

## **Walking together – supporting Aboriginal communities to implement culturally led systems approaches to suicide prevention**

**Presented by: Rachel Green – Director, Lifespan, Black Dog Institute**

*Rachel's expertise includes mental health policy and program development with the Department of Health and Ageing and the Department of Prime Minister and Cabinet, establishment of the National Mental Health Commission, as well as production of the first annual National Report Card on Mental Health and Suicide Prevention and design of the Contributing Life Framework. Rachel's professional experience in mental health and suicide prevention ranges from policy design, to service delivery at the coal face, with a strong focus on delivering clear and practical outcomes and inclusion of lived experience at every level of implementation.*

### **Description of Presentation:**

Update on implementation of LifeSpan – the systems approach in NSW and an overview of work to date to explore fit and gaps between the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report 'Solutions that work, what the evidence and our people tell us' and current approaches to integrated suicide prevention. This presentation will include the feedback provided by AMS representatives from the four trial sites and the Aboriginal Health and Medical Research Council and next steps in supporting trial sites to support Aboriginal health services and communities to design and implement effective suicide prevention strategies.

## **First Australians First: Looking at our place in the Mental Health Maze**

**Presented by: Thomas Brideson – Statewide Coordinator, NSW Aboriginal Mental Health Workforce Program**

*Tom Brideson is a Kamilaroi/Gomeroi man from north-west NSW. Over the past 25 years Tom has been active in mental health and health policy; social and emotional wellbeing (SEWB); clinical mental health care; suicide prevention; education and mental health leadership.*

*Since 2007, Tom has been the State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program. He has published articles regarding the Aboriginal mental health workforce and advocates for the broad emerging professional workforces to ensure meaningful career pathways across all health and human services.*

*Tom sits on a range of mental health and leadership committees and a range of projects to improve the health and mental health of Aboriginal and Torres Strait Islander people.*

*Some of these include*

- *SEWB Clinical Council, Aboriginal Health and Medical Research Council*
- *National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)*
- *NSW Mental Health Commission Community Advisory Council*
- *National Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group 2012 – 2015*

### **Description of Presentation:**

The Mental Health system has undergone many changes over many years. Aboriginal mental health and Aboriginal health more broadly also faces a changing environment. How these changes affect us at individual, community, service and population levels are the real test of their value. Looking forward requires looking back as understanding history will equip us for the future by learning from the past. Substantial activity, often behind the scenes, has been progressing to position Aboriginal and Torres Strait Islander mental health and wellbeing into a more prominent focus.

This presentation will map developments in Aboriginal and Torres Strait Islander mental health.

With so much change going on it is important to pause to contextualise the policy environment from both national and state perspectives. An important focus will be placed on support to grow the Aboriginal Mental Health Workforce as a consistent foundation for building improved mental health responses. This is timely and fits well with NSW Health's leadership in building an effective Aboriginal Mental Health Workforce Program across NSW.

## **1. NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016**

**Presented by: Gay Foster – Ministry of Health**

*Gay Foster, a NSW Aboriginal woman of the Stolen Generation who was born on Gadigal Country and raised on Wallumedegal Country. She has a Master and a postgraduate diploma of Indigenous Health Substance Use from the University of Sydney (School of Public Health). She also has a postgraduate diploma in Clinical Drug Dependence Studies from Macquarie University, Sydney. Gay has worked for many years for NSW Health in a variety of roles. Her current role is as a Senior Project Officer in the Aboriginal workforce unit in the NSW Ministry of Health. She is passionate about her family, all Aboriginal issues including Aboriginal workforce development, Aboriginal health and drug and alcohol health among the Aboriginal population.*

### **Description of Presentation:**

The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016 – 2020 is intended to support Local Health Districts, Specialty Health Networks and other NSW Health organisations to grow and to develop their Aboriginal workforce. Building on the previous Framework (2011-2015), it sets out the Aboriginal workforce development priorities and desired outcomes for NSW Health for the period 2016-2020 and the key actions that need to be taken to achieve these priorities and outcomes.

## **2. Intergenerational Trauma and the Reasons Behind High Rates of Aboriginal Incarceration**

**Presented by: Lyle Young and Sionea Breust – Metropolitan Remand & Reception Centre | Justice Health & Forensic Mental Health Network**

*Mr Young's family are from Quambone and Warren, Central West NSW. He is a proud Wailwan man and has family connections still living in these areas. He was a member of the Warren Aboriginal Lands Council when he lived in Warren and still has family members on the board. Mr Young is currently a member of Deerubbin Aboriginal Lands Council in Penrith and is connected to the Penrith and Mount Druitt community through family and friends. In 1992 Lyle graduated year 12 from Warren Central School. With no future direction and minimal support he moved to Sydney and worked as a demolition worker on construction sites for a few years, which were made up of all Aboriginal workers. After a few years working in demolition he applied to NSW Corrective Services and accepted employment as a Correctional Officer for 6 years, 3 years working at Parramatta Jail and another 3 years working at Surry Hills Police Station. With strong connection to his community and having lived experience of Aboriginal and non-Aboriginal family members who have had drug and alcohol and mental health issues he applied for a job with NSW Justice Health as an Aboriginal Mental Health Trainee. The job entailed working full time as well as attending university at Charles Sturt University and studying a full time case load. He graduated in 2009 being the first ever person in his family to not only complete year 12 but to graduate from university with a Bachelor of Health/Science (Mental Health). Mr Young studied law for 2 years at Deakin University in Melbourne but due to family and work commitments in NSW had to defer the degree. He has since continued working for Justice Health and has completed 10 years service in the department as the Aboriginal Mental Health Clinician. He is currently a 3<sup>rd</sup> year student at the Western Sydney University where he is completing his Registered Nursing degree and has a strong ambition to re enrol and complete his Bachelor of Law as soon as he concludes his current degree.*

*Miss Breust's family are from Tingha NSW and she is a proud Gamilaraay woman. She Graduated in 2008 from Cambridge Park High School and received the Dux of the School. Miss Breust commenced studying Law and Social Science in 2009 at the University of Western Sydney. Throughout that period she commenced internships at Urbis and the Aboriginal Legal Service in Parramatta. Miss Breust Worked at Forbes Chambers as a clerk for Graham Turnbull and Murugan Thangaraj in 2011/2012 and completed her law and Social Science degree in 2013. Miss Breust commenced her Practical Legal Training at a solely Care and Protection law firm and was admitted to the Supreme Court of NSW and obtained her Practising Certificate in 2014. Miss Breust Commenced at Legal Aid NSW in 2014, the day after her admission. During her time there, she progressed through all areas of law including Family Law and Care and Protection, Civil Law, Mental Health Advocacy Service and Criminal Law. Miss Breust left in January 2016 and commenced at Voros Lawyers and continued*

*practicing in all areas of law. In 2015, she commenced her Master's degree in Law and only has to complete her thesis which she will be researching Mental Health and the Criminal Justice System. Miss Breust started her own law firm, SCB Legal in November 2016 as a sole practitioner. She now has administration staff and solicitor's working for her firm and her law firm practices in all areas of law. Miss Breust's firm contracts to Legal Aid as well as working on private matters, her firm also takes on work at a significantly reduced rate for client's that cannot obtain Legal Aid and cannot afford private representation.*

**Description of Presentation:**

Between 2001 and 2015, the number of Indigenous Australians in New South Wales (NSW) prisons more than doubled (Weatherburn, D. & Ramsey, S. 2016). The rising rate of Indigenous imprisonment has occurred against a backdrop of falling rates of Indigenous involvement in violent and property crime. Over the last 15 years in NSW the rate of Indigenous arrest for violent offences has declined by nearly 37 per cent (36.8%), while the rate of Indigenous arrest for property crime has declined by 32 per cent (Weatherburn & Ramsey, 2016).

### **3. iBobbly: An App to Reduce Suicidality Among Young Aboriginal and Torres Strait Islander People**

**Presented by: Bill Reda – UNSW / Black Dog Institute**

*Bill Reda is a clinical trial manager at the Black Dog Institute and is working across two suicide prevention projects which aim to reduce suicidal ideation in young Aboriginal and Torres Strait Islander people, and to support individuals who have recently been hospitalised for a suicide attempt.*

#### **Description of Presentation:**

The rate of suicide in Aboriginal and Torres Strait Islander communities is four times that of non-Indigenous communities. While some therapies are effective in reducing suicidal thoughts, none have been trialled in Aboriginal communities.

Around 10% of all Aboriginal people who die by suicide are likely to have sought assistance in the three months before their suicide. An app which uses evidence-based and culturally suitable content represents a feasible way to reach young people who have very low levels of help-seeking. Barriers to help-seeking include: lack of anonymity, especially in closely interwoven communities; shame; stigma; cost; and service availability and suitability<sup>2</sup>. Web-based and self-help interventions have been found to reduce depression, anxiety, and suicide ideation, and may offer a solution to problems of implementation<sup>7-9</sup>.

Suicidal ideation is a precursor to a suicide attempt<sup>3</sup>, thus, reducing suicidal ideation is an essential part of reducing suicide attempts. The suicide prevention app, iBobbly, represents the first suicide prevention e-tool within the Indigenous Australian population which uses a randomised controlled trial (RCT) to test effectiveness. It contains trans-diagnostic content from the most recent iterations of cognitive behavioural therapy: Acceptance and Commitment Therapy<sup>10-11</sup>, MBCT<sup>5</sup>, and DBT<sup>12</sup>.

iBobbly was developed for use by young Aboriginal individuals aged 16-35 who are currently experiencing mental distress or suicidal ideation. A pilot version of iBobbly was tested in the Kimberley with favourable outcomes. Based on the feedback from the pilot and other consultations across Australia, a new version has been developed and is being evaluated in four sites nationally.

## **4. Aboriginal Australians - Lifespan, Health and Ageing**

**Presented by: Tony Broe – Neuroscience Research Australia**

*Professor Tony Broe is the Director of the Aboriginal Health and Ageing program at Neuroscience Research Australia, Randwick NSW. He has been actively engaged in service development and research with Aboriginal communities for over a decade, particularly in the areas of dementia and growing old well.*

### **Description of Presentation:**

This presentation will share the results of the Koori Growing Old Well Study, focusing on the risk and protective factors over the life course that could be contributing to higher rates of cognitive decline and dementia observed in older Aboriginal peoples across Australia. In particular, childhood and mid-life social factors will be discussed (e.g. early life stress, education, jobs) and how they interact with well-known biomedical risk factors (e.g. depression, head injury, stroke) in terms of 'growing old well' and possible dementia prevention for future generations.

## **5. NSW Health Aboriginal Grief and Loss Project**

**Presented by: Donna Stanley – Western NSW Local Health District**

*Donna is a proud Gunggari Umbi from south-west QLD. Donna has been working within health but particularly mental health for more than 20 years. Donna brings to her current role as District Coordinator for Aboriginal Mental Health & Drug at Western NSW Local Health District dedication and passion for working with Aboriginal people. Donna has contributed as a clinician at grass roots level, assisted in the development and delivery of education including Aboriginal Mental Health First Aid and at a strategic level Donna has worked in the area of Policy, Service Planning & Development and Aboriginal Mental Health Workforce.*

### **Description of Presentation:**

The need for a response to the ongoing effects of complex cultural, historical and individual losses in Aboriginal communities has long been identified. The literature review conducted for the project has confirmed the need for a long-term culturally relevant approach underpinned by community empowerment and self-determination.

Aboriginal people are constantly exposed to the loss of their people. An Aboriginal Mental Health worker stated: "I can go to 5-6 funerals a month, you mourn the loss of one and then a day later you are grieving again about the loss of another, it never stops." There are layers of grief due to multiple losses that never have an opportunity to heal. Building understanding in communities about the impact of grief and loss on people and the need to grieve is seen as critical to the emotional and psychological wellbeing of the individual and the community at large.

At the frontline in their communities, Aboriginal Mental Health and Wellbeing Workers are dealing with the serious impacts of multiple losses on those they are supporting and on themselves. This project aims to support the Aboriginal Mental Health and Wellbeing workforce across NSW through the provision of culturally relevant training and resources to meet community needs.

## **6. The Koori Dementia Care Project (KDCP)**

**Presented by: Sharon Wall – Neuroscience Research Australia**

*Sharon Wall is a former Dementia Clinical Nurse Consultant who has worked closely with Aboriginal communities, organisations and stakeholders over the past 7 years to translate research into practice and develop meaningful dementia education and care approaches. She also supports Aboriginal health and ageing through her role with the Australia Association of Gerontology.*

### **Description of Presentation:**

The burden of dementia is high in Aboriginal Australians and a growing concern for older Aboriginal peoples and their families. This presentation will share the outcomes of the Koori Dementia Care Project and the model of collaborative capacity building and shared mentorship in aged care and dementia education, a partnership between NeuRA and Aboriginal Community Controlled Health Organisations across NSW. It will also discuss the future role of the KDCP in supporting the development of culturally respectful, locally relevant and sustainable education and care strategies to enhance the wellbeing of older Aboriginal peoples and their family carers.

## **7. Research Translation to Reduce Incarceration of Aboriginal People: Recent Relational Examples and Opportunities**

**Presented by: Megan Williams – Centre for Health Research**

*Dr Megan Williams is Senior Research Fellow in the Aboriginal Health and Wellbeing Research team at the Centre for Health Research, Western Sydney University. Megan conducts research at the nexus of health and justice, focussing on leadership and determinants of health of Aboriginal people. Megan is a Wiradjuri descendant and has English and Irish heritage, with 20 years' experience combining mixed-methods research with community health service delivery. She has been awarded several government research contracts, and collaborates in transdisciplinary teams including the NHMRC-funded Centre for Research Excellence on Offender Health at UNSW and an ARC-funded partnership between Ted Noffs Foundation and UNSW. Megan is research partner of Mibbinbah Men's Spaces health promotion charity, and has produced several examples of research translation into policy, practice and education with Aboriginal people and organisations, including contributing to #JustJustice on social media.*

### **Description of Presentation:**

This presentation draws on four research translation activities in the Aboriginal health and wellbeing context, focussing on justice as a determinant of health. The activities following the practices and guidelines of the Lowitja Institute, Australia's National Aboriginal and Torres Strait Islander Health Research Institute.

## 8. Wellington Yinaar Healing Circle

### **Presented by: Jody Chester – Yinaar Healing Circle Program**

*Jody Chester is a local Wellington Wiradjuri woman, growing up in Sydney and in 1999, reconnecting back to her maternal grandmother's country, in the town of Wellington, central NSW, in 1999. Choosing to raise her three children in strengthening their spiritual and cultural identity in the Wiradjuri nation.*

*Jody worked at Boomalli Aboriginal Artist Cooperative, in Sydney during the 90's, where she developed a strong passion for Aboriginal culture, history and politics. Actively involved in the Aboriginal communities of western Sydney, Redfern and now Wellington.*

*Currently working at the Wellington Aboriginal Corporation Health Service as an Aboriginal Health Worker, since 2009, recently pursuing her education twenty years after graduating from the University of Technology, now attaining a Bachelor of Community and Social Development at University of Western Sydney.*

### **Description of Presentation:**

The rationale of this program is to have a culturally safe place for Aboriginal women to gather and empower each other, focusing on strength based practice and self determination principles.

The concept of the program was about weaving Wiradjuri traditions, within the cultural interface identified by Nakata (2002), to heal the local community and strengthen spiritual connections through yarning and listening, a traditional practice that sustained Wiradjuri women for thousands of years. In considering the historical and diverse context of the Wellington community it was an opportunity to assess the impact of cultural values that have been severed resulting from colonisation.

The development of the Yinaar healing circle has adopted a culturally based holistic approach on the well-being of the local Aboriginal Yinaar participants in the Wellington community. Working collectively in a Wiradjuri way of being, knowing and doing to empower the local Aboriginal women in a self-healing in a culturally competent way. The program is facilitated through the Social Emotional Well Being Team, at the Wellington Aboriginal Corporation Health Service. The concept of the program is for the women to support each other along with being mentored by our local elders in seeking guidance and wisdom in a culturally safe space in working in a Wiradjuri way.

## **9. Be the Best You Can Be Community Engagement and Wellbeing Program**

**Presented by: Megan Williams – Centre for Health and Mibbinbah Ltd**

*Dr Megan Williams is Senior Research Fellow in the Aboriginal Health and Wellbeing Research team at the Centre for Health Research, Western Sydney University. Megan conducts research at the nexus of health and justice, focussing on leadership and determinants of health of Aboriginal people. Megan is a Wiradjuri descendant and has English and Irish heritage, with 20 years' experience combining mixed-methods research with community health service delivery. She has been awarded several government research contracts, and collaborates in transdisciplinary teams including the NHMRC-funded Centre for Research Excellence on Offender Health at UNSW and an ARC-funded partnership between Ted Noffs Foundation and UNSW. Megan is research partner of Mibbinbah Men's Spaces health promotion charity, and has produced several examples of research translation into policy, practice and education with Aboriginal people and organisations, including contributing to #JustJustice on social media.*

*Jack, a Muthi-Muthi man of south western NSW, completed his undergraduate degree in health sciences at LTU in 2005. In 2007, he and Dr Rick Hayes obtained a \$1M Cooperative Research Centre for Aboriginal Health competitive grant, about Health and Indigenous Men's Spaces (CD-219). During the four years of the research project, additional funding totalling nearly \$300K was obtained from beyondblue and other funding bodies such as Andrology Australia and the Prostate Cancer Foundation, and Mibbinbah Ltd was formed. Mibbinbah is the Australia's only health promotion charity for Indigenous males. Jack has been the CEO of Mibbinbah since 2009. Jack has just commenced his PhD in the area of empowerment and safe spaces for Indigenous Males using auto-ethnographic methods.*

### **Description of Presentation:**

This presentation describes an outstanding multi-disciplinary collaboration between filmmakers, health professionals, researchers, production consultants and media experts – many of whom are Aboriginal people, and all of whom have strong connections with Aboriginal people. Our work builds on the success of the Australian feature film 'Mad Bastards', and the many requests filmmakers Brendan Fletcher and the Pigram Brothers received from Aboriginal communities to show the film and discuss its story. Our work also builds on the experience of Mibbinbah Aboriginal men's health promotion charity, who have facilitated and researched ways Aboriginal men in particular gather, create safe spaces and support each other. Mibbinbah holds the educational rights to the Mad Bastards film, and together our group developed the 'Be the Best You Can Be' program using characters and stories from the film as powerful stimulus. The Mibbinbah Be the Best You Can Be program has been undertaken in a wide range of contexts including with Probation and Parole, prison and community settings, and in urban, regional and remote areas.

Whilst focussing on men's wellbeing, Mibbinbah have also been invited to work with Aboriginal women and young people through this process. The Be the Best You Can Be program is versatile – for health promotion, community engagement, men's and women's groups, and facilitator training. The Aboriginal peoples' voices in the film speak to the hearts and minds of all generations, from community members to health professionals alike, with the compelling responsibility to strengthen our families for the wellbeing of future generations.

## **10. How Diversity in Mental Health Reform is Enhancing Consumer Connection**

**Presented by: Jae Radican – Ministry of Health**

*Jae Radican has over 16 years' experience working in the disability and mental health sector in NSW.*

*He identifies as a consumer, a primary carer for a parent with lived experience and a mental health professional. Born and raised on Sydney's northern beaches, he has spent the past several years establishing and managing recovery-oriented mental health support programs across Greater Sydney.*

*Working for the NSW Ministry of Health as the State-wide Mental Health Peer Workforce Coordinator, Jae has spent the past 12 months travelling NSW to meet with peer workers, managers and Local Health Districts, peak bodies and community managed organisations to understand and support the expansion and enhancement of peer work across the state. Jae has a passion for contemporary and innovative approaches to mental health care that draw upon the lived experience of individuals.*

*Jae is also licensed Marriage Celebrant, an accredited Organisational Leadership Coach and continues to battle an expensive and lifelong addiction to Ducati Motorbikes.*

### **Description of Presentation:**

Navigating the NSW mental health system is often complex for those who know it and challenging for those who don't. Being able to provide and receive the right care, in the right place at the right time is increasingly challenging. Emerging contemporary disciplines in mental health seek to address these gaps, by adding cultural and lived experience lenses that build on the uniqueness of individuals and enhance consumer and carer engagement. The growth of the mental health peer workforce mirrors that of the Aboriginal mental health workforce in many ways. By exploring workforce development initiatives in these disciplines, consumer focused care can be found that is trauma informed, informed by lived experience and culturally safe.

## **11. Mental Health Art Therapy**

**Presented by: Tina Taylor and Danielle Gillette – Tharawal Aboriginal Corporation**

*Tina Taylor is a Manager Social and Emotional Wellbeing Team at Tharawal Aboriginal Corporation*

*Danielle Gillette is a Mental Health Worker - Social and Emotional Wellbeing Team at Tharawal Aboriginal Corporation*

### **Description of Presentation:**

The Mental Health Art Therapy Group started in 2013 as a result of community need for a culturally appropriate and safe place where Aboriginal people with a lived experience of mental illness could connect.

The program is community driven and the SEWB team encourages the participants to express themselves through their art work and providing the opportunity for story telling of their life journey. The participation rate has remained consistent over the four years with an average attendance being 9 participants each gathering.

As a result of their illness, a number of the participants had previously been isolated and this group has given them the opportunity to regain independence and work on strengthening themselves from the inside out. The links made within the group strengthens the relationships therefore building social cohesion within our community and reducing the likelihood of relapse.

The group receives ongoing referrals from mainstream and community managed organisations, which has resulted in respectful and effective partnerships being developed.

The program, although not funded, continues to provide a forum where Aboriginal peoples can gather and control their recovery through art therapy.

## **12. Amaroo' Art - Health Project**

**Presented by: Donna Stanley – Western NSW Local Health District**

*Donna is a proud Gunggari Umbi from south-west QLD. Donna has been working within health but particularly mental health for more than 20 years. Donna brings to her current role as District Coordinator for Aboriginal Mental Health & Drug at Western NSW Local Health District dedication and passion for working with Aboriginal people. Donna has contributed as a clinician at grass roots level, assisted in the development and delivery of education including Aboriginal Mental Health First Aid and at a strategic level Donna has worked in the area of Policy, Service Planning & Development and Aboriginal Mental Health Workforce.*

### **Description of Presentation:**

In alignment with the NSW HEALTH AND THE ARTS FRAMEWORK and as a way of improving the health of the Aboriginal community through integrating The Arts into the design and delivery of health services and public health messaging, the 'Amaroo' Art - Health project seeks to improve the social and emotional wellbeing journey of Aboriginal people suffering from mental health problems.

### **13. Ur Mobile: A tool 4 Wellbeing - Building an e-Social and Emotional Wellbeing Resource Toolkit**

**Presented by: Sasha Harrington and Judy Singer - University Centre for Rural Health**

*Sasha Harrington is an Aboriginal and Torres Strait Islander woman. Her family lines are from Saibai Island in the Torres Straits and Bundjalung Country on the NSW/QLD border. She is a group facilitator in the UCRH "R U Appy" team. For the past 10 years she has worked in Aboriginal health services in health promotion and other community projects across the Northern Rivers of NSW. Sasha is involved in promoting Aboriginal female participation in sport and she contributes to different community projects and boards. Sasha has a Diploma in Aboriginal Studies from Tranby Aboriginal College, Sydney.*

*Judy Singer is a research fellow at the University Centre for Rural Health, Lismore (University of Sydney). Since 2013 she has been part of the Aboriginal e-Wellbeing project team based on the North Coast, NSW. Judy's research interests include inter-disciplinary collaborations, community engaged research and the field of complementary medicine. Judy Singer is a research fellow at the University Centre for Rural Health, Lismore (University of Sydney). Since 2013 she has been part of the Aboriginal e-Wellbeing project team based on the North Coast, NSW. Judy's research interests include inter-disciplinary collaborations, community engaged research and the field of complementary medicine.*

#### **Description of Presentation:**

The "R U Appy" project from the University Centre for Rural Health, North Coast (UCRH) is currently in its fourth year, facilitating promotion and training of e-Mental Health in Aboriginal and Torres Strait Islander workforces and communities. Engaging and building on relationships with community in various ways including learning circles, reference groups and workshops to unpack what e-Social and Emotional Wellbeing looks like from a community perspective.

We have spent the last six months of our project in weekly engagement with Aboriginal community members and health/community workers. We have explored, listened and learnt together in the e-mental health (eMH) space. We report on the learnings, successes and challenges of navigating the eMH world from an Indigenous perspective. Issues covered include: what does mental health and wellbeing mean to Aboriginal people? What is it like for Aboriginal people searching for resources on the Internet? How do Aboriginal people use the digital world to enhance their wellbeing? What sorts of resources are Aboriginal people looking for and why?

## **14. Continuing the Conversation: Cultural Safety, EMDR and Treatment Collaborations with AMHWs: An Effective Mental Health and Wellbeing Intervention with Aboriginal Australian Community Members Requesting Voluntary (non-mandated) Help Recovering from Ongoing Neuro-bio-psycho-social Impacts of Trauma - or not? And Current State of Play**

**Presented by: Ruth Braunstein – Wellbeing Psychology Sydney**

*Ruth is a non-Aboriginal person and a proud Jewish woman who has a long history of engagement with the Aboriginal community. She is passionate about Aboriginal culture and wellbeing, having lived and worked with rural, remote and urban communities. She likes to “Walk the Walk” not “Talk the Talk”. Ruth is also a licensed psychologist, Community psychologist (AHPRA) and EMDR clinician.*

*Ruth has chosen to focus her work supporting Aboriginal community members and their loved ones impacted by grief, loss and trauma. In 2009, she established an independent psychology practice Wellbeing Psychology Sydney to enhance access to culturally safe psychology and wellbeing services for Aboriginal populations in Sydney NSW: partnering with Kurranulla Aboriginal Corporation, Gandangarra Local Aboriginal Lands Council (Marumali Health) and Liverpool Womens Health Centre (“Ngalawa Wingara” Aboriginal Women’s Healing Space) to deliver services and to ensure meaningful outcomes.*

*Throughout this, Ruth works under the guidance of respected community members, cultural mentors and Elders. She recognises the need to collaborate with Aboriginal mental health professionals and community members.*

*Ruth’s interest in EMDR (Eye Movement Desensitisation and Reprocessing) developed many years earlier, in response to seeking strategies to treat trauma without re-traumatising the already traumatised person. She is an experienced, Accredited EMDR practitioner (EMDRAA) with a record of success in the use of EMDR. She is convinced of its efficacy.*

*Ruth has worked with Indigenous psychologist Kelleigh Ryan towards testing the cultural safety of EMDR for Aboriginal clients, inviting participation from the Aboriginal community controlled sector, AIPA (Australian Indigenous Psychologists Association), AIDA (Australian Indigenous Doctors Association), and interested Aboriginal and non-Aboriginal health and allied health professionals. This engagement included hosting a live webinar event in 2014/2015 with the APS Special Interest Group in EMDR.*

*Ruth is committed to building and growing the Aboriginal health and allied health workforce. She is interested to address and share strategies for professional self care and preventing burnout. She is also passionate about raising the cultural safety of Aboriginal and non-Aboriginal professionals. Ruth is an active member of the Australian Indigenous Allied Health Association (Associate), mentoring an early-career member.*

*Ruth has private consulting rooms in Bondi Junction and Campbelltown, Sydney, with a special focus on treatment of trauma. She receives no government*

*funding, and is open to partnerships and collaborations to develop and deliver crucial mental health and wellbeing services.*

**Description of Presentation:**

EMDR or Eye Movement Desensitiation and Reprocessing is a first line treatment for trauma recognised by the WHO (World Health Organisation) and other seminal international and national organisations, when implemented by accredited practitioners. EMDR fits within a Trauma Informed Approach to assessment and treatment. Its efficacy with a range of mental health and wellbeing concerns is supported by a strong evidence base. In 2013, Indigenous psychologist Kelleigh Ryan together with non-Indigenous psychologist Ruth Braunstein initiated an inclusive national conversation on EMDR and its possible Cultural Safety with Indigenous Australian clients

## **16. Strengthening our Partnerships**

**Presented by: Amanda Hansen and Dianne Royce – Link-Up (NSW) Aboriginal Corporation**

*Amanda Hansen is a proud Jerrinja woman from the South Coast. Amanda has worked at Link-Up for 2 and a half years, starting as a Caseworker and moving into the Business Development space. Prior to joining the Link-Up team, Amanda worked in the corporate world in Learning and Development. Qualifications: Cert IV Stolen Generations, Casework and Research, Dip. Training and Assessment, Dip. of Quality Auditing, Advanced Dip. Business.*

*Dianne Royce is a proud Gundungurra woman from the Blue Mountains. Dianne has worked for Link-Up (NSW) for 10 years in the Reunification Program beginning as Researcher, then became a Caseworker and has been the Team Leader of Reunification for the last 2 years. Qualifications: Dip. Community services, Dip. Management, Post Graduate in Social Health and will complete Dip. Counselling*

### **Description of Presentation:**

Link-Up (NSW) would like to take the opportunity to facilitate a workshop on strengthening existing partnerships within the SEWB realm and create new partnerships. This exercise will allow the wider group to identify possible MOU's and strengthen referral services between networks.

## **17. How Can We Reduce the Rates of Suicide in the Aboriginal Communities?**

**Presented by: Chryne (Charlie) Griffiths – South West Sydney Local Health District**

*Chryne Griffiths (Charlie) is an Aboriginal woman from the Eora people of the Gadigal Nation and works in Perinatal & Infant Mental Health, she has a Graduate Diploma Infant Mental Health, Master in Social Administration and a BA in Welfare.*

*Charlie works with the Perinatal & Infant Mental Health Service (PIMHS), South West Sydney Local Health District, in Campbelltown and Liverpool, and is working with Aboriginal families antenatally & postnatally and is also provides Cultural Clinical Supervision. She is a member of the Australian Clinical Supervisors Association.*

*She is a Marte Meo Supervisor/Trainer and a member of the Australian Association of Infant Mental Health (AAIMHI).*

*Along with Patricia Glossop she developed the Boomerangs Coolamon Parenting Program, an attachment strength-based parenting program, which was the winner of the Baxter award 'Innovations in Aboriginal Health 2009.*

### **Description of Presentation:**

SUICIDE PREVENTION: EFFECTIVELY SUPPORTING ABORIGINAL FAMILIES, COMMUNITIES AND WORKERS.

Should we be looking at supporting our Aboriginal parents antenatally and postnatally?

This makes a lot of sense when you look at the Ace Study:-

The ACE Study looked at 10 types of childhood trauma: physical, emotional and sexual abuse; physical and emotional neglect; living with a family member who's addicted to alcohol or other substances or who's depressed or has other mental illnesses; experiencing parental divorce or separation; having a family member who's incarcerated, and witnessing a mother being abused.

Early adverse childhood experiences [ACEs] dramatically increase the risk of suicidal behaviors. ACEs have a strong, graded relationship to suicide attempts during childhood/adolescent and adulthood. An ACE score of 7 or more increased the risk of suicide attempts 51-fold among children/adolescents and 30-fold among adults (Dube et al, 2001)

Children with toxic stress live much of their lives in fight, flight or fright (freeze) mode. They respond to the world as a place of constant danger. With their brains overloaded with stress hormones and unable to function appropriately, they can't focus on learning In my presentation I will be discussing the ACE study very briefly and also talking about strategies and programs that we can use to support Aboriginal families during this vital time (antenatally and postnatally).

## **18. The Spider Story: Journey Webs**

**Presented by: Mary Florance and Caroline Glass-Pattison – Aboriginal Health Services, Northern Sydney Local Health District and Community Care Northern Beaches**

*Mary Florance, Chronic Care Coordinator and Registered Nurse for Northern Sydney Local Health District Aboriginal Health Service (NSLHD AHS), St Leonards, NSW*

*Caroline Glass-Pattison, Social and Emotional Wellbeing Coordinator for Community Care Northern Beaches (CCNB) and NSLHD AHS*

*Nolda Baker, Chronic Care Coordinator, Sydney North Health Network (SNHN)*

### **Description of Presentation:**

Three Agencies (one local health district service and two local NGOs) work together to ensure individual client healthcare spectrums are acknowledged and addressed while also focusing on Social and Emotional Wellbeing (SEWB): a healthcare concern of great influence that is often neglected or seen separate from physical health in Western models.

This can be challenging, especially given the cultural differences and dissimilar approaches between Aboriginal and Western medicine. Our collaborative approach seeks to build connection alongside improved service engagement, SEWB and physical health to inclusively shape and strengthen individual journeys.

We do this by constructing a 'Journey Web', a method that recognises the fluctuating influences of health, SEWB and social determinants upon quality of life and health outcomes.

A 'Journey Web' retains the individual at the centre of care plans while allowing the team and the client to construct and maintain holistic care blueprint together.

## **19. Balaang Healing**

**Presented by: Debra Bowman and Maiki Blakeney - Waminda South Coast Women's Health & Welfare Aboriginal Corporation**

*Deb Bowman is a proud Ngemba woman from Brewarrina and has worked in the disability and mental health field for over 20yrs. She is passionate about supporting and walking alongside women on their healing journeys and acknowledges that she is being supported as well on her own healing journey by the women.*

*Maiki Blakeney has worked at Waminda as not only the Community Development Officer, but as a Healing Support Worker where she has walked alongside and supported our women with their healing journeys. Her passion for Aboriginal culture and her Aboriginal family has made a huge impact on the women and community she supports.*

### **Description of Presentation:**

Balaang Healing aims to provide support and healing through connection with culture, identity, country and spirituality to address the transgenerational trauma, trauma, grief and loss and other complex needs that underly social and emotional wellbeing of Aboriginal women. Working collaboratively and holistically with other service providers that have responded to these needs and have accommodated an Aboriginal perspective has resulted in more effectively reducing hospitalisations, mental health crises, and stress on carers and has promoted family restoration, securing appropriate housing, gaining employment and successful completion of parole for the women in the Shoalhaven region.

Balaang Healing was developed by women speaking up in community that their needs were not currently being met, specifically their Aboriginal cultural and environmental needs for optimal trauma informed care.

## **20. Building capacity within the MNCLHD**

**Presented by: Daniel Morrison – Mid North Coast Local Health District**

*I am a descendent of the Murri Warri people from Brewarrina and I lived in Mt Druitt up until recently, where I have just moved to Port Macquarie to take up the role of Clinical Leader Aboriginal Mental Health and Drug & Alcohol Services Mid North Coast Local Health District (MNCLHD). I hold a Bachelor of Health Science (Mental Health) from Charles Sturt University's School of Nursing and Midwifery, a Post Graduate Degree in Indigenous Health (Substance Use) from Sydney University School of Medicine, a Post Graduate Degree in Health Service Administration from Latrobe University School of Public Health and a Masters in Health Service Management from the University of NSW School of Public Health and Community Medicine. I have extensive experience working within and across a number of different health settings and provide consultation and advice to other members of our organisation to ensure that we are aligning ourselves with the Closing the Gap initiatives and the MNCLHD's strategic directions and vision.*

### **Description of Presentation:**

This presentation will discuss some of the employment strategies we have in place at the MNCLHD to increase Aboriginal workforce across the Mental Health and Drug & Alcohol directorate. The MNCLHD promotes and supports Aboriginal people to build their capacity by engaging leadership programs that will enhance their personal and professional development . The presentation will also highlight some of the partnerships that we have developed within the MNCLHD. Finally it will discuss what supports we have designed and implement at the MNCLHD to further support our Aboriginal Mental Health and Drug & Alcohol workforce.

## 21. “The Yadhaba Team” (Well-being)

### **Presented by: Denise Flanders, Paul Hussein, and Ryan Field – Yerin Aboriginal Health Services**

*My name is Denise I identify as Aboriginal from Gumbaynggirr country in Northern NSW area. I was born in Coffs Harbour & completed my B.A Nursing degree. My years in Nursing has given me the opportunity to travel to rural & remote areas of Australia mainly working in Aboriginal communities, which is my passion. I have worked as a general nurse in Nephrology for years & mental health nursing which I continue to do. My wealth of knowledge & skills in promotion of Aboriginal Health & well Being is imperative for helping those that are less disadvantaged.*

*My name is Paul and I was born in Fiji and came to Australia in 1981. I grew up in Southern suburbs of Sydney in the 80s and 90s and moved to the NSW Central Coast 21 years ago.*

*I have worked in the health system for 24 years as a program / administration person across a few hospital sites but more recently in the community health space. My expertise is to look at community needs, supporting people to navigate the health system, raise issues on behalf of community to develop programs that are meaningful rather than prescribed. I am part of a growing and empowered aboriginal medical service and keen to support the workers and organisations in the Aboriginal health network across the country.*

*I am Ryan Field a proud Wiradjuri man, I have lived on the Central Coast, Darkinjung country for most of my life.*

*I completed my schooling and played sports here through my youth. I currently hold a position as a wellbeing officer at Yerin Aboriginal Health Services under the Yadhaba team. I am passionate about this role and strive to provide the best support I can to help the Aboriginal people in my community.*

*Our targets are to provide support and help with those who face AOD addictions and have mental health illness. I developed my passion and commitment working in mental health and AOD during my employment as a Disability support worker.*

*I am currently in the process of starting a cert III In fitness and certificate IV in training and assessment to run various health and fitness programs for the Aboriginal community.*

*Outside of work my hobbies and interest consist of sports and self-care such as rugby league, gym (weights), MMA, Yoga, reading and meditation.*

#### **Description of Presentation:**

Yerin provides a comprehensive and culturally appropriate primary health care service through the Eleanor Duncan Aboriginal Health Centre (EDAHC) at Wyong. This service operates under an integrated health model of care delivery with external partners and implements a range of targeted community programs to improve the health and quality of life for Aboriginal and Torres Strait Islander people in our community.

## **22. South Eastern Sydney Recovery College: Learning and growth for better mental health through education and training**

**Presented by: Matthew Trindall and Sam Stott – Aboriginal Mental Health South Eastern Sydney Local Health District and Recover College**

*Matthew Trindall is a Gomeroi man from Narrabri in Northern NSW, he has connections to the Gundangara and Kooma people. Matthew works as the Clinical Leader for Aboriginal mental health with South Eastern Sydney Local Health District for the past 3 years after relocating from Narrabri in which he worked in the community mental health team.*

*Sam Stott is of English/Scottish/German descent and was born on Boonwurrung country. She currently lives on Gadigal land and works on Bidjigal land. Sam has been working in education, research, policy and advocacy roles in NSW health services for over 20 years. She is a Peer Educator and the Education Coordinator with the South Eastern Sydney Recovery College.*

### **Description of Presentation:**

Recovery describes a personal journey people with mental health issues undertake to rebuild and live a meaningful life. The Recovery College provides education that promotes healing, wellbeing and recovery. We aim for people to become experts in their mental health self-care and achieve their goals and aspirations.

All Recovery College courses are co-written and co-facilitated by two Recovery and Wellness Educators. One is a person with a lived experience of mental health concerns and the other a health care professional.

The College offers comprehensive education and training programs, developed and delivered by people with lived experience of mental health concerns and health professionals. It is open to people who have mental health conditions, their carers, families and friends, as well as mental health staff, volunteers and the staff of our college partners.

Ultimately, we hope to assist people with lived experience of mental health concerns to become experts in their self care, to make informed choices and fulfil their ambitions through educational opportunities.

For carers, families, friends and health professionals, the College is an opportunity to better understand mental health concerns and to support people in their journey of recovery.

## **23. We-Yarn: Starting the Discussion About Aboriginal Suicide Prevention**

**Presented by: Kate Davies and Nathan Blacklock – Centre for Rural and Remote Mental Health, University of Newcastle**

*Dr Kate Davies is a Research Fellow with the Centre for Rural and Remote Mental Health. She is currently involved in the evaluation of a range of rural mental health interventions and integrated care initiatives. Her previous research has examined participatory approaches to the provision of mental health services, exploring the value of lived experience and peer support, particularly in rural settings. Kate has also worked throughout the Asia-Pacific region designing, managing and evaluating public health and community development programs.*

*Nathan Blacklock is best known for his success during his career of professional rugby league, and may be better known to some as 'Tingha' - the nickname given to him, which is the small Aboriginal community that he comes from. In 2014, Nathan nationally shared his experience with depression and attempted suicide. Due to his own experiences, Nathan is committed to working in suicide prevention, and encouraging people who are unwell, to seek help. As an Aboriginal man, culture and community have always played a huge part in Nathan's life, and he's passionate about inspiring communities to embrace their culture, and to get healthier while doing it. Nathan joined the suicide prevention program, Good SPACE (formally known as Farm-Link), in early 2016, and has contributed to the development of the program's Aboriginal suicide prevention workshop - We-Yarn. Nathan is also a co-facilitator of this workshop.*

### **Description of Presentation:**

This presentation explores the newly-developed Aboriginal suicide prevention workshop - We-Yarn. It highlights the importance of the collaborative approach taken to develop this workshop and outlines the evaluation strategy that will help build the evidence base on suicide prevention.

The We-Yarn workshop evolved from the Farm-Link Suicide Prevention Skills Workshop, in response to requests from various community members about the urgent need for a culturally-safe and appropriate suicide prevention workshop. Farm-Link (now known as Good SPACE) is a rural suicide prevention program delivered by the Centre for Rural and Remote Mental Health, The University of Newcastle. The 5-hour We-Yarn workshop was designed in close consultation with Aboriginal Elders, community leaders and health workers and piloted in five rural locations.

The We-Yarn workshop draws on a holistic model of health, and highlights the importance of social and emotional wellbeing (SEWB). We-Yarn focuses on the seven domains of SEWB - physical wellbeing, mental wellbeing, family/kinship,

community, culture, land and spirituality/ancestors, which are fundamental to the prevention of suicide. It considers the applicability of Joiner's (2007) interpersonal theory of suicide and guides participants through an action plan drawing on the steps of Suspecting, Connecting, Asking, Referring and Following-up (SCARF).

The program is being evaluated between January and June 2017, in partnership with five Aboriginal Community Controlled Health Organisations. The mixed methods evaluation will draw on ethnographic observation, pre- and post-workshop surveys and interviews to examine participants' perceptions of the training and whether and how participants apply what they have learned after the workshop, in their everyday lives.

## **24. Worker Self-Care**

**Presented by: Darcy Budden – Mid North Coast Local Health District**

*Darcy Budden has worked in the Rural Adversity Mental Health Program for the Mid North Coast Local Health District for the past 6 years. He has worked in health for 23 years in various positions in rural NSW, which include Aboriginal Health, Mental Health and Child & Family services. He is a Kamilaroi man and has studied Health Science at Charles Sturt University.*

### **Description of Presentation:**

The worker self-care package is a training program targeted for Aboriginal staff within the Mid North Coast Local Health District as a partnership between Health Promotion, Public Health and the Rural Adversity Mental Health Program, Mental Health. Aboriginal Health workers had identified at other training sessions that their mental health and wellbeing was being impacted whilst servicing the community within their roles. In collaboration with mental health and health promotion, a training package was developed that targeted self-care strategies with cultural aspects also considered. The training was provided in a 4 hour face to face session in a culturally safe environment, facilitated by Aboriginal staff.

This presentation will highlight the partnerships developed, the planning involved in the development and implementation of the package, the target audiences, evaluation and future planning.

## **25. Partnerships in Research: A Systematic Review of Processes that Enhance the Quality of Indigenous-Focused Primary Health Care Wellbeing Research**

**Presented by: Sara Farnbach – The George Institute, The University of Sydney**

*Sara is a Registered Nurse, PhD candidate and project manager. She manages a national NHMRC-funded Indigenous-focused social and emotional wellbeing study. Her PhD explores the implementation of health research, involving Aboriginal and Torres Strait Islander communities and externally located researchers.*

### **Description of Presentation:**

We present our methods and findings of a recent systematic review of the processes and quality of Aboriginal and Torres Strait Islander focused primary health care research focused on wellbeing, when research is conducted by research partnerships.

We used systematic methods to identify the design, impact and enablers and barriers to conducting this research. We also assessed the quality of the research using scientific criteria, the Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research and using criteria to assess community acceptance of research.

Our findings highlight key elements of partnerships established to conduct wellbeing-focused research.

## **26. Mental Health Service Delivery in high need, remote area communities and lessons learned for all indigenous communities**

**Presented by: Peter Kennedy – Regional Manager, Aftercare**

*With a management background in retail, HR and hospitality, Peter has worked in the community sector for the past 30 years with a focus on social justice and community resilience. His qualifications include a Bachelor in Theology and Post Graduate Counselling accreditation, and they have assisted a great deal in his long-standing experience in community engagement, leadership training, hospital and school chaplaincy.*

*About me: I have a variety of tastes and interests including indigenous art, photography, food and music. I am passionate about mental health and wellbeing, and it is a privilege to be part of the Aftercare family.*

### **Description of Presentation:**

Continuity of care is key to maintaining appropriate intensity across the duration of mental health care supports, and focused on positive client goals and measurable outcomes. Services need to be designed with cultural awareness at the fore.

In implementing a principle driven model of care, Aftercare seeks first to respond to the needs of the client and the community in delivering programs. Typically Aftercare is responsible for the coordination of partner organisations, strategic planning, service integration, financial and contract management, service outcomes and outputs, as well as risk and quality governance.

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