasure, forced child removals, and institutional racism, as root causes of intergenerational trauma. These legacies continue to contribute to disproportionately poorer mental health outcomes for First Nations Victorians today.

Overarching themes

The past is the present: The report highlights that Victoria's child protection and justice systems have perpetuated trauma by disconnecting Aboriginal children from their culture – an ongoing violation of fundamental human rights that continues to shape Social and Emotional Wellbeing outcomes today.

Overrepresentation in culturally unsafe services: The report finds that Aboriginal Victorians are more than four times as likely to receive mental health services compared to non-Aboriginal populations – but evidence presented revealed this over-representation in services to be marred by racism and discrimination, both for care-seekers and care-providers.

Disproportionate use of compulsory treatment: The report illustrates that Aboriginal and Torres Strait Islander people are significantly more likely to be subjected to compulsory mental health treatment under legislation compared to non-Aboriginal Victorians. This includes higher rates of involuntary hospitalisation, seclusion, and the use of restrictive interventions.

Recommendations 73 & 76

Findings outlined in Chapter 29 of the [Yoorrook for Transformation Third Interim Report - Volume 4](#) relate to the mental health and Social and Emotional Wellbeing of Victoria's First Nations people. Recommendations 73 and 76 are specifically connected to mental health crisis response.

Recommendation 73 calls on the Victorian Government to:

- a. Amend the *Mental Health and Wellbeing Act 2022 (Vic)* to replace the Health Led Response Principle with robust statutory obligations on both Victoria Police and health professionals in relation to First Peoples, removing all Protective Service Officer powers to respond to mental health crises and significantly investing in health-led responses and divesting from Victoria Police.
- b. Introduce and fund a compulsory workforce training requirement for police to facilitate a health-led response in relation to First Peoples.

Recommendation 76 calls on the Victorian Government to require annual reporting from mental health service providers and government agencies on:

- a. Their use of restrictive interventions and compulsory assessment and treatment;
- b. Steps taken to comply with the obligation to reduce and eventually eliminate restrictive interventions;
- c. Compliance with the Cultural Safety Principle; and
- d. Responses to mental health crises including exercise of police powers and the transition to health-led crisis responses.

CURRENT STATE

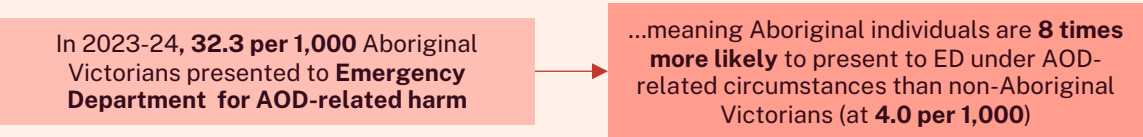
THE CRISIS EXPERIENCE OF FIRST NATIONS PEOPLE

First Nations consumers within Victoria’s mental health crisis system experience disproportionately poorer experiences. **Every life lost to suicide is one too many.** While the data cannot capture the individual stories behind the numbers, they provide important context around systemic failings, over-representation, and inequitable outcomes. In addition, the elevated rates of psychological distress, self-harm presentations, and suicide among Aboriginal and Torres Strait Islander people must be understood within the context of broader life stressors including intergenerational trauma, racism, socioeconomic disadvantage, housing instability, and cultural disconnection - all of which significantly impact social and emotional wellbeing. This is exacerbated by an ongoing lack of culturally safe service options.

RATES OF MENTAL-ILL HEALTH

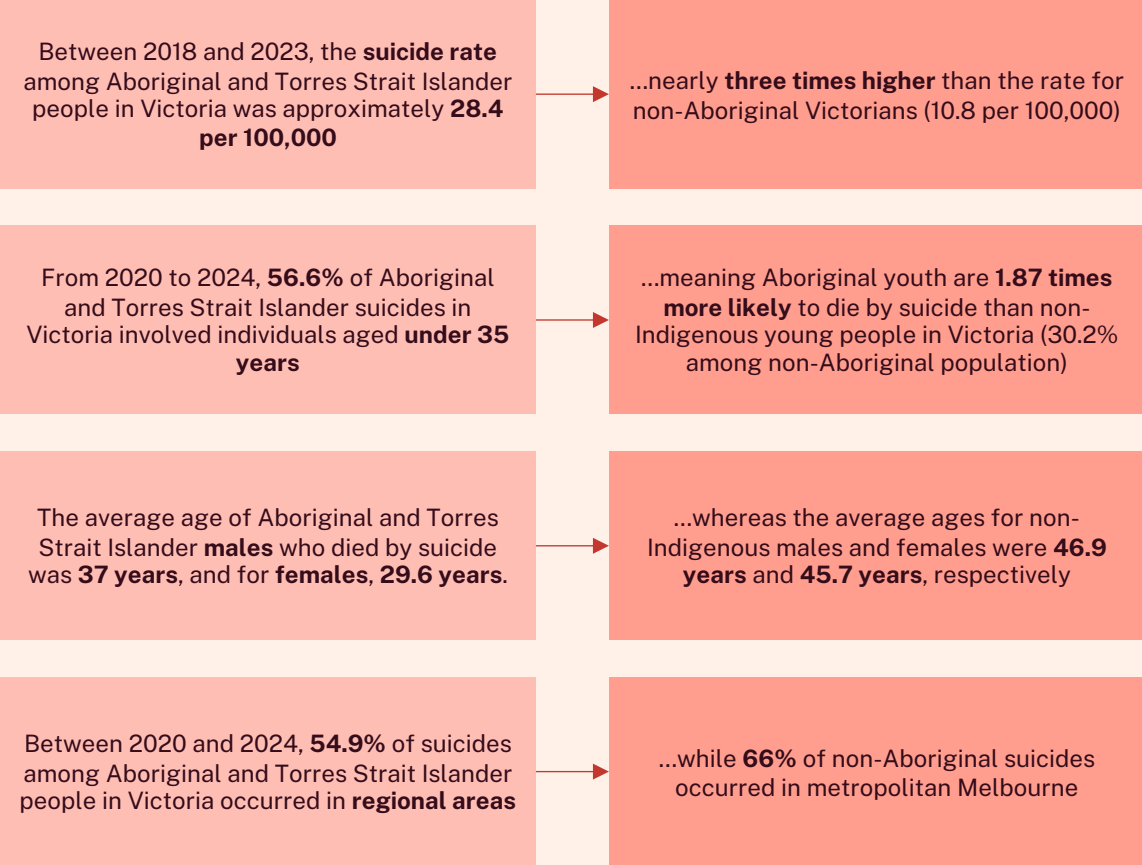


ALCOHOL & OTHER DRUG (AOD)-RELATED DATA



Note: Available data on Aboriginal and Torres Strait Islander mental health outcomes is often outdated or limited (including due to under-reporting for First Nations people), which may not fully capture the current scope and complexity of mental health needs for Aboriginal and Torres Strait Islander communities.

RATES OF SUICIDE



Sources: [Coroners Court of Victoria, 2024, 2025](#); [First Peoples-State Relations, 2024](#); [2025](#)

WHAT WE HEARD

CURRENT STATE

IDENTIFIED CHALLENGES (1 OF 2)

Emergency-led response to mental health crises has been traumatic and harmful for many First Nations people, leading to distrust of emergency services and over-involvement of the justice system. Key themes we heard in relation to the current state of the mental health crisis system, along with publicly available evidence that supports these perspectives, are outlined below and overleaf.

“It is a broken system at the moment for our mob. Our options are non-existent”

“Our people are passing away still unhealed with a lot of trauma”

THEME	WHAT WE HEARD	WHAT THE EVIDENCE SAYS
Systemic & Structural Limitations	Inadequate policy and reform focus - There was a common view that the Royal Commission lacked a First Nations focus. - There is a risk of repeating reform failures.	Only one recommendation of the Royal Commission (Rec 33) has a sole focus on the Aboriginal and Torres Strait Islander experience of the mental health service system. Source: The Royal Commission, 2021
	Fragmented service systems - Services currently operate in siloes when there is a clear need for integration, especially for First Nations people with co-occurring mental health and AOD needs. - There is a criminalisation of mental health crisis, with First Nations individuals more likely to be present in custody than receive care, and gaps in crisis supports during and post-custody.	Co-occurring mental health and AOD needs are disproportionately experienced at higher rates amongst Aboriginal people than the general population. Source: Australian Institute of Health and Welfare, 2024
	Distrust and disengagement - Current service system is not adequately set up for Aboriginal consumers. - Aboriginal consumers may avoid service access due to fear of child protection and/or justice involvement. - The sector is experiencing consultation fatigue.	Systemic racism and a lack of cultural safety contribute to Aboriginal communities' distrust of mental health services, with 34.5% of Aboriginal Victorians reporting an experience of racism in a health care setting in 2023. Source: First Peoples-State Relations, 2025 ; VACCHO, 2020
Cultural Safety	Culturally unsafe mainstream services - Many Aboriginal consumers experience racism, discrimination and poor practice in hospital settings. - Aboriginal consumers are disproportionately subject to compulsory treatment measures, including restraint and seclusion. Lack of partnership between Area Services and ACCHOs to deliver culturally safe care - ACCHOs may be excluded from crisis planning and care coordination, leading to insufficient collaboration between mainstream mental health services ACCHOs and missed opportunities for culturally safe, wraparound care. Limited access to culturally safe care - Limited crisis options outside of hospitals. - Minimal out-of-hours culturally safe services.	There is limited access in Victoria to culturally safe mental health services for Aboriginal communities, contributing to poorer SEWB outcomes. Source: The Royal Commission, 2021

CURRENT STATE

IDENTIFIED CHALLENGES (2 OF 2)

A lack of Aboriginal-specific crisis services puts immense pressure on the ACCHO workforce to respond to gaps in mainstream services. First Nations people continue to fall through the gaps.

"People have lost lives because we haven't had a service like this...we don't have our own spaces where we can send our people"

THEME	WHAT WE HEARD	WHAT THE EVIDENCE SAYS
Under investment	Unfunded secondary consultation and informal crisis care - ACCHOs provide crisis support outside remit, due to high service trust. - There has been a historic lack of investment in the community sector for mental health crisis response.	ACCHOs are carrying a disproportionate burden in implementing the National Closing the Gap Agreement's targets, filling gaps in service delivery and secondary consultations. Source: Coalition of Peaks, 2025
Workforce Capacity & Representation	Under-resourced cultural workforce - Excessive pressure on ACCHO workforce. - Fatigue from 'cultural load' and consistently operating beyond scope.	Aboriginal and Torres Strait Islander people continue to be underrepresented across all professions, roles, and functions in health and related sectors in Victoria, with only 0.8% of the health or social services workforce represented by Aboriginal people in 2021. Source: First Peoples-State Relations, 2025 ; North Western PHN, 2023 ; VACCHO, 2022
	Lack of Aboriginal workforce in mainstream services Minimal community representation in tertiary services.	
	Pre-crisis workforce strain The system cannot meet demand across the spectrum of need from early intervention to crisis.	
Service Gaps & Continuity of Care	Lacking Aboriginal-specific crisis services - There is no Aboriginal-owned hospital in metro Victoria ; often community members seeking health services come to community-controlled organisations. - There is a misconception that 'metro' equates to 'access'; unmet demand is higher in metro areas.	Aboriginal and Torres Strait Islander people attend Emergency Departments at a significantly higher rate than non-Aboriginal Victorians, with Aboriginal consumers accessing community mental health services at a contact rate 4.7 times higher (at 1,612 per 1,000) than non-Aboriginal consumers (343 per 1,000).
	Poor transitions and continuity of care - Limited support transitions from hospital/inpatient settings to community based care from ACCHOs. - Wraparound support and case management are underfunded.	Aboriginal communities often rely on mainstream services that are not equipped to provide culturally safe care, further widening gaps in crisis response. Source: First Peoples-State Relations, 2025 ; VACCHO, 2025

FUTURE STATE

IMPROVING EXPERIENCES AND OUTCOMES FOR FIRST NATIONS PEOPLE

A range of practical actions have emerged from engagement with Aboriginal and Torres Strait Islander stakeholders. While not intended as system-wide reform, these actions aim to strengthen cultural safety, promote self-determination, and improve responsiveness to the needs of First Nations consumers by integrating practical, culturally informed actions into current service delivery and/or new/redesigned services.

 CULTURAL SAFETY	 SELF-DETERMINATION	 PARTNERSHIPS	 WORKFORCE	 SERVICE RESPONSIVENESS
Invest in safe spaces. Provide statewide access to healing centres. Embed cultural safety in mainstream services. Integrate cultural safety capability across all levels of service delivery – from Board to frontline staff. Leverage existing expertise. Strengthen partnerships between new/redesigned services and existing cultural safety training providers. Consider compliance mechanisms. Explore mandating cultural safety compliance (e.g., via review of the <i>Mental Health & Wellbeing Act 2022</i>).	Review intake and assessment processes. Ensure screening and assessment tools are culturally adapted and Social and Emotional Wellbeing (SEWB)-centred and delivered by First Nations staff where possible. Strengthen consent practices. Embed culturally appropriate approaches to consent across the service system. Build on community linkages. Include families and carers in decision-making, including safety and care planning.	Partner with Aboriginal organisations. Formalise partnerships with Aboriginal organisations to enable shared care, access to advice and to workforce capacity building. Relocate crisis roles. Relocate relevant crisis roles (e.g., psychiatrists for Aboriginal consumers) to ACCHOs to provide safer access points. Strengthen ACCHO pathways. Strengthen pathways from Area Mental Health and Wellbeing Services into ACCHO supports before and after crisis care.	Build cultural safety capability. Upskill Non-Aboriginal staff to identify and appropriately respond to cultural needs. Build multidisciplinary capability. Build staff capability across a range of needs, including mental health, suicide prevention, AOD and family violence, amongst others. Support Aboriginal Workforce Sustainability. Bolster the capacity and wellbeing of Aboriginal staff. Expand LLE roles. Include roles such as community navigators and consumer advocates.	Follow up and build service trust. Respond proactively to missed appointments with assertive outreach and check-ins. Extend post-crisis support. Provide clinical and non-clinical support post-crisis, including case management and community-based follow-up. Deepen cultural awareness. Enhance service-wide understanding of the unique and potentially intersecting needs of Aboriginal consumers. Activate community support. Involve trusted community members to support consumers in distress.

FUTURE STATE

SYSTEM-LEVEL ACTIONS

First Nations stakeholders call for further structural reform - emphasising the importance of Aboriginal-led design and community ownership of crisis responses, and highlighting the need for a distinct design process grounded in cultural logic. The identified actions are informed by systems-level thinking and are presented for consideration beyond the current scope of this design work.

"If you meet the needs of First Nations folk, you will also meet the needs of the broader community"

THEME

SYSTEM-DESIGN ACTIONS



Community-controlled system leadership and investment
to leverage the trust and safety in ACCHOs that cannot be replicated in mainstream crisis response models

"The acute mental health system consistently fails Aboriginal people...any integrated program has to stem from our service or it does not work".

- Support crisis services for Aboriginal people to be designed, delivered, and governed by the community-controlled sector, leveraging long-standing trust, cultural expertise, and *"the life knowledge of our people"*.
- Provide ongoing needs-based investment in ACCHOs that includes land, infrastructure, and workforce development.
- Leverage the strengths of existing services, like Yarning SafeNStrong.



Crisis reform beyond cultural safety 'add-ons' to mainstream settings
to reframe crisis through a First Nations lens

"It's not just about speaking to an Aboriginal person in a mainstream setting... we want to understand workforce, capability, organisation-wide factors – not just adding a flag at reception or adding in a cultural safety training or position".

- Reframe the system focus away from risk aversion toward healing responses grounded in an understanding of intergenerational trauma.
- Support SEWB-led models of care that intervene early and reduce escalation into crisis.
- Centre Aboriginal ways of knowing, being, and doing in the structure and logic of crisis care, not just as a complement to clinical pathways.



Alternative crisis response models
to address the lack of culturally safe crisis alternatives outside of hospitals

"We would love a safe space for our people, would love an outreach program for our people...we can run a 24/7 program".

- Establish 24/7 Aboriginal-led safe spaces and outreach programs tailored to crisis support.
- Resource ACCHOs to deliver therapeutic services as a core part of the mental health system.
- Draw on the success of existing models (e.g., Public Intoxication Response, Yarning Safe N Strong, Rumbalara Hubs, Distress Brief Intervention, Healing Centres) and consider their applicability to crisis response.



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