

The Wharerata Declaration and the Australian context

Background

- The Wharerata Group of Indigenous mental health leaders from Canada, the United States, Australia, Samoa and New Zealand developed the Wharerata Declaration in 2010. The Declaration is about the importance of Indigenous leadership in addressing the common mental health challenges faced by Indigenous peoples around the world.
- The National Aboriginal and Torres Strait Islander Leadership in Mental Health group (NATSILMH) have begun a process to adapt the Wharerata Declaration for the use of Australian Aboriginal and Torres Strait Islander peoples. A discussion paper about the declaration was finalised in February 2015 and circulated among key stakeholders for comment and feedback. Based on this feedback, NATSILMH expect to finish the adaptation process by mid-2015.

The Declaration

- The broader vision of the Declaration is “Healthy Indigenous individuals, families and communities through Indigenous leadership”. The Declaration’s five themes include:
 - **Theme 1:** Indigeneity must be recognised as a point of difference that mental health systems must recognise and take action to include in policy, services and programs.
 - **Theme 2:** Best practice in Aboriginal and Torres Strait Islander mental health will combine Aboriginal and Torres Strait Islander holistic concepts of mental health, wellbeing and healing with the best non-Indigenous mental health practice.
 - **Theme 3:** Aboriginal and Torres Strait Islander perspectives should contribute to the evidence base for best practice in Aboriginal and Torres Strait Islander mental health, SEWB and suicide prevention services and programs.
 - **Theme 4:** Aboriginal and Torres Strait Islander leadership is required if best practice in Aboriginal and Torres Strait Islander mental health is to be realised. This requires the mental health system to take action to accommodate Aboriginal and Torres Strait Islander models of leadership.
 - **Theme 5:** Aboriginal and Torres Strait Islander leaders must be supported to be proactively visible in order to challenge the historical and contemporary invisibility of Aboriginal and Torres Strait Islander leadership and exert influence for change.
- A strong Indigenous leadership base is considered more likely to influence systems change and create supportive alliances and partnership approaches between mainstream and indigenous mental health agencies.

Current Status

- The Queensland Mental Health Commission has recently hosted, on behalf of NATSILMH, a consultation on the adaption of the Declaration with 10 Indigenous leaders from a variety of backgrounds. Summary feedback from that meeting and the associated recommendations is currently with the consultation participants for comment. Final adaption recommendations were provided to NATSILMH on behalf of the participants in June 2015.