Working Together:
Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

Editors: Pat Dudgeon, Helen Milroy and Roz Walker
This book was funded by the Australian Government Department of the Prime Minister and Cabinet and was developed by the Telethon Institute for Child Health Research/Kulunga Research Network, in collaboration with the University of Western Australia. This publication is free of charge as part of a Government initiative.

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The publication aims to assist students and others to understand a variety of perspectives about the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander people, and to assist reflection and open discussion.

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Front cover artwork Under the Milky Way by Nellie Green.

The extract from Rob Riley's Indigenous keynote address From exclusion to negotiation: the role of psychology in Aboriginal social justice presented at the Australian Psychological Society Conference in 1995 is kindly reprinted with permission from his family. The photograph of Rob Riley is reproduced with the permission of The West Australian. © The West Australian.

Aboriginal and Torres Strait Islander readers are advised that this book may contain images or information on deceased persons.
Under The Milky Way

About the Cover Artwork

Spiritual and emotional wellbeing are at the heart of Indigenous cultures. Aboriginal Australians, despite suffering the greatest disadvantages and adversity, demonstrate the strongest resistance to those actions that are foreign to our unique culture, like separation from families, discrimination and removal from Country.

Over the years we have seen the damage done to Aboriginal and Torres Strait Islander communities and the level of disadvantage we experience on many levels has increased. We have seen the lasting impact this has on our people, yet our social position and the historical issues continue to haunt us. In the end, our men, women and children remain disempowered if society continues to neglect the emotional and spiritual needs of our Peoples.

I believe that ultimately, our Ancestors surround and protect us like an invisible spiritual cloak—this is symbolised by the purples and mauves in the painting. The Milky Way is vast and awesome and magnetic. It is an unknown dimension that holds a lot of power—much like the power of Indigenous spirituality. It is said that our Creator Spirit(s) call the Milky Way 'home', finding rest and comfort there following the creation work they undertook.

The moon and stars signify strength and the smaller circles symbolise the elements of our culture that sustain us and keep us going despite the desperation and shame we often feel as victims of racism and exclusion. The deep plum background is symbolic of our Mother Earth, from where we come and to where we return. When we hurt our mothers, children and fathers, we in turn hurt our Mother Earth and should recognise this.

Strong individuals and strong families are central to strong and resilient communities. We need to work towards protecting ourselves and each other. In this way we can respect those who came before us and those who are yet to come.

©Nellie Green 2009

About the Artist

Jonelle (Nellie) Green is a Badimaya woman from the Yamatji people of the Central Wheatbelt area of Western Australia. Born in Morawa, Western Australia, she lived most of her life in Perth and Fremantle, before moving to Melbourne in 2001. Nellie has 3 sisters and 2 brothers and is an Aunty and Great Aunty.

Nellie has a strong professional background in higher education, and is involved in issues concerning media representation, creative writing, social justice and the human rights of Indigenous peoples.

Over the years, Nellie has represented her Community/s locally, regionally, nationally and internationally. She was winner of the 2000 NAIDOC Aboriginal Artist of the Year in the ATSIC Noongar (Perth) Region awards and has been published in Indigenous anthologies and other publications. Nellie produced the beautiful artwork 'Spirit Strength' for the cover of the first edition of Working Together.

In 2010 Nellie graduated with a Bachelor of Applied Science (Indigenous Community Development and Management) Honours from Curtin University. She is currently enrolled at Curtin University undertaking a master of Philosophy (Indigenous Research and Development) with the topic 'Pragmatism and Symbolism— Towards the Implementation of Indigenous Cultural Protocols in Higher Education'.

Nellie is the Manager of Indigenous Student Services at La Trobe University, Melbourne, where she is responsible for the academic, personal and cultural support for all enrolled and intending Indigenous students at the Melbourne and regional campuses of the university.
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In 2010, I welcomed the publication of the first edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* as an important milestone on the road to understanding and improving the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, and closing the overall health gap between us and other Australians.

In fact, the first edition far exceeded my expectations—it met a hitherto unrecognised thirst for knowledge about Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, with over 48,000 copies printed and a similar number of copies downloaded as electronic versions in three years. Feedback suggests that not only mental health professionals benefited, but the work of a wide range of service providers whose worked touched on Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing and its determinants.

It also became an authority in the field, proving an important further step towards recognising the existence of a distinct field of Aboriginal and Torres Strait Islander psychology, and raising awareness about the inappropriate application of western mental health models to Aboriginal and Torres Strait Islander peoples. It did so, in part, by highlighting the unique determinants of our mental health: the resilience that social and emotional wellbeing (drawn from the healthy functioning of our communities, our families, and our cultures) provides us in relation to both our mental and physical health; and, on the other hand, the devastating impact of colonisation, assimilation, racism, trauma, poverty and social exclusion. It demonstrated the value of Aboriginal and Torres Strait Islander leadership in the field, and the importance of traditional and innovative contemporary healing practices.

I am extremely delighted to welcome this second edition, funded by the Australian Government Department of the Prime Minister and Cabinet and developed under the tireless and passionate editorial leadership of Pat Dudgeon, Helen Milroy and Roz Walker of the Telethon Institute for Child Health Research and the University of Western Australia. Together they have coordinated the efforts of 44 Aboriginal and Torres Strait Islander authors and 32 other authors to create this significantly expanded and enriched edition. It will surely mark another watershed in this ever-growing field, and it is my hope that it not only continues to inform mental health policy and practice in Australia to the benefit of Aboriginal and Torres Strait Islander peoples, but that all Australians benefit from the understanding of Aboriginal and Torres Strait Islander peoples that it provides. I wholeheartedly commend this second edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* to you.

**Dr Tom Calma AO**

*Former Aboriginal and Torres Strait Islander Social Justice Commissioner*

*Chair, Reconciliation Australia*

*Chancellor, University of Canberra*
I am delighted to introduce the second edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*.

The first edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, published in 2010, has become an important resource for mental health professionals, social and emotional wellbeing workers and students studying in the fields of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing.

This government has made improving the lives of Aboriginal and Torres Strait Islander people a high priority and has identified three policy priorities that are essential to doing this – getting children to school, getting adults into work and creating safe communities.

The expansion of this new edition to include a greater focus on children and young people, the significant impacts of mental health in the justice system and the cultural determinants of social and emotional wellbeing is welcomed.

The knowledge contained in this book directly supports the Government’s efforts to address the underlying causes of the disadvantages many Aboriginal and Torres Strait Islander people face. Good social and emotional wellbeing and mental health underpin the ability of people to work and live lives free of alcohol, drugs and violence and many of the things that lead to community breakdown. Similarly, good education, worthwhile employment and safe communities are fundamental to good health and wellbeing.

This book recognises the need for local and culturally appropriate solutions as fundamental to improving Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing. Local Indigenous people need to take the lead in solving local issues.

I commend the commitment of the experts who have contributed their time, experience and extensive knowledge. I am sure that, as well as being a valuable resource to Aboriginal and Torres Strait Islander workers and students, it will also benefit all who take the time to read it.

*Senator the Honourable Nigel Scullion*

*Minister for Indigenous Affairs*
Message from the Director

On behalf of the Telethon Institute for Child Health Research, I welcome the publication of the second edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*.

This book is an important contribution to improve the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, across Australia and beyond. This second edition of Working Together was initiated in response to the overwhelmingly positive feedback from numerous Aboriginal organisations and communities, mental health professionals, students and a diverse range of service providers who regarded it as an invaluable resource.

The first edition advanced people’s understanding of the issues and ways of working to promote mental health and wellbeing by giving them unique access to the views, experiences and knowledge of a number of Aboriginal and non-Aboriginal experts, practitioners and thinkers.

This edition builds on the first by providing important revisions to many of the chapters on policy and practice, workforce development and capacity building, and evidence based research. It also includes ten new contributions with a strong focus on healing models and programs that reflects the significance to Aboriginal people and to the maintenance and restoration of their health and wellbeing. It also covers priority issues including mental health and the criminal justice system, intellectual disabilities, fetal alcohol spectrum disorder and the role of families in caring for someone with a mental illness.

The Working Together book embodies the Institute’s aim to provide the highest level of research and best practice, and its commitment to prioritising Aboriginal people’s health and wellbeing. It also reflects our proud history of working with Aboriginal people to build on existing strategies and strengths, as well identifying new ways of supporting and improving the lives of their families, communities and children and young people.

I would like to thank all those who have contributed to this important work and acknowledge the significant efforts of the editors. I am pleased to see that so many Institute and University of Western Australia staff have contributed as authors and reviewers, as well as, in the design and editing of this edition.

I am confident that this book will promote a deeper understanding of ways of working to make a genuine difference and have a lasting impact in improving Aboriginal mental health and wellbeing outcomes.

Jonathan Carapetis
Director
Telethon Institute for Child Health Research
This book would not have come to fruition without significant collaboration and the sustained energy, ideas, support and input of many people.

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MindMatters
Justice Health and Forensic Mental Health Network

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We would like to acknowledge the important contribution of the many hundreds of mental health practitioners, students, lecturers, service providers and policy makers in areas that address the social determinants of mental health who completed the evaluation surveys and interviews and provided valuable feedback for improving the book. Their suggestions are reflected in this revised edition.

Finally, and sadly, we pay respect to the late Dr Nola Purdie and acknowledge her valuable contribution as an editor on the first edition of Working Together.
Principal Editors and Authors

Professor Pat Dudgeon

Professor Pat Dudgeon is from the Bardi and Gija people of the Kimberley. She is a Research Fellow at the School of Indigenous Studies, University of Western Australia (UWA). She was the first Aboriginal psychologist to be awarded the grade of Fellow in the Australian Psychological Society. She is well known for her significant leadership in Indigenous psychology and in higher education. Her roles include Chief Investigator in an ARC (Indigenous Discovery) grant, *Cultural Continuity and Change: Indigenous Solutions to Mental Health Issues*. She is also a Chief Investigator in the NHMRC Centre for Research Excellence Grant, *Aboriginal Health and Wellbeing* at the Telethon Institute for Child Health Research. She is a Chief Investigator and Research Node Leader (health) on the National Indigenous Research and Knowledges Network, a multidisciplinary network of Indigenous researchers. Pat was the inaugural Chair of the Aboriginal and Torres Strait Islander Mental Health Advisory Group; the inaugural Chair of the Australian Indigenous Psychologists Association and now a steering committee member; a member of the National Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group; a member of the National Aboriginal and Torres Strait Islander Health Equality Council; and is a Commissioner on the new National Mental Health Commission. She co-chairs the Reconciliation Action Plan Working Party in the Australian Psychological Society (APS) with the President of the APS.

Winthrop Professor Helen Milroy

Dr. Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia born and educated in Perth. She studied Medicine at UWA, worked as a General Practitioner and Consultant in Childhood Sexual Abuse at Princess Margaret Hospital for Children for several years before completing specialist training in Child and Adolescent Psychiatry. Helen is a Royal Commissioner on the Royal Commission into Institutional Child Sexual Abuse which is being conducted for the next three years. Until February 2013, Helen held the positions of Winthrop Professor and Director of the Centre for Aboriginal Medical and Dental Health at UWA; and Consultant Child and Adolescent Psychiatrist with the Specialist Aboriginal Mental Health Service, Department of Health. Helen was Country Lead Investigator of the Australian team [July 2010 to January 2013] on the National Health and Medical Research Council (NHMRC) International Collaborative Grant, *Educating for Equity* exploring how health professional education can reduce disparities in chronic disease. Helen was conjoint award recipient of the World Council for Psychotherapy’s Sigmund Freud Award 2011 for contributions to the field of psychotherapy. She was also 2011 Yachad Scholar. Helen is a board member of the Australian Institute of Health and Welfare (AIHW). She plays a significant role on many State and National committees and advisory groups including the NHMRC Indigenous Health and Mental Health Advisory Groups; and ADHD Expert Working Group, and many more.
**Associate Professor Roz Walker**

Associate Professor Roz Walker has been involved in research, evaluation and education with Aboriginal communities building local capacity within both Aboriginal and non-Aboriginal organisations for thirty years. Roz is a senior researcher with both the University of Western Australia and the Telethon Institute for Child Health Research and a Principal Investigator on the Institute Faculty. She is a Chief Investigator in several national ARC grants as well as in the NHMRC Centre for Research Excellence Grant, *Aboriginal Health and Wellbeing* at the Institute. Roz also serves on a number of high level steering committees and national Indigenous networks. Her key areas of interest include developing transformative and decolonising strategies at individual, organisational and community levels as well as promoting system level change. She has worked in Aboriginal education in teaching, curriculum development, academic coordination, research and evaluation. She has extensive experience in translating research into policy and practice and community-based participatory action research methods and ethics to achieve health related outcomes. Roz has taught extensively at undergraduate and graduate levels in Aboriginal community management and development and early years education in remote areas. Roz was co-editor of the first edition of the *Working Together* book and led the highly effective communication and dissemination strategy for the book. Roz has published widely in Aboriginal maternal and child health and mental health and wellbeing.
In September 1995, Rob Riley, renowned Aboriginal leader and activist for social justice and self-determination presented a seminal paper at the Australian Psychological Society Annual Conference held in Perth, Western Australia in which he challenged the practice of psychology to facilitate Aboriginal self-determination in the treatment of Aboriginal and Torres Strait Islander mental health. The following is an extract from that paper.

In his opening comments, Rob revealed his drive and compassion in pursuing improved outcomes in the mental wellbeing of Aboriginal people. In doing so, he encouraged the discipline of psychology and other professions to find ways to better deliver outcomes for Aboriginal people.

I believe there are profound obligations for those who commit themselves to helping their fellow human beings in the pursuit of a better quality of life. This is especially true where what we do impacts on the mental wellbeing of individuals in these dramatically changing times.

There are of course daunting and at times seemingly insurmountable obstacles, yet the challenges can be stimulating and enticing. This is my personal philosophy and it is also what I perceive to be the reality that confronts the discipline of psychology. I make the assumption that you, like professionals from all health and social science disciplines, have the motives and 'open-mindedness' to incorporate different perspectives within the discipline that you have chosen.

In my address I make reference to a number of reports that have been published over the years to provide an historical background to the current mental health status of Aboriginal peoples in this country, and the problems that have hindered provision of appropriate psychological services to them. My intention is not to lay blame or promote feelings of guilt—these are negative emotions that achieve little—but to invite you to share the challenge of finding better ways that have better outcomes for all of us.

I outline the initiatives already taken by the profession in its attempts to improve its service to Aboriginal Australians. And suggest ways in which I feel psychology can further enhance its response to the needs of the contemporary Aboriginal community. I truly hope that what I have to say has both meaning and relevance and that it will give you a better insight into the issues which confront Aboriginal people on a daily basis. I share this knowledge on the assumption that information freely given will be openly received and that this knowledge may challenge you, as individuals, to contemplate your functional role and responsibilities to all Australians, especially in this context to Aboriginal Australians.

Rob was strong on the issue of social justice and how it related to the mental health of Aboriginal people.

The current problematic mental health status of Aboriginal people can be traced directly to denial of social justice. The history of this denial is best told in the underlying issues report to the Royal Commission into Aboriginal Deaths in Custody. This report is the most comprehensive analysis of the
He described the gradual change from the long process of Aboriginal disempowerment and destabilisation that came with colonisation to one of increased empowerment through legislative change that gradually removed the onerous and punitive measures of earlier legislation and through affirmative action programs aimed at encouraging Aboriginal participation in decision making. But as Rob noted:

The process of empowerment, in one sense, has come far—but in many others, as illustrated, it has proved to be an illusion, and the cost to the community in achieving even these modest gains over a period of some 150 years has been enormous.

An issue personally experienced by Rob was the removal of Aboriginal children from their parents, families and communities. He described the profound impact on the children and members of their families who were directly affected by the assimilation policies and indicated the duty of care that psychologists and other health professionals have in the reparation process.

The anguish of their grief-stricken parents, families, kinship groups and communities, and the children themselves was brusquely discounted as inconsequential and at any event of a temporary nature. Today the legacy of those policies (should) haunt the conscience of white Australia, as it has haunted the memories of generations of Aboriginal families. The residue of unresolved anger and grief that blankets the Aboriginal community has had a devastating effect on the physical, emotional and mental well-being of so many.

The removal of children report cannot be allowed to suffer the fate of previous reports . . . The recommendations made in this report can and must go some way toward easing the anguish that plagues the Aboriginal community. These recommendations provide a blueprint for direct and unequivocal intervention, on behalf of the state government, to repatriate families and to care for the broken spirit of thousands of our people.

Psychologists, other health and social science professionals have an absolute obligation and a duty of care to share in this reparation process. More importantly the paramount obligation on the profession is to guarantee the participation of control by Indigenous people in any area of psychological study, counselling, and preparation of reports that pertain to the Indigenous community.

Rob's conclusion and charge to mental health practitioners is profound as has been its powerful impact on progressing improved mental and physical health outcomes for Aboriginal and Torres Strait Islander people.

. . . the pertinent question for the Australian Psychological Society and you as practitioners is 'how can the profession facilitate Aboriginal self-determination? How can this begin and how can it be sustained?'

We as individuals have the obligation and the power to ensure that positive social change occurs. On another level however, organisations and departments need to show leadership and commitment by subscribing formally to the principles and guidelines for achieving social justice.

The world we live in is in a state of intense and unprecedented environmental, political, economic and social change that impacts on every living thing on this planet. We are an active part of this change and we as individuals, as collectives in families or in work organisations can and must direct where our world is going.

Until recently the practice of psychology has largely served to oppress, control and assimilate minority groups, especially Aboriginal people. In the past few years a range of Aboriginal mental health initiatives, some connected with the Australian Psychology Society have been established.1

There are, of course, a myriad of mental health initiatives happening on the ground in Aboriginal communities at local and regional levels, as Aboriginal people themselves are attempting to identify and seek solutions to the inequitable situations they live in. To the members of the Australian Psychology Society I would say 'join us in this quest'.

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1 Aboriginal mental health initiatives are outlined in Chapter 3 (Dudgeon and colleagues).
What part can the discipline of psychology and you as psychologists play in the pursuit of social justice?

How many psychologists have an understanding of Aboriginal people?

How many of you have an understanding of Aboriginal culture, history and contemporary issues?

For many of you this knowledge is crucial given the social conditions and your work environments such as prisons and the welfare sector and where there are large numbers of Aboriginal clients. It is your responsibility to seek that knowledge and understanding now, and to ensure that it is available for future generations of psychologists, in psychology training and educational programs. To their credit some psychology departments have been actively involved in Reconciliation Study Circles. Some educational institutions have begun introducing more appropriate and relevant contemporary Aboriginal issues into their curriculum and training for psychologists. I applaud the Universities and again, I applaud the leadership in your profession for these real and important initiatives. They represent a most appropriate and empowering process because the initiatives I have just mentioned are developed, designed and delivered by Aboriginal people. Aboriginal participation in their own matters, academic or otherwise, is integral. This is the basis of equity and self-determination.

Another challenge to psychology is to examine the discipline and its theory; training practices; methods employed, and their appropriate application to Aboriginal people (e.g. the use of Western tests on Aboriginal clients. It has been recognised that these tests were not ‘culture-fair’ but they are still being used.)

The discipline of psychologists needs to be open to change but more-so, it needs to be dynamic and be prepared to change. The signs are positive, as I have acknowledged. But so many obstacles remain and still much needs to be done. We cannot allow ourselves to become complacent nor limit potential simply because we think we have done enough.

I am enthused and I hope you are as well, by the guiding principles contained within the National Aboriginal and Islander Mental Health Policy Report, authorised by Swan and Raphael. These principles intended to guide the development of an Aboriginal and Torres Strait Islander mental health strategy and plan, are principles that your profession should take on board. I commend them to you as the basis for your future proactive involvement in meeting the challenges outlined here. They include the understanding that:

- The Aboriginal concept of health is holistic.
- Self-determination is central to the provision of Aboriginal health services.
- Culturally valid understanding must shape provision of Aboriginal health (and mental health) care.
- The experience of trauma and loss contribute to the impairment of Aboriginal culture and mental health wellbeing.
- The human rights of Aboriginal people must be recognised and enforced.
- Racism, stigma, adversity and social disadvantage must be addressed in strategies aimed at improving Aboriginal mental health.
- The strength and centrality of Aboriginal family and kinship must be understood and accepted.
- The concept of a single homogenous culture and/or groups is erroneous.

Aboriginal people have great strengths including creativity, endurance, humour, compassion and spirituality. These characteristics of Aboriginal people have enabled their survival through the period of dispossession and oppression that you have had described in some detail to you today. This has helped us (Aboriginal peoples) through the worst of times.

They will go on sustaining us until, with your understanding and support and commitment, we are ready and able to enjoy with all Australians, the best of times.

Finally, I say to you, two thoughts that I keep in the back of my mind when the struggle along the road to social justice and equity gets a bit tough:

- You can’t be wrong if you’re right, and
- You don’t stop fighting for justice simply because those around you don’t like it. Just keep on fighting.

The full transcript of Rob Riley’s Conference Paper From Exclusion to Negotiation is available from:

Rob Riley. From exclusion to negotiation: the role of psychology in Aboriginal social justice /discussion paper (Curtin Indigenous Research Centre); No. 1/1997. Gunada Press, Curtin University, Perth WA
The little green frog sat at the edge of the waterhole watching the ripples in the water. It was so beautiful and clear you could almost see the coloured stones lying on the bottom except the movement of the water put them out of focus. The little green frog longed to swim to the bottom but he knew it was too deep. It was very deceiving because the water was so pure. He would love to have collected some of the coloured stones.

Suddenly a large barramundi swam into the waterhole and rested on the colourful stones. ‘Are you looking at my pretty stones frog?’ asked the barramundi.

‘Yes’ frog replied, ‘I am too small to swim to the bottom of your waterhole but I would love to have one.’

Barramundi swam to the surface with a bright red stone in his mouth. ‘Here is a present for you frog’ he said giving frog the red stone.

‘Oh thank you barramundi but I haven’t got a present to give you.’

‘You can give me one of those blue flowers that grow on the rocks’ barramundi said.

Frog picked a blue flower and gave it to barramundi.

‘The pretty stones you see I have been collecting since I was young’ barramundi said, ‘they are all memories, the red stone is full of happy memories.’

‘Oh thank you, I will treasure it always’ said frog.

Each day frog would visit the waterhole; each day barramundi would give frog a pretty stone, in turn frog gave barramundi a lovely flower. The little green frog was enjoying the beautiful coloured stones as they made him feel very happy so he didn’t visit the waterhole for a while. ‘I will go and visit my friend today’ he thought and set off for the waterhole where his friend barramundi lived.

Barramundi was floating on top of the water with a black stone in his mouth and surrounded by half dead and rotting flowers.

‘You can’t give away your past memories, you need them to see the future.

There are many ways to understand this story.

We often take stories from our communities and our clients with little in return. We consult over and over again and yet ignore the recommendations or fail to implement policy.

Do we get caught up with what we have taken and fail to return to those who have given us their gifts so freely?

How many beautiful stones have we been given and what have we done with all of those memories? As we hold the stories in our minds and hearts, it is our responsibility to give back hope for a better future.

© Story by Gladys Milroy
The Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing
Principles and Practice had its origins in the Australian Government’s commitment to improve
mental health services nationally. The book was a key strategy to support Aboriginal and Torres
Strait Islander-specific initiatives of the Council of Australian Governments (COAG) mental
health reform over five years. When we undertook the first edition it was evident that there
was a lack of culturally appropriate resources to educate and assist mental health professionals
to work with Aboriginal and Torres Strait Islander people experiencing social and emotional
wellbeing issues and mental health conditions across all life stages. Further, those resources
currently used by mental health clinicians were found to have little cross-cultural validity. It is
pleasing, however, in this book to see a number of Aboriginal psychologists and allied health
practitioners writing about their work in addressing many of the issues surrounding diagnosis,
assessment of mental health and social emotional wellbeing issues.

The first edition of Working Together provided a culturally appropriate resource; models of
practices and strategies to enhance the effectiveness of a range of professionals who work
with Aboriginal and Torres Strait Islander people with a range of social and emotional and
mental health issues. It provided a comprehensive, culturally relevant, and specific resource
to support the provision of services to Aboriginal and Torres Strait Islander people who are
striving to effectively deal with their loss, grief, suffering and other impacts of past policies and
practices. The book was also intended for students in vocational education and training and
undergraduate and postgraduate courses in relevant fields.

The first and second editions of the book have been written by recognised experts, practitioners
and researchers in a range of disciplines within the mental health field and have presented a
variety of perspectives related to the causes and possible solutions to many of the social and
emotional and mental health issues experienced by Aboriginal and Torres Strait Islander
people. A strong Aboriginal voice permeates both editions of the book; indeed the high
number of Aboriginal and Torres Strait Islander authors and the strength of the collegiality
and collaboration between authors have made both the first and second editions unique. In the
second edition there are 76 authors, 44 Aboriginal and Torres Strait Islander authors and 32
non-Aboriginal and Torres Strait Islander authors. This speaks well to the growing number
of Aboriginal and Torres Strait Islander experts who are writing and adding to the body of
knowledge around mental health and associated areas.

BACKGROUND TO THE REVISION

As with the first edition, this revised book has been made possible through the dedication,
time and shared wisdom of the authors about the social and emotional wellbeing of Aboriginal
Australians. Since the first edition was published in June 2010, the widespread and ongoing
dissemination of the book has been, and continues to be an effective strategy to enhance the
cultural competence of the mental health workforce and the mental health services.
Over 48,000 hard copies and 48,000 PDF downloads of the book have been distributed to or accessed by a broad range of target audiences. In addition, at least 50,000 copies of the book and chapters were downloaded from the Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice website. The volume of hard copies and electronic copies disseminated during the past three years has greatly exceeded expectations. It is also evident from the high volume of books disseminated to target audiences around Australia that there remains a high demand for the book which is filling an area of a perceived and actual gap in the knowledge base and resources for health and mental health practitioners and for academics delivering courses to future mental health practitioners.

The feedback and evaluation since its introduction confirms that Working Together is an important and effective resource for a range of relevant health and allied health practitioners and educators and other professionals who have front line involvement with Aboriginal and Torres Strait Islander people experiencing mental health issues, and agencies supporting and working with them. Since the introduction of the book, extensive stakeholder consultation has taken place to inform the development of the revision of the book. The main focus of activities has been twofold: to enhance the promotion and dissemination of the Working Together book and to collate feedback and evaluation findings in preparation for the revision.

While the first edition was indeed an important milestone in addressing Aboriginal mental health and social and emotional wellbeing, the inclusion of many additional topics and resources in the second edition contributes even more significantly. These new chapters bring important knowledge and understanding identified by the Expert Reference Group and evaluations. The addition of Aboriginal psychiatrist Helen Milroy as an editor and author has brought yet another level of clinical and cultural expertise, experience and wisdom to the revision. Importantly, the inclusion of the ‘Charge to Psychologists’ by Rob Riley is yet another distinctive feature of this revised book.

LEGACY OF LEADERS

In addition to the contribution of the late Rob Riley, we would like to pay tribute to two other leaders—the late Joe Roe and the late Dr Mark Sheldon—whose ideas and models and ways of working are an important legacy. All three leaders had a strong influence on people’s lives and their work is reflected throughout this book.

Joe Roe

Another inspirational leader is the late Joe Roe (Purungu by skin name). Joe was a Karajarri/Yawru man. His people are also from the Broome and Bidyadanga area in the Kimberley. He completed a Bachelor of Applied Science in Indigenous Community Health (Mental Health Counselling specialisation) in 1996. Mr Roe worked in the area of Aboriginal mental health for over 10 years, which included working with the Aboriginal Visitors Scheme, Pinikarra Aboriginal Counselling Service and the Kimberley Aboriginal Medical Services Council. Mr Roe also worked as the Psych/Social Rehabilitation worker with Northwest Mental Health Services in Broome.
In that time he developed the Ngarlu model—a highly regarded and culturally appropriate way of working to support Aboriginal people's spiritual, social and emotional wellbeing. The Ngarlu model aims to strengthen and heal the spirit of Aboriginal people and is based on cultural beliefs and holistic understandings of health and wellbeing. These traditional concepts of emotional, spiritual, and social wellbeing are being rekindled to support social, spiritual and emotional reconnection. His family has kindly given permission for Mr Roe's unique work to be incorporated into policies, healing practices and programs that have continued to be adapted and developed by his family so that his legacy can continue.

Dr Mark Sheldon

The late Dr Mark Sheldon was one of the leading psychiatrists working in the field of Aboriginal mental health. He was a pioneer psychiatrist with a mission to provide psychiatric services to remote Aboriginal communities. His work is equally informative for all mental health and wellbeing practitioners intending to work with Aboriginal people. In the vastness of central Australia, Mark learnt to overcome cultural and language barriers in his work with Indigenous people and was honoured by having an Aboriginal name bestowed upon him. He sought to find alternative ways of working clinically in the cross-cultural setting of traditional and semi-traditional contexts, offering a different approach to suit the setting. It required adjustments in history-taking, mental state examination, diagnosis, management, professional boundaries, and the way one works with colleagues. He approached all of these issues in a modified way, with considerable reflection on, and appraisal of, his clinical experiences. Many of his ideas are still relevant and are included in relevant chapters in this book. He was awarded the Fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in October 1997. Memorial prizes in the name of Mark Sheldon have been established by the RANZCP and by his old high school. Mark's family has kindly given permission for his unique work to be presented in this book so that his legacy can continue.

TERMINOLOGY

In Australia there are many Indigenous nations, languages, and cultures. This is shown clearly in the Horton's map of Australia's Indigenous languages, which indicates the general location of larger groupings of people but may include smaller groups such as clans, dialects, or individual languages in a group (see page 533).

It is difficult to identify terminology that is appropriate and acceptable to all these groups. Indigenous Australians are people of Aboriginal and/or Torres Strait Islander descent who identify, and are accepted as an Aboriginal and/or Torres Strait Islander person in the community in which they live, or have lived.

In this book, we have chosen Aboriginal and Torres Strait Islander in the title of the book to indicate the distinctiveness of these two major groups of people and to respect the term most Aboriginal and/or Torres Strait Islander people prefer to use. Authors have used a range of terms and in general we have retained their language, although this has been changed sometimes to aid the flow of text for the reader. Overall our intent has been to use language that accords respect and dignity to Australia's Indigenous peoples. Throughout this book, authors use the term Aboriginal, Aboriginal and Torres Strait Islander and Indigenous peoples.
**GUIDING PRINCIPLES**

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being 2004–2009 contains nine guiding principles that further emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander people. The Framework was endorsed by the Commonwealth and State/Territory governments and represented agreement among a wide range of stakeholders on the broad strategies that needed to be pursued.

The nine principles enunciated in the Framework guided the development of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. The nine principles are:

<table>
<thead>
<tr>
<th>Number</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.</td>
</tr>
<tr>
<td>2</td>
<td>Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.</td>
</tr>
<tr>
<td>3</td>
<td>Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples’ health problems generally and mental health problems in particular.</td>
</tr>
<tr>
<td>4</td>
<td>It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.</td>
</tr>
<tr>
<td>5</td>
<td>The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.</td>
</tr>
<tr>
<td>6</td>
<td>Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples’ mental health and wellbeing.</td>
</tr>
<tr>
<td>7</td>
<td>The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.</td>
</tr>
<tr>
<td>8</td>
<td>There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.</td>
</tr>
<tr>
<td>9</td>
<td>It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment (<em>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being 2004–2009, page 6</em>)</td>
</tr>
</tbody>
</table>
A SOCIAL AND EMOTIONAL WELLBEING PERSPECTIVE

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice has proved to be a unique and invaluable resource to educate and assist health professionals to work with Aboriginal Australians. In both editions we have taken a particular approach.

Aboriginal and Torres Strait Islander people prefer to take a holistic view of mental health. To reflect this, we have adopted a social and emotional wellbeing approach to mental health in both editions of the book. The holistic view incorporates the physical, social, emotional, and cultural wellbeing of individuals and their communities.

In this respect Tom Calma, the former Aboriginal and Torres Strait Islander Social Justice Commissioner, has observed that we need to break down ‘health silos’; he argues that we must break down the silos that separate out mental health, family violence, and substance abuse services. He proposes that these should be integrated within comprehensive primary health care services to reflect the fact that these issues are often linked (Calma, 2005).

The holistic view of health of Aboriginal Australians is evident in their capacity to sustain self and community in the face of historically hostile and imposed culture. Unique protective factors contained within Indigenous cultures and communities have been sources of strength and healing when the effects of colonisation and what many regard as oppressive legislation have resulted in grief, loss and trauma.

Aboriginal and Torres Strait Islander authors in this book remind us of the importance of recognising existing frameworks of healing in Indigenous communities and how culture and spirituality in relation to social and emotional wellbeing are ongoing sources of strength. For instance, Chapter 4 explores determinants that have shaped Aboriginal and Torres Strait Islander social and emotional wellbeing outcomes and the chapters in Part 6 specifically discuss the importance of accessing traditional and contemporary Indigenous healing models, programs and trainings developed by Aboriginal and Torres Strait Islander people themselves.

DISSEMINATION

Since the book was published in June 2010, the Telethon Institute has coordinated a highly effective communication and dissemination strategy. This has involved the establishment of a database of all stakeholders who have requested copies of the book. Information about the book was, and continues to be, distributed to contact personnel on these lists inviting them to promote the Working Together book to their networks. In addition, a targeted dissemination strategy was implemented in the health, mental health, education and community services sectors and among Commonwealth funded organisations with an exceptional response and uptake, far exceeding expectations.

A total of 44 university campuses ordered the book for their libraries, undergraduate and postgraduate courses in health, mental health, psychology, nursing and social work and Aboriginal health schools and divisions. Since the project commenced, there has been an increase in interest and requests by major tertiary hospitals, general practice divisions, and local and state government and university libraries around Australia. Other stakeholders include high schools, the Department of Education and Training, Department of Housing and Works, Centrelink offices, all allied health professions, and non-government organisations and community services throughout Australia. Stakeholder groups and professional/specialised bodies such as the Royal Australian College of Obstetricians and Gynaecologists, the Perinatal Society of Australia and New Zealand and the Australian Medical Association have endorsed the book.
EVALUATION

An evaluation examined the extent to which Working Together was perceived as contributing to enhancing understanding of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health; and improving organisational, professional and individual practice. The evaluation methodology included a Survey Monkey questionnaire. Readers, teachers and course coordinators in nursing, psychology, allied health, general practice and psychiatry were invited to provide additional feedback regarding their perceptions of the books usefulness within their specific areas and how the layout, content, reflective exercises and program information could be improved. Various groups undertaking professional and cultural awareness training or professional development workshops were asked to obtain feedback to assess the relevance of Working Together for students, practitioners and participants. These groups included the Australian Indigenous Psychologists Association (AIPA), and Aboriginal training delivering courses in mental health, social work and nursing. Outcomes from the evaluations have informed the second edition in additional new chapters and overall content of all chapters such as stronger inclusion of critically reflective exercises.

The book is also being sought by professionals, practitioners and students who, while not directly in the first line of mental health aid, are nevertheless dealing with Aboriginal and Torres Strait Islander people who are experiencing mental health issues. These include Department of Child Protection workers, ambulance drivers, Royal Flying Doctor Service staff and emergency staff in hospitals, Centrelink employees, employment agencies, non-government organisations, judiciary staff, justice workers and prison officers, to name a few.

THE PROCESS

The Australian Government Department of Health and Ageing commissioned the Telethon Institute of Child Health Research to produce the second edition of this book. An Expert Reference Group (see the acknowledgments) provided support and advice to the editors with respect to commissioning key experts and stakeholders in the mental health sector to contribute to various topics in the book. This list included clinicians and education and cultural experts. A small editorial team (see acknowledgments), led by Associate Professor Roz Walker managed the day-to-day production of the book. During the process for the second edition, all chapters were reviewed and updated. New chapters were identified and the most suitable experts were invited to contribute. The second edition was informed by evaluation and advice from the Expert Reference Group.

THE STRUCTURE OF THE BOOK

The book is structured into six parts.

**Part One: History and Contexts**

Provides an overview from a historical, social, emotional and cultural context, within a mental health framework. Impacts of colonisation and cultural devastation in contrast to resistance, resilience, equality, empowerment and cultural recognition are discussed from a social and emotional wellbeing and psychological perspective. Progression of policies reflective of situation and time are outlined.

**Part Two: Issues and Influences**

Describes various issues and influences on people’s mental health and social and emotional wellbeing, including a clinical description and diagnosis of mental health. Substance misuse, suicide and the over-representation of people in the criminal justice system are viewed as most significantly impacting on individuals and communities.
Part Three: Standards, Principles and Practice
Better health outcomes can be achieved by best work practice, which includes consideration of and working to the National Practice Standards and ensuring, where possible, support is offered within an interdisciplinary team in a culturally competent and culturally secure environment.

Part Four: Assessment and Management
Assessing and managing an individual and ensuring cultural competency and a culturally secure environment are highlighted. Acknowledging and understanding the diversity of attributes impacting on an individual's assessment, such as trauma and transgenerational trauma and unrecognised or undiagnosed disability are considerations. A range of tools appropriate for assessment are provided.

Part Five: Working with Children, Families and Communities
Focuses on the complex issues surrounding young Aboriginal people and explores ways for families and communities to deal with these issues. Issues discussed include factors influencing parental and infant mental health, addressing fetal alcohol spectrum disorder and understanding the lives of Aboriginal children and families using case studies. Also discussed are ways of working with behavioural and emotional problems in young people and how to move forward when family violence occurs.

Part Six: Aboriginal Healing Models and Programs
A number of culturally sensitive, culturally driven, culturally developed and culturally implemented programs and models provide pathways forward for individuals and communities. Involvement in these cultural specific models and programs will enable individuals and communities to benefit as part of the healing process. It will also encourage forward movement and positive participation at a community level.
Tom Calma

Dr Tom Calma is an Aboriginal elder from the Kungarakan tribal group and a member of the Iwaidja tribal group in the Northern Territory. He has been involved in Aboriginal affairs at a local, community, state, national and international level focusing on rural and remote Australia, health, education and economic development. Dr Calma was appointed National Coordinator, Tackling Indigenous Smoking in March 2010 to lead the fight against tobacco use in Aboriginal and Torres Strait Islander communities. Past positions include Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner at the Australian Human Rights Commission, and senior Australian diplomat in India and Vietnam. Through his 2005 Social Justice Report, Dr Calma called for the life expectancy gap between Indigenous and non-Indigenous people to be closed within a generation and laid the groundwork for the Close the Gap campaign. He chaired the Close the Gap Campaign Steering Committee for Indigenous Health Equality since its inception in March 2006 that has effectively brought national attention to achieving health equality for Indigenous peoples by 2030. He is a strong advocate for Indigenous rights and empowerment, and has spearheaded initiatives including the National Congress of Australia’s First Peoples, development of the inaugural Indigenous suicide prevention strategy and justice reinvestment. In 2007, Dr Calma was named by the Bulletin Magazine as the Most Influential Indigenous Person in Australia and in 2008 was named GQ Magazine’s 2008 Man of Inspiration for his work in Indigenous Affairs. In 2010, he was awarded an honorary doctor of letters from Charles Darwin University and named by Australian Doctor Magazine as one of the 50 Most Influential People in medicine in Australia. In 2011 he was awarded an honorary doctor of science from Curtin University and, in 2012, was awarded an Order of Australia: Officer (AO) in the General Division and is the ACT Australian of the Year 2013.

Dr Michael Adams

Dr Michael Adams is a respected Elder within the Aboriginal and Torres Strait Islander communities. He is an Adjunct Professor with the School of Public Health, Queensland University of Technology working as the National Indigenous Coordinator with the Institute of Health and Biomedical Innovation. His PhD examines the prevalence and correlates of sexual dysfunction among Aboriginal and Torres Strait Islander males, the first and largest study of its kind. His extensive involvement in key policy and program developments has enabled him to translate research into action. His efforts at knowledge translation have directly impacted on health system responses and led to better informed approaches to address the needs of Indigenous peoples who are socially excluded and often have poor access to services.
Yolonda Adams

Yolonda Adams is an Aboriginal psychologist and a Larrakia woman based in Darwin, Northern Territory. She graduated from Charles Darwin University in 1999 and is a member of the Australian Indigenous Psychologists Association (AIPA). She is undertaking PhD studies and has extensive experience working in the public and private sectors. She has worked with the Department of Justice and in mental health, providing a service to clients with mental illness and complex needs in a community setting. She has worked in management, overseeing programs and service delivery, and has significant experience working with Aboriginal clients from urban, rural and remote communities. She has been a consultant with Indigenous Psychological Services (Dr Tracy Westerman) for several years.

Jenny Adermann

Jenny Adermann has worked for Education Queensland for 25 years as a teacher, teacher–librarian, media production officer and guidance officer with Year 1 to Year 12 students in a range of urban, rural and remote settings. Spanning a 20-year period, she has returned several times to work in Cape York and Torres Strait communities and has more than 10 years’ experience working with Indigenous students and their families. Jenny holds a Graduate Diploma in Education and a Master of Education degree. She is currently a Guidance Officer based at Trinity Beach near Cairns and is undertaking PhD studies at Queensland University of Technology, focusing on anxiety and Indigenous youth.

Kimina Andersen

Kimina Andersen is Aboriginal (Cowburn) and Torres Strait Islander (Guivarra). Her maternal heritage is Wuthathi from Cape York and Darnley Island and her paternal heritage is Wakka Wakka outside Brisbane. She is a social worker with over 20 years’ experience in Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. She has worked in community controlled and public sectors and is the State-wide coordinator for Indigenous Forensic Mental Health Queensland. She was a co-investigator on Australia’s largest study of the mental health of Aboriginal and Torres Strait Islander Peoples in Custody, Inside Out. She has a social justice focus and is keen to ensure that community members who come into contact with mental health and criminal justice systems receive appropriate and culturally sensitive care.

Dr Caroline Atkinson

Dr Caroline Atkinson is of Jiman—Bundjalung heritage and currently lives in New Guinea, undertaking community development work with a focus on trauma and violence. She achieved first class honours from the University of South Australia with a thesis focusing on violence against Aboriginal women. Her PhD in Community Psychology examined Aboriginal male violence and its relationship to generational post-traumatic stress disorder underpinned by a research framework that honours Aboriginal knowledge, epistemology and philosophy. She formed a consultancy service, specialising in mixed-method research. She has a background in teaching Master level Indigenous Studies (Wellbeing) and Community Recovery. She is currently focusing on curriculum development within We Al-li. Caroline sits on the Research Advisory Committee for the National Healing Foundation and is involved in a reference group embedding Aboriginal content within social work degrees nationally.
**Professor Judy Atkinson**

Professor Judy Atkinson is a Jiman and Bundjalung woman, whose academic work focused on understanding and responding to trauma issues stemming from the violence of colonisation and working towards healing and recovery. Judy is a member of the Harvard Global Mental Health Scientific Research Alliance; serves on the Australian Institute of Health and Welfare Scientific Advisory Committee; the Board of Directors of the Aboriginal and Torres Strait Islander Healing Foundation and is the Patron of the We Al-li Trust. Her academic contributions around trauma and healing of Aboriginal peoples has won her the Carrick Neville Bonner Award in 2006 and the Fritz Redlick Memorial Award for Human Rights and Mental Health from Harvard University 2011. Her book *Trauma Trails - Recreating Songlines: The transgenerational effects of trauma in Indigenous Australia*, provides context to the life stories of Indigenous people who have been moved from their country.

**Dr Sivasankaran Balaratnasingam**

Dr Siva Bala undertook his post graduate degree in medicine at UWA. He undertook psychiatric training in Western Australia, half of which was completed in the North West of Australia. He has been the regional psychiatrist in the Kimberley since 2007, working mainly with Aboriginal people and as a consultant psychiatrist at Headspace in Broome, providing assessment and treatment of adolescents and youths. He is an adjunct Associate Professor with the School of Psychiatry and Clinical Neurosciences, UWA. Since September 2011, he has been an advisor to the Federal Mental Health Minister, Hon. Mark Butler, as a member of the Australian Suicide Prevention Advisory Council. His clinical and research interests include Aboriginal Mental Health, Intellectual Disability, Telepsychiatry, Safety and Quality in Health Care and Medico-legal Psychiatry.

**Associate Professor Dawn Bessarab**

Associate Professor Dawn Bessarab is of Bardi and Yindjabarndi descent. She lived and worked in remote, regional and urban settings before settling in Perth. She has extensive experience in Aboriginal child protection, family violence, drug and alcohol misuse, justice and health. Dawn supports the role of social work in the interdisciplinary field to ensure the values, ethics and focus on advocacy and self-empowerment enhance the health sector. Dawn leads the Aboriginal Health Education and Research Unit at the Curtin University Health Innovation Research Institute and is a Chief Investigator on the Centre for Research Excellence in Aboriginal Health and Wellbeing in collaboration with the Telethon Institute, applying a psycho-social/social determinants model in understanding the complex needs of Aboriginal people and developing de-colonising strategies and approaches to improving health outcomes for Aboriginal people and their communities.

**Tom Brideson**

Tom Brideson is an Aboriginal man who has been actively involved in Aboriginal mental health since 1993 and has published a number of journal articles on issues facing the Aboriginal mental health workforce. He chairs the Aboriginal Advisory Committee of the NSW Centre for Rural and Remote Mental Health and is currently the Chair of the Management Committee of The Mental Health Services Conference (TheMHS). Tom has had a number of appointments to state and national Mental Health and Suicide Prevention Committee's. In 2012, he was appointed to the Board of Indigenous Allied Health Australia and in 2013 he was appointed to the Community Advisory Council of the NSW Mental Health Commission.
Dr Robert Brooks

Dr Robert Brooks was Research Director of the Aboriginal and Torres Strait Islander Healing Foundation conducting research into healing approaches to facilitate Aboriginal and Torres Strait Islander peoples’ wellbeing and empowerment. The research focussed on traumatised populations including Aboriginal people, postconflict and refugee populations. Strong statistical skills, including psychometric skills and structural equation modelling, support his work in collaborative research teams. His applied work history developed skills in psychological counselling and group work with a variety of populations, adult education and University teaching. He has developed a program of research based on community level approaches to suicide prevention in Aboriginal and Torres Strait Islander peoples.

Dr Marilyn Campbell

Dr Marilyn Campbell is a Professor in the school of Learning and Professional Studies, Faculty of Education at Queensland University of Technology. She lectures in the Masters of Education and Educational and Developmental Psychology programs preparing teachers for school counselling and psychologists to work in a range of educational and developmental positions. Marilyn has worked as a teacher and psychologist in early childhood, primary and secondary schools. She has also been a teacher–librarian, school counsellor and supervisor of school counsellors. Her research interests are in behavioural and emotional problems in children and adolescents. Her recent work has included research into anxiety prevention and intervention as well as the effects of bullying and especially cyber-bullying in schools. She is the author of the Worrybusters series of books for anxious children.

Maureen Carter

Maureen is a Chief Investigator on the Lililwan Project and Chief Executive Officer of Nindilingarri Cultural Health Services, an Aboriginal community-controlled health organisation in Fitzroy Crossing. She is a Kija and Gooniandi woman from the Kimberley region of Western Australia. Maureen is a founding member of the ‘Marulu’ Strategy Leadership Team of the Fitzroy Valley. This strategy was developed to address the need for diagnosis and prevention of FASD and to support the parents and carers of affected children. Maureen is Chair of the Fitzroy Valley Futures Forum Health sub-committee and sits on the WA Government’s Northern and Remote Health Governing Council. She leads a team of health professionals responsible for delivering health promotion and education throughout remote communities of the Fitzroy Valley.

Wendy Casey

Wendy Casey belongs to the Karajarri and Yawuru people and her extended family reside in the West Kimberley region of Western Australia. She is the Manager of the Aboriginal Alcohol and other Drug Program of the WA Drug and Alcohol Office. For the last 20 years she has specialised in the drug and alcohol field. She has worked within the community-controlled and government sectors, in metropolitan and remote area regions and in a variety of roles that include managing clinical services, policy, workforce development, resource development, community development and research. Wendy is a member of the National Indigenous Drug and Alcohol Committee.
Adele Cox

Adele Cox is a Bunuba and Gija woman from the Kimberley region of Western Australia. She spent her early life in the Kimberley working in media and in suicide prevention. She has worked at the Telethon Institute on Indigenous Suicide Prevention and Maternal and Child Health Research, the WA Aboriginal Child Health Survey and the Centre for Aboriginal Medical and Dental Health at UWA. She is a private consultant in the areas of Aboriginal mental health and medical education. She is a member of the: WA Ministerial Council for Suicide Prevention, Australian Suicide Prevention Advisory Council, Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group, and provides strategic and policy support for the Department of Health and Ageing’s (now Department of Health) Aboriginal and Torres Strait Islander Mental Health Advisory Group.

Kathleen Cox

Kathleen Cox is a local business woman whose ancestry connects her to the East and West Kimberley regions of Western Australia. She is a Bard, Gija, Nygkina, Nimanburr and Baiol woman who is passionate about cultural tourism and advocates strongly for the homelands movement of her people (going back to country). She is passionate about working with her people specifically with women and youth. She is always looking for new opportunities on ways her people can become empowered to take control of their own destiny, lead their people towards their own autonomy and develop viable and sustainable communities in which they live. She contributed to hear our voices Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia.

Dr Kylie Cripps

Dr Kylie Cripps is a senior lecturer at the Indigenous Law Centre, Faculty of Law, University of New South Wales, researching Aboriginal family violence, sexual assault and child abuse including policy development and program/service delivery. She is leading an ARC project called ‘Building and supporting community led partnerships to respond to Indigenous family violence in Victoria.’ Her PhD thesis was entitled ‘Enough Family Fighting: Indigenous Community Responses to Addressing Family Violence in Australia and the United States.’ She has taught Aboriginal Health to nursing students and regularly provides policy advice to the Australian and state governments and training and support to professional bodies and organisations dealing with the aftermath of violence.

Tania Dalton (Jones)

Tania Dalton (Jones) is a registered psychologist with a Masters in Health Science and Behavioural Science from Victoria. She has led the development and implementation of the AIPAs Cultural Competence workshop. She works with Aboriginal Communities in the Barwon Southwest region as an Indigenous Family Violence Regional Coordinator. She adapted James MacGuire’s Cognitive Skills program for Koorie male and female offenders in prison and further adapted it for Koorie community corrections offenders.
Dr Lawrence Dadd

Dr Lawrence Dadd studied medicine at Sydney University and had training experiences with Aboriginal communities on Groote Eylandt, the Royal Darwin Hospital and in northwestern NSW. He trained as a psychiatrist in the Northern Territory and New South Wales, including a role as senior registrar and staff specialist with the 'Remote Team', covering Aboriginal communities of the 'Top End'. From 2010, he worked in a specialised Dual Diagnosis Service. In the Hunter region, he trains doctors in Aboriginal mental health, works on a mentor program for Aboriginal medical students and consults with the Awabakal Aboriginal Medical Service. He is the current Chair of the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee.

Divina D'Anna

Divina D'Anna is a community consultant, born and raised in Broome and has always lived in the Kimberley and worked with Kimberley Aboriginal people at Notre Dame, Broome and Kimberley Land Council. She is passionate about her people feeling empowered to enrich their own lives in their own ways. She was a consultant and contributed to hear our voices Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia.

Heather D’Antoine

Heather D’Antoine is a Bardi woman from the West Kimberley. She is Associate Director of Indigenous Programs for the Menzies School of Health Research and has over 35 years of experience in the health sector. Her research interest is in maternal and child health with a focus on fetal alcohol spectrum disorders (FASD) and other birth defects. Heather has worked on a number of projects, including describing what health professionals and women know and do about alcohol and pregnancy and FASD. She has been involved with developing and evaluating resources for health professionals and developing a model of care for FASD in WA. In 2007, Heather received the ‘Award for Excellence and Commitment in Research’ and the Public Health Association of Western Australia Branch Indigenous Health Award in 2009.

Dr James F. Donnelly

Dr James Donnelly trained in the US as a clinical and neuropsychologist assessing and treating people who were coping with mental illness, brain injuries or the stress associated with being from disadvantaged environments. He moved to Armidale, NSW in 2001 and worked in the university and community setting with Aboriginal families and children. He was Head of Psychology and Neuropsychology at Sydney Children’s Hospital. He is a Lecturer in the School of Health and Human Sciences at Southern Cross University teaching psychology. He presents information about the existence of the Red Dust Healing program in his teachings and promotes the delivery of the program in the university setting.
**Professor Neil Drew**

Professor Neil Drew is Deputy Head of the University of Notre Dame, Broome. He is a social psychologist with over 25 years’ experience working with a diverse range of communities. He has worked with Aboriginal communities since beginning his career as a volunteer at the Aboriginal and Torres Strait Islander Medical Service in North Queensland. He was psychologist for the Department of Family Services in Queensland working in far northern and remote Cape York communities. He was Director of the UWA Institute for Regional Development. He is the program head and co-founder of the Aboriginal Youth and Community Wellbeing Program in the East Kimberley, promoting wellness and suicide prevention with young people in communities. The program has received national awards for excellence. He is co-author of *Social Psychology and Everyday Life*.

**Cheryl Dunkley**

Cheryl Dunkley is a Program Development and Delivery Consultant for the Kimberley Aboriginal Medical Services Council in Broome. Cheryl has been involved with the empowerment of Aboriginal people since the first research consultation back in 2011 where the findings were published in the *hear our voices* report. She then went on to develop the Empowerment, Healing and Leadership program with a number of expert developers across Australia. Since then she has been delivering the empowerment program to Aboriginal communities in the Kimberley since 2012. She contributed to *hear our voices* Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia.

**Sue Ferguson-Hill**

Sue Ferguson-Hill is currently an Educator with One21seventy (Menzies School of Health Research, Brisbane) training health care workers in the application of researched and evidence-based processes for auditing and service development for care given in Aboriginal and Torres Strait Islander Primary Health Care settings. Sue has been a trainer in the use of the Edinburgh Postnatal Depression Scale and has extensive experience in the field of perinatal mental health. Specialising in the management of postnatal stress and depression has been a component of Sue’s work in management roles and clinical practice including community-based roles, nursing and midwifery education programs, and health-related programs for Aboriginal Health Workers in communities in New South Wales and Queensland.

**Darren Garvey**

Darren Garvey was born and raised in Cairns, North Queensland, and his heritage extends to, and reflects, the diversity of the Torres Strait. Darren has a degree in Psychology from James Cook University and postgraduate qualifications in Health Promotion and Education from Curtin University. He is currently enrolled in a PhD in psychology, examining the contested arena of Aboriginal mental health. Darren has spoken both domestically and internationally, and written about ‘the need to consider the mental health of Aboriginal health workers’, ‘Aboriginal youth suicide’, ‘the role of psychology with Aboriginal people’ and ‘ethics in psychological research’. In 2000 he contributed to a handbook for psychologists working with Indigenous Australians, and recently published the book *Indigenous identity in contemporary psychology: Dilemmas, developments, directions* (2007) which was shortlisted for the AIATSIS Stanner Award.
Graham Gee

Graham Gee is an Aboriginal man, also with Celtic heritage. His father’s family is originally from the Barkly Tablelands, however Graham was born and raised in Darwin. He trained as a school teacher in 1993, teaching in primary and secondary schools before working as a remote community lecturer with the Batchelor Institute of Indigenous Education. In 2002 he began studies in psychology at Melbourne University while also working at Native Title Services Victoria. Since 2008 he has worked as a counsellor at the Victorian Aboriginal Health Services and is undertaking a Masters/PhD in clinical psychology at Melbourne University. The focus of his PhD research is resilience and trauma recovery in urban Koori communities.

Professor Dennis Gray

Professor Dennis Gray is a Deputy Director at the National Drug Research Institute at Curtin University, and a leader of the Aboriginal Research Program. He is an eminent researcher and has a long history of conducting collaborative research with Aboriginal community-controlled organisations. He has published extensively and presented at national and international forums on substance misuse. His recent work focuses on the provision of services and on enhancing options for the management of alcohol and cannabis-related problems. He is a member of the National Indigenous Drug and Alcohol Committee, his research team was awarded the 2006 National Alcohol and Drug Award for Excellence in Research, and in 2010—in recognition of his significant contribution to the alcohol and other drugs field—he was named on the National Drug and Alcohol Honour Roll.

Heather Gridley

Heather Gridley specialises in community, counselling and feminist psychology, professional ethics, and critical history of psychology. Her engagement with community psychology followed her awareness of the limitations of interventions directed solely at individuals. In her 20 years at Victoria University in Melbourne, Heather coordinated one of Australia’s two postgraduate programs in community psychology. She held national positions in the APS College of Community Psychologists and Women and Psychology Interest Group, and was a founding member of the Aboriginal and Torres Strait Islander Peoples and Psychology Interest Group. She is currently APS Manager of Public Interest, where she has oversight of psychology’s contribution to public debate and policy in the interests of community wellbeing and social justice, including carriage of the APS Reconciliation Action Plan.

Shaan Hamann

Shaan Hamann is a Weilwan and Bidjera woman and her involvement in Aboriginal affairs spans more than two decades. She has worked in government, private and community-controlled sectors in the areas of Native Title, tertiary and community education, and social and emotional wellbeing. Shaan has been involved in the development and implementation of the Marumali Program since it began in 2000. Shaan has a degree in Adult Education and her involvement has included co-facilitation of many Marumali workshops. Shaan is a second generation survivor of forcible removal policies and is currently undertaking an evaluation of the Marumali Program.
Katherine Hams

Katherine Hams is an Aboriginal mental health professional and has worked as a teacher, counsellor and trainer. With more than eight years of management experience in mental health services, she has extensive clinical experience, particularly in Aboriginal communities. Her interests include developing strong recognition and positive promotion of mental health, establishing a stronger link to holistic health, advising on providing culturally specific mental health service and supporting stronger linkages between state mental health services and community based and primary health care providers.

Amanda Hart

Amanda Hart is a Bagala woman from the Jawoyn people of the Katherine region in the Northern Territory. Amanda has an honours degree in psychology and is a registered psychologist. Amanda has extensive experience in working with remote and regional communities across the Northern Territory and South Australia, and has been a School Counsellor with the Northern Territory Department of Education and Children’s Services since 2006. Amanda is also a founding member of the AIPA and served as a Steering Committee Member from 2008 to 2012. From 2011 to 2013, Amanda has overseen the development and delivery of AIPA’s Cultural Competence workshops.

Jane Havelka

Jane Havelka is a Wiradjuri woman. She is the Clinical Coordinator/Lecturer for the Djirruwang (Mental Health) Program in the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University. She holds Certificates in Aboriginal Teaching and Learning and Wirrudirri Language (TAFE), a Diploma in Aboriginal Health and Community Development (University of Sydney), a Bachelor in Community and Public Health (Charles Sturt University), a Post graduate Certificate in Indigenous Health (University of Wollongong), and a Master of Health Science (Charles Sturt University). In addition, she is a qualified Aboriginal and Torres Strait Islander Mental Health First Aid Instructor and is studying for her Doctor of Health Science and is a newly appointed Director on the Board of Indigenous Allied Health of Australia.

Lorian Hayes

Lorian Hayes is a descendant of the Bidjerra and Wadja peoples of central Western Queensland. Lorian holds degrees in Applied Health Science from the University of Queensland and a Masters in Epidemiology from the Australian National University. Her doctoral research focuses on FASD, Aboriginal family violence, substance misuse, and, being an exponent of Friere’s theories, the transfer of knowledge to the underprivileged. Lorian has been actively researching and initiating community-based education programs about FASD in Queensland’s Cape York Peninsula and nationally has created an awareness of the plight of children exposed to alcohol in the womb. Lorian co-ordinated a Federal Government initiative, Stronger Families and Community strategy, and is working on developing resources for Rio Tinto’s Aboriginal Child Health Partnership Project to address FASD.
Dr Edward Heffernan

Dr Edward Heffernan is the Director of Queensland Forensic Mental Health Services and a Senior Lecturer in Psychiatry at the University of Queensland. He has been involved in the provision of mental health care for people in contact with the criminal justice system for over a decade. He was the founding Director of Queensland’s Prison Mental Health Service and helped establish a mental health court liaison service and major watch houses across the state of Queensland. He was the Principal Investigator for Australia’s largest study focusing specifically on the mental health status of Aboriginal and Torres Strait Islander peoples in custody. He has helped ensure Forensic Mental Health Services in Queensland assume responsibility for providing culturally sensitive services to individuals, their families and community members.

Darrell Henry

Darrell Henry has worked for 20 years as a psychologist working with Aboriginal people involved in harmful drug and alcohol use, family violence and child sexual abuse. He works with Aboriginal men, women and children in their families and communities, with a focus on healing. Darrell was co-founder of the Yorgum Aboriginal Family Counselling Service in Perth and was one of three panel members tasked with the 2002 Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities. He was an inaugural member of Western Australia’s first Child Death Review committee. He continues to train lay Aboriginal community people in working clinically with chronic trauma and in old and modern ways of healing.

Chris Holland

Chris Holland worked for three years as a dedicated solicitor on Trevorrow v South Australia, the first successful claim for damages by a member of the Stolen Generations. From 2002, under the direction of the Aboriginal and Torres Strait Islander Social Justice Commissioner, he worked to develop the human rights framework that underpins the Close the Gap Campaign for Aboriginal Health Equality, and managed the Campaign Secretariat from 2006 to 2012 and the Secretariat for the National Health Leadership Forum of the National Congress for Australia’s First Peoples in its first year of operation. He now works as a consultant and has written extensively on health and mental health policy.

Victoria Hovane

Vickie Hovane has family links to the Yinjibarndi in the Pilbara and the Kitja and Goondiyandi in the Kimberley. She holds a First Class Honours Degree in Psychology and is completing a PhD (Forensic Psychology) to develop an Aboriginal psychological theory of child sexual abuse. She is a member of the Advisory Panel to the WA FDV Death Review Committee, the Australian Centre for the Study of Sexual Assault (ACSSA) Reference Group, and the APIA. She provides lectures to post-graduate psychology students on Aboriginal cultural values, principles and working effectively with people in relation to mental health issues. She has conducted training on suicide prevention in Aboriginal communities and training for non-Aboriginal mental health professionals on working respectfully with Aboriginal people.
Dr James Huntley

Dr James Huntley is Senior Psychologist at the Southern Area Brain Injury Service based in Goulburn, NSW. James undertook studies in Canada and postgraduate work at University of New England, NSW. He completed his PhD through The Bouverie Centre, La Trobe University, focusing on rural and remote families contending with the challenges of brain trauma. He is Clinical Lecturer, the Research School of Psychology, at the ANU in Canberra teaching the postgraduate course Introduction to Clinical Neuropsychology and lectures at the NSW Police Academy. This work is referred to and published in the text Policing Vulnerability, in the chapter Acquired Brain Injury and Vulnerability to the Criminal Justice System. He is visiting Psychologist to the Rehabilitation Department at Royal Darwin Hospital, with an interest in assessment of cognitive abilities and rehabilitation needs for Aboriginal people.

Len Kanowski

Len Kanowski is a Registered Nurse with qualifications in rural and international mental health. Len was a Harvard University/University of Melbourne International Mental Health Leadership Fellow and a Rowan Nicks Russell Drysdale Fellow. He is currently a Senior Advisor with the NSW Centre for Rural and Remote Mental Health and a Visiting Fellow at the Australian National University National Centre for Indigenous Studies. Len has many years of experience in Aboriginal and Torres Strait Islander mental health and wellbeing as a clinician, educator and health service coordinator. He worked with Aboriginal educators and community leaders to develop the Djirruwang Aboriginal Mental Health Worker Education and Training Program and the National Aboriginal and Torres Strait Islander Mental Health First Aid Training and Research Program.

Kerrie Kelly

Kerrie Kelly has worked with Aboriginal and Torres Strait Islander colleagues in the area of social and emotional wellbeing (SEWB) for nearly 20 years. Projects include documenting an Aboriginal SEWB counselling process and developing and delivering accredited training. She coordinated the Bush Crisis Line and developed a telephone co-counselling model and resources to support remote Aboriginal health practitioners with job-related stress and trauma. She coordinated a national project to encourage help-seeking in Aboriginal communities, including developing a national database of SEWB services. Kerrie supported the Steering Committee to establish the AIPPA and to develop and roll out cultural competence training for the mental health workforce. She worked with the Marumali Journey of Healing program to improve the quality of support to survivors of forcible removal policies—the Stolen Generations.

Darryl Kickett

Darryl Kickett was an advisor to the Minister for Aboriginal Affairs, Canberra. He worked in policy positions in the National Aboriginal Conference (NAC), the Royal Commission into Aboriginal Deaths in Custody and Foster Care Strategy, and led the Kimberley Land Council in Derby, Centre for Aboriginal Studies at Curtin University and the WA Aboriginal Health Council, was the CEO of Aboriginal Medical Services and a Council Member of the WA Ministerial Council for Suicide Prevention. Currently he is a consultant with Anglicare WA, implementing their Reconciliation Action Plan and assisting to roll out the Red Dust Healing Program, as a trained facilitator. He is on the Board of the Gnalla Marmun Moort Boodja Mens Association bringing cultural healing opportunities to men in Nyungar country, aiming to reduce imprisonment rates and the incidence of single parent families. He is Chairperson of the Halo Leadership Development Agency, coaching young Aboriginal men using cultural leadership as a tool for building capacity.
Associate Professor Stuart Kinner

Associate Professor Stuart Kinner is the Principal Research Fellow for Justice Health in the Centre for Health Policy, Programs and Economics (CHPPE), School of Population Health, University of Melbourne. He holds honorary positions at University of Queensland, Monash University and Murdoch Children’s Research Institute. He has a PhD in forensic psychology, his research having focused on the health of prisoners and ex-prisoners. He is currently Chief Investigator for NHMRC studies of justice-involved populations in Australia, and for a study of HIV risk among prisoners and ex-prisoners in Fiji. He is lead author of a global systematic review of health-related re-entry programs for prisoners; Co-Convenor of the Justice Health Special Interest Group in the Public Health Association of Australia (PHAA) and serves on the National Prisoner Health Information Committee (NPHIC), guiding development of a world-first national minimum dataset for prisoner health.

Bernard Leckning

Bernard Leckning is the Coordinator of the Suicide Prevention Research Program at the Centre for Child Development and Education in Darwin. He has a background in sociological research. He has worked on a child and youth suicide study in the NT and on the development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. He is currently involved in a study of deliberate self-harm hospitalisations in the NT which focuses specifically on remote Indigenous populations and on the design, development and piloting of an Indigenous life skills intervention for remote Indigenous communities.

Dr Jane MacLeod

Dr Jane MacLeod is a general practitioner who has worked in Aboriginal communities in Arnhem Land, Central Australia and Gulf Queensland and in rural and urban Aboriginal and Torres Strait Islander health services in NT and QLD. She has worked as an academic for Griffith University School of Medicine assisting with Aboriginal health curriculums. She is passionate about working alongside Aboriginal and Torres Strait Islander health care providers, academics, Elders and community members to provide culturally appropriate and culturally safe health care. She is completing her Masters of Health Professional Education with her thesis exploring use of simulated patients for cultural competency education for health students.

Annette Mageean

Annette Mageean is a maternal descendant of the Pitta Pitta people from Cloncurry region. After serving 22 years in the Australian Defence Force, she commenced study in 2002, graduating at Charles Darwin University with a Bachelor of Social Work (BSW) in 2007 and was awarded “The Centacare NT Award” for Highest Academic Achievement for the BSW program. Her role for the past five years at Amity Community Services Inc., a not for profit Alcohol and Drug Organisation, has been coordinator for a Department and Health and Substance Misuse Delivery Grants funded project ‘the Aboriginal and Indigenous Communities Project’. Thr project applies a harm minimisation approach to develop strategies with the community and stakeholders to reduce harms associated with inhalants, alcohol and other drugs in nominated Aboriginal town communities in Darwin.
Professor Rhonda Marriott

Winthrop Research Professor Rhonda Marriott is a senior researcher with expertise in Aboriginal maternal and child health in the Centre for Child Health Research, UWA. As an Aboriginal woman, registered nurse and midwife, Rhonda is proud to be a member of the Congress of Aboriginal and Torres Strait Islander Nurses and to have been awarded Indigenous Nurse/Midwife of the Year at the 2008 Western Australian Nursing and Midwifery Excellence Awards. Rhonda is Patron of a named postgraduate award, sponsored by the Nursing and Midwifery Office, which recognises the achievements and contributions of Aboriginal nurses and midwives and the crucial role that they play in WA Health. Her research and academic interests are in building the capacity of Aboriginal people and communities and increasing their representation in higher education as students, academic staff and researchers.

Elizabeth McEntyre

Elizabeth McEntyre is a Goori woman from the Worimi and Wanaruah Peoples of NSW. An accredited Social Worker and Mental Health Social Worker, she is presently undertaking a PhD in Social Work with the University of NSW, under the supervision of Dr Eileen Baldry, Professor of Criminology. Elizabeth is involved in a national study 'Indigenous Australians with Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System.' This research is directed towards addressing the imprisonment rates of Aboriginal and /or Torres Strait Islander Peoples with mental health disorders and intellectual and other cognitive disability enmeshed in the criminal justice system. Elizabeth's own research, undertaken by, with and for Aboriginal women, focuses on Aboriginal women who are at even greater risk of incarceration due to their vulnerability and lived experiences.

Faye McMillan

Faye McMillan is a Wiradjuri woman from Trangie, NSW. She is the Chairperson of IAHA (Indigenous Allied Health Australia) and Director of the Djirrawang Program (Bachelor of Health Science—Mental Health Program) at Charles Sturt University. Prior to this she worked at University of Wollongong as course coordinator of the Postgraduate Indigenous Health Program. Faye has a Master of Indigenous Health Studies and a Bachelor of Pharmacy. She was the first Aboriginal pharmacist in Australia, graduating in 2001. Her passion is the recruitment and retention of Aboriginal and Torres Strait Islander peoples into health professions and improved teaching of Aboriginal and Torres Strait Islander health in tertiary health courses. Faye has an in depth knowledge of the health and participation needs of Aboriginal and Torres Strait Islander peoples, particularly in relation to mental health and community pharmacy.

Dr Jeff Nelson

Dr Jeff Nelson is the Director of Research and Research Training at Southern Cross University's Gnibi College of Indigenous Australian Peoples. Jeff works as a Research Fellow at James Cook University's School of Indigenous Australian Studies. He gained his undergraduate and postgraduate qualifications from the School of Psychology at UWA. Before commencing his current role, he worked in the health, education and justice sectors in research and community development roles.
Associate Professor Yin Paradies

Associate Professor Yin Paradies is an Aboriginal-Anglo-Asian Australian, raised in Darwin and has lived in Melbourne since 2007. He is a Principal Research Fellow and Co-deputy Director at the Centre for Citizenship and Globalisation, Faculty of Arts and Education, Deakin University. He has qualifications in mathematics and computing (BSc), medical statistics (MMedStats), public health (MPH) and social epidemiology (PhD). His research focuses on the health, social and economic effects of racism as well as anti-racism theory, policy and practice. He has received awards including a 2003-4 Fullbright scholarship at the University of California, Berkeley, the Australia Day Council’s 2002 Young Achiever of the Year award for the Northern Territory, Scholar of the Year in the 2007 National NAIDOC Awards and Victorian Young Tall Poppy Science Award in 2011.

Associate Professor Robert Parker

Associate Professor Robert Parker is an Adjunct Associate Professor of Psychiatry at James Cook University and the Northern Territory Clinical School. He initially completed an Arts degree, majoring in Anthropology and Prehistoric Archaeology before working on the Tiwi Islands in the Northern Territory for three years as an Aboriginal art and craft adviser. He then studied medicine and specialised in psychiatry. He has extensive clinical experience of Aboriginal and Torres Strait Islander health and mental health issues. He is past Chair of the Aboriginal and Torres Strait Islander mental health committee for the RANZCP and was also the previous Chair of the Board of Professional and Community Relations for the College. He is the Director of Psychiatry for Top End Mental Health Services in the Northern Territory and is the Consultation-Liaison Psychiatrist for Royal Darwin Hospital.

Lorraine Peeters

Lorraine Peeters (Auntie Lorraine), forcibly removed from family at the age of four is committed to helping others understand the unique experiences of Stolen Generations. She developed and has facilitated the Marumali Program, to support the healing of Stolen Generations since 2000. She was key in the lead-up to the National Apology and presented Kevin Rudd with a glass coolamon, a traditional vessel for carrying children, containing a message thanking the Parliament for the Apology. She was NSW Senior Australian of the Year in 2009, and in 2011 was co-winner of the World Council for Psychotherapy – Sigmund Freud Award and in 2012 won the Deadly Award for Lifetime Contribution Achievement Award for Healing the Stolen Generations.

Tom Powell

Tom Powell is a proud Warramunga Man from within the Wiradjuri Nation. Tom finished school after year 10 and worked in the family earthmoving/road construction business established by his father in 1973. In 1994, he enrolled in a community welfare course at Dubbo TAFE. He spent 14 years with the NSW Department of Juvenile Justice as an Aboriginal Programs Officer. After leaving the Department, he designed and facilitated Red Dust Healing, which was further developed in partnership with Randal Ross whom he met while working with Juvenile Justice. Red Dust Healing is a cultural healing program derived from an Aboriginal perspective that gives people tools to deal with the rejection in their lives. The program has now been delivered nationally to over 5,300 people.
Professor Debra Rickwood

Professor Debra Rickwood is Professor of Psychology at the University of Canberra where she teaches research methods, developmental and social psychology. She researches factors affecting youth mental health and promotion, prevention and early intervention for mental health. Debra is currently seconded to Headspace National Youth Mental Health Foundation as the Head of Research and Evaluation. She is a Fellow of the Australian Psychological Society and member of the APS College of Community Psychologists. She has been involved in mental health and health policy for the Australian Government for over 15 years, and is a member of NHMRC principal committees—the Australian Health Ethics and Health Care Committees. She has a strong commitment to ensuring that research, policy and practice better support the social, emotional, spiritual and cultural wellbeing of Aboriginal and Torres Strait Islander Australians.

Associate Professor Gary Robinson

Associate Professor Gary Robinson is the Deputy Director of the Centre for Child Health and Education at Menzies in Darwin. He is an anthropologist who studied Aboriginal suicide when working on the Tiwi Islands in the 1980s. He has been Program Leader, Social-Emotional Wellbeing in the Cooperative Research Centre for Aboriginal Health; has participated in a number of national advisory forums on Aboriginal health and wellbeing; and been published on suicide and social-emotional wellbeing. He leads the Let's Start Parent-Child Program which has been successfully implemented in the Top End of the Northern Territory. With Sven Silburn, he led a team undertaking national consultations to inform the development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy on behalf of the Australian Government.

Dr Monique Robinson

Dr Monique Robinson completed her PhD and MPsysch (Clinical) degrees at UWA in 2010. Monique is currently Associate Principal Investigator and NHMRC Early Career Fellow at the Telethon Institute and a registered psychologist working in the field of perinatal, child and adolescent mental health. Monique's primary research focus has been on the maternal lifestyle factors during pregnancy that influence mental health throughout childhood and adolescence, including stress, maternal obesity, vitamin D, hypertension, alcohol and cigarette smoking. She has over 30 publications in this area, including peer-reviewed journal articles, book chapters and government reports and has received 21 early career researcher grants and awards to date. She is passionate about early intervention in mental health and is active in translation as an Ambassador for the Telethon Institute.

Randal Ross

Randal Ross has three traditional descendant backgrounds. His Aboriginality is the Bindol and Juru from the Burdekin region, his Torres Strait Islander family is from Erub (Darnley Island) and is an Australian South Sea Islander with connections in the communities from Ayr and Bowen. Randal has had a strong background working with government at local, state and federal levels in both Queensland and New South Wales. Much of his work has been related to working with Aboriginal youth and families. He further developed Red Dust Healing with Tom Powell and his vision is to restore a vital cultural connection within the family by continuing to work with men such as with the Red Dust Healing program.
Dr Meera Roy

Dr Meera Roy lives in the UK and is a consultant psychiatrist for people with intellectual disabilities at Birmingham Community Healthcare, where one-third of the population are from minority communities. She is a Clinical Senior Lecturer in Psychiatry at the University of Birmingham. Her interest in providing culturally sensitive psychiatric services led her on sabbatical to work at Kimberley Mental Health Services in Broome. She became interested in the diagnosis and management of intellectual disability and comorbid conditions in Aboriginal people and has since collaborated with Dr Bala to write papers in Australian and International psychiatry journals on this issue. She has also worked on the impact of Developmental Disorders—Autism and Attention Deficit Hyperactivity and the reproductive rights of women with an intellectual disability.

Kelleigh Ryan

Kelleigh Ryan is a descendant of the Kabi Kabi people of southeast Queensland and the South Sea and Loyalty Islands. She is a registered psychologist, a member of the AIPA, sits on the AIPA steering committee, co-chairs the Australian Psychological Society Aboriginal and Torres Strait Islander Peoples and Psychology Interest Group, is a director on the Indigenous Allied Health Australia Board and holds a position as a Project Officer in the Research team of the Aboriginal and Torres Strait Islander Healing Foundation, focusing on the Intergenerational Trauma projects, the Stolen Generations and the complex evaluation of Healing Programs. Her clinical work involves providing counselling, therapeutic intervention, critical response work and psychoeducation delivery in response to trauma, crisis and mental health. She also currently runs a Social Consultancy practice in Queensland providing supervision for Indigenous workers.

Clinton Schultz

Clinton Schultz is a Gamilaroi man and a registered psychologist, currently employed by Griffith University School of Public Health as Lecturer of Aboriginal and Torres Strait Islander Health. His PhD focusses on researching the risk and protective factors of SEWB for the Aboriginal health workforce. He is a member of the AIPA Steering Committee and director of Marumali Consultations, providing cultural competence auditing and training, cross cultural psychological and business management services and mentoring and supervision. He is author and facilitator of Forming Culturally Responsive Practice, a RACGP accredited cultural competence training package and a lead facilitator and developer of AIPA’s cultural competence training for mental health practitioners. His areas of research include SEWB, institutional discrimination, and cultural and interdisciplinary education in tertiary settings.

Dr Clair Scrine

Dr Clair Scrine is a Senior Research Officer at the Telethon Institute, working on a number of project teams involving research and evaluation with Aboriginal communities, including the WA Aboriginal Child Health Survey, Rio Tinto Child Health Partnership, BHP-sponsored Substance Use Reduction project in Hedland and Newman areas of the Pilbara, reviews of the St John of God Health Care Strong Women, Strong Babies, Strong Culture program in the Pilbara, the Michael Leslie Pilbara Performing Arts Program, and the Wheatbelt Aboriginal Health Service. She is a member of the research team of ‘hear our voices: Community Consultations for the development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley in Western Australia’ and ‘Kicked to the Curb: An examination of the critical factors in Aboriginal non-smoking.’
Dr Carrington Shepherd

Dr Carrington Shepherd is a senior analyst at the Telethon Institute, with qualifications in economics and statistics (BEc) and health sciences (PhD). His research focuses on the wellbeing of Aboriginal and Torres Strait Islander Australians, and the use of population-level datasets to examine the social determinants of child and youth health. His research interests include Indigenous identification in linked administrative datasets, and the use of these data to investigate intergenerational determinants of health. He was previously the manager of the National Children and Youth Statistics Unit at the Australian Bureau of Statistics (ABS) and has undertaken a range of statistical consultancy projects prior to commencing a role in research.

Professor Sven Silburn

Professor Sven Silburn leads the program of developmental health, education and wellbeing research at the Menzies School of Health Research in Darwin. He co-directed Curtin University's Centre for Developmental Health at Telethon Institute. He practiced as a clinical psychologist for 15 years with the WA Child and Adolescent Mental Health Service and became involved in Aboriginal mental health when he chaired the WA Ministerial Council for Suicide Prevention’s working group on Aboriginal suicide prevention. He was a chief investigator on the WA Aboriginal Child Health Survey, a report on the measurement of mental health problems in Aboriginal children and young people and the first independently verified population data documenting the nature and extent of the intergenerational effects of forced separation in WA. During 2012, he co-led the national consultation process undertaken jointly by Menzies and the National Aboriginal Community Controlled Health Organisations (NACCHO) for the drafting of the 2013–2018 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Peter Smith

Peter Smith is a registered psychologist and member of AIPA who has worked within forensic settings for the past 13 years. For 14 years he worked in child protection. Most recently he worked within the New South Wales Department of Juvenile Justice as clinical supervisor of the Newcastle Multisystemic Therapy team, which was responsible for an in-home family therapy program designed to support and empower the parents and primary carers of serious repeat young offenders. At the present time he lives in the northwest of New South Wales—Kamilaroi country—from where he traces his cultural origins, and works in private practice in Gunnedah.

Associate Professor Christopher Sonn

Associate Professor Christopher Sonn teaches community and intercultural psychology and qualitative methodologies at the College of Arts at Victoria University, Melbourne. His work aims to contribute to theory, research and practice that make visible practices of racialisation and other forms of exclusion as well as identifying resistant and resilient community responses, central to promoting social change. He explores the sense of community and social identity negotiation from the perspectives of immigrant and Aboriginal people, examines the dynamics of oppression and liberation in the context of intergroup relations and develops critical pedagogy for anti-racism. His work has been published in the *Journal of Community Psychology*, *Race, Ethnicity and Education* and the *American Journal of Community Psychology*. He co-edited the books *Psychological sense of community: Research, applications and implications* and *Psychology and Liberation: Theory and applications*. 

Contribution authors
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Karen Ugle is an Aboriginal psychologist from southwest Western Australia (Balladong and Bibbulmun). Karen moved to Perth to study psychology as a mature-age student and graduated with a Bachelor of Psychology. Karen gained full registration as a psychologist in 2007. She is an Associate Member of the Australian Psychological Society and a member of the AIPA. She has a passion for psychology and counselling for Aboriginal and underprivileged people. Karen has worked in various departments and organisations as a therapist and cultural consultant. She currently delivers psychological counselling, both in full-time employment and in private practice.

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Professor Iain Walker is a senior scientist with the Commonwealth Scientific and Industrial Research Organisation (CSIRO), where he leads a group of social and behavioural scientists working on sustainability issues. Prior to joining CSIRO, he was a professor of psychology at Murdoch University where he worked since coming to Perth in 1986. He has been researching prejudice and intergroup relations for nearly three decades. He is co-author of Social Cognition: An integrated introduction (a third edition of which will soon be available) and co-editor of Social representations and Identity: Content, process and power and of Relative Deprivation Theory: Specification, development and integration.

Rosemary Wanganeen

Rosemary Wanganeen describes herself as a Griefologist—one who studies and applies holistic approaches to loss and grief counselling and educational models. Rosemary has been an educator and counsellor for 16 years in addition to the five years she endured healing her own personal suppressed unresolved grief. Her study and research in weaving holistic approaches into a standard mainstream loss and grief model has led to the School of Psychology at University of South Australia awarding her the title of Adjunct Research Fellow. Her passion and commitment to lessen the pain of loss and grief had her involved in a number of research projects. She has presented her work to a range of audiences, both nationally and internationally.
Associate Professor Edward Wilkes

Associate Professor Edward Wilkes is working for the National Drug Research Institute at Curtin University. He has a wide and extensive knowledge of aboriginal health. He was a member of the Working Party that produced the National Aboriginal Health Strategy 1989 and he chaired the working group that produced the Complementary Action Plan for the National Drug Strategy 2003–2009. His work with the Derbarl Yerrigan Health Service (1986–2002) as Director allowed him to advocate for change to bring about necessary gains in health and quality of life for Aboriginal Australians. Ted continues to advocate as an Aboriginal health leader and is particularly focused on alcohol and other drugs and research. He is a member of the Australian National Council on Drugs (ANCD) and Chairperson of the National Indigenous Drug and Alcohol Committee (NIDAC).

Dr Michael Wright

Dr Michael Wright is a Yuat Nyoongar man from Western Australia. He has extensive experience in the area of Aboriginal health and mental health. He has worked as a social worker in an inner-city hospital and was the manager of the first Aboriginal community-controlled service to provide a psycho-social and emotional inreach service to Aboriginal families living with a serious mental illness in the Perth area. His PhD thesis explored the experiences of caregiving for Aboriginal people living with a serious mental illness. He is a Post-Doctoral Research Fellow at Telethon Institute where he is leading the Looking Forward Aboriginal Mental Health project, which aims to improve the access and responsiveness of mental health services provided to Nyoongar Aboriginal people.

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Professor Stephen Zubrick is a Winthrop Professor in the Centre for Child Health Research at UWA. He was trained in the USA at the University of Michigan where he completed Masters degrees in speech pathology and audiology, followed by doctoral and postdoctoral work in psychology. Steve worked in Western Australian hospital and outpatient health and mental health settings for many years before commencing his career in research. His research interests include the study of the social determinants of health and mental health in children, language growth and development in infants and young children, and large-scale psychosocial survey work in non-Aboriginal and Aboriginal populations. He chairs the Consortium Advisory Group implementing the Longitudinal Study of Australian Children and is a member of the Steering Committee for the Longitudinal Study of Indigenous Children. He is interested in the translation of psychological and social research findings into relevant and timely policies and actions on the part of governments and private agencies.
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The Djirruwang Program: Cultural Affirmation for Effective Mental Health

Tom Brideson, Jane Havelka, Faye McMillan and Len Kanowski

OVERVIEW

This chapter outlines the growth and development of the Djirruwang Aboriginal and Torres Strait Islander Mental Health Worker Education and Training Program (The Djirruwang Program) in Australia. The chapter describes what can be achieved when individuals, organisations, health disciplines and Aboriginal communities work in close partnership and learn from each other. We emphasise the importance of recognising Aboriginal cultural experiences and knowledge within the mental health curriculum, and providing a culturally safe environment to facilitate effective outcomes. Importantly, it stakes a claim for Aboriginal Mental Health Workers (AMHWs) as equally significant as the professions and disciplines of psychiatry, psychology, social work, nursing and occupational therapy in addressing the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander peoples.

BACKGROUND

The year 2013 will be the 20th successive year in the life of the Djirruwang Program. It is an achievement worthy of celebration and reflection and an opportunity to review and share what we have learnt. The landscape of mental health services, Aboriginal health and mental health has transformed markedly over the past 20 years.

Over the past years, much has changed—the emergence of an Aboriginal mental health workforce onto the national mental health landscape is now firmly on the agenda. Aboriginal and Torres Strait Islander mental health is now one of the four priority areas of the National Mental Health Commission’s ‘A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention’.

The burden of mental ill health and distress in Aboriginal communities is well known. The negative impacts on Aboriginal social and emotional wellbeing (SEWB) can be understood through the historical issues confronting Australia and the current health and social circumstances (see Chapter 1, Dudgeon and colleagues and Chapter 2, Parker and Milroy for further information). The Djirruwang Program adopted a mainstream understanding of clinical mental health care by design. The aim is to address the over-representation of Aboriginal people in the ‘hard’ end of mental health care. The need for a skilled Aboriginal workforce within the mental health care system is central to responding to the levels of depression, psychotic disorders and high numbers of suicides in communities. Insisting that mainstream clinical care is inappropriate further exacerbates the stress levels for MHWs and services, and is likely to result in increased complications for clients and their families or, at the extreme end, becomes a matter for coronial investigations.
Aboriginal people are not accessing mental health services at a rate equal to the levels of distress. Access for this population often occurs during various states of crisis, and representation within acute care is approximately three times what the population distribution suggests it should be across many health services whereas, for the same population, access into community based mental health care is significantly under-represented—see Chapter 2 (Parker and Milroy). Throughout this entire 20-year period there have been repeated calls for, and reports highlighting, the need to build an effective Aboriginal and Torres Strait Islander SEWB and mental health workforce.

**IMPROVING ACCESS TO MAINSTREAM MENTAL HEALTH CARE**

The first way to improve access to mainstream mental health care is to increase the Aboriginal mental health workforce. While Aboriginal people from communities are far more likely to understand the needs of local families, networks and relationships, they often lack opportunities to obtain the skills to understand the care arrangements and systems in which mental health care occurs. Combined with this, the lack of genuine service relationships and partnerships with Aboriginal communities contributes to poor mental health service provision for this population. The rhetoric and paternalistic approaches are often a barrier to effective relationships with Aboriginal people.¹

The second way to improve access to services is to:

- employ local Aboriginal people; and
- provide training in mental health care.

By doing this, Aboriginal people are provided with the skills to deliver a more culturally, responsive, safe and accessible mental health service (MHS). The flow on effects to the remainder of the mental health workforce will then follow.²

The third way to improve access is the development of a more culturally responsive workplace within local MHSs. The relationship between the MHS and Aboriginal communities is critical for this to succeed. The MHS has a responsibility to be informed through effective local working relationships and partnerships at all levels. These relationships need to be respectful and based on equity and equality and promote cultural safety. If the emerging workforce is supported well, development grounded in culture, local community and an informed base of clinical mental health care will occur.³ The recipe is relatively simple: build and support the Aboriginal workforce, strengthen the formal service relationships with Aboriginal Medical Services (AMSs) and everything else will fall into place.

**OVERCOMING THE CHALLENGES**

The need to nurture this emerging professional Aboriginal mental health workforce is still very real. The challenges still exist. These challenges were identified in two published papers almost 10 years ago claiming that Aboriginal professionals were treated as 'seasonal workers'³ and the system needed to support this Aboriginal mental health workforce.³,⁴ Brideson argued for:

> ..the support of the mental health industry and professional organisations to move towards systematic adulthood with respect to 1) the professional recognition of students and graduates of the program, and 2) the need for professional organisations, and service management and staff to take responsibility in their responses to Aboriginal mental health issues.⁴(p1)

These papers expressed concerns of the Aboriginal mental health workforce being undervalued by the professions and the services in which they work. Some of the early historical accounts
of developments of Aboriginal mental health worker education and training highlight both the need for recognition and the lack of support within the main stream. Several papers have now been written about the establishment of the Djirruwang Program. A systematic review of the literature in this area would add to the knowledge of what works, what has been learned and the role of cultural affirmation within this context.

Leaders of Aboriginal Mental Health Training in Australia

Despite little being written in this area, there have been many significant contributors to Aboriginal mental health training in Australia. Examples in the early to mid-1990s include:

- the Marr Mooditj Program, Western Australia (WA), developed by Dr Joan Winch;
- the Aboriginal Counsellors Course, Centre for Aboriginal Studies (CAS), Curtin University, WA, developed by Darren Garvey and Harry Pickett;
- the Bachelor of Applied Science and Diploma in Aboriginal Community Health at the CAS, Curtin University, WA, developed by Glenys Grogan; and
- the Cape York Aboriginal and Torres Strait Islander Mental Health Worker Program, developed by Dr Ernest Hunter in Queensland.

Throughout the 2000s there were a number of developments through the AMS networks, the NSW Aboriginal Health College—including the work undertaken by Trish Nagel through the Australian Integrated Mental Health Initiative (AIMhi) and many others. Key drivers and advocates for developing a critical mass of professional mental health workers in Australia include: Professors Pat Dudgeon, Beverly Raphael and Helen Milroy, Dr Tony Williams, Darren Garvey and many others. Early Aboriginal leaders and advocates for mental health training include Cyril Hennessey, Dr Robyn Shields and Pat Swan-Delaney.

THE DJIRRUWANG PROGRAM DEVELOPMENT AND DELIVERY

The Djirruwang Program emerged from the Koori Mental Health Outreach Workers Training Program which commenced in November 1993. The program was originally based in Queanbeyan, NSW. It was funded by the Commonwealth Department of Health Rural Health Support Education and Training (RHSET) Program. A number of Aboriginal and non-Aboriginal staff have worked in the program. Professional disciplines included Aboriginal mental health and drug and alcohol workers, psychiatrists, psychologists, social workers, academics, policy makers, sociologists and sexual assault counsellors. Input from Aboriginal Elders and Aboriginal leaders has been significant and central to program success.

The Djirruwang Program was a pioneer in the establishment of a clinical-based tertiary level mental health course in Australia designed for Aboriginal and Torres Strait Islander peoples. The program was the first course within Australia to incorporate the National Practice Standards for the Mental Health Workforce (The Practice Standards) within the course curriculum. The program was also the first course in Australia to embed the Aboriginal and Torres Strait Islander Mental Health First Aid Certificate within its curriculum structure.

The Djirruwang Program has restricted entry, and is designed for Aboriginal and Torres Strait Islander peoples to gain high quality knowledge, skills and attitudes in the field of mental health. This is achieved by building on people’s knowledge and combining mental health theory with clinical practice. The program maintains the opportunity for people to gain formal mental health qualifications at certificate, diploma and degree levels.
Program Aims

The aims of the *Djirruwang Program* are to:

- Educate and train Aboriginal trainees to develop the appropriate knowledge, skills and attitudes to work as an Aboriginal Mental Health Worker (AMHW);
- Develop the skills needed to work effectively in a community mental health setting; and
- Develop skills to assist communities to identify mental health needs and initiate primary prevention and early intervention programs.6

Curriculum Content

The initial curriculum for the *Djirruwang Program* was developed by Kanowski and Morgan (mental health nurses) with input from an Aboriginal Education Committee. The curriculum was broadly based and included units on counselling, mental health assessment and treatment, drug and alcohol and sexual assault studies, Aboriginal history and culture, suicide prevention, assessment and intervention, and a range of related subjects. Clinical skills were developed during which Aboriginal trainees worked in close contact with non-Aboriginal clinicians. The trainees were required to meet a range of competencies in order to pass the course.

The initial intention was to provide trainees with a Health Service Certificate provided by the NSW South Eastern Health Region. In 1995, negotiations between Charles Sturt University (CSU), the Health Service and the Aboriginal Steering Committee resulted in upgrading the qualification to an associate diploma and later to a diploma and degree status. Students had the option to graduate with a certificate after one year, a diploma after two years and a degree after three years of academic study and on-the-job training.

In 2002, the curriculum and course structure were revised under the guidance of a National Reference Group. Significantly, the new curriculum was underpinned by the Practice Standards to ensure that *Djirruwang Program* graduates had the skills, knowledge, values and attitudes of like-minded health professionals, whilst maintaining a deep sense of cultural integrity.

The program developed a Clinical Handbook and Course Competencies document to assist students to gain meaningful, practical experience in the clinical environment. The Clinical Handbook is an important historical development that remains in the course structure of the program. The current Clinical Handbook is still underpinned by the Practice Standards, 2002. The *Djirruwang Program* has continued to ensure that the curricula aligns with the Practice Standards as well as incorporating best practice models from complementary health programs, such as community health and nursing. The program has continued with this approach to assert and encourage professional recognition and professional status in the mental health field.10

Ongoing Evaluation and Review

The program has continually been evaluated by the university with input from the mental health professional sector. Ongoing evaluations of the program have recorded the direction and continual build of evidence. Each evaluation has found the program to be unique, valuable and meeting the needs of health services by developing a well qualified Aboriginal mental health workforce.5,11

The last external evaluation of the *Djirruwang Program* was undertaken in 2010. This review identified new opportunities to enhance the skills, knowledge and attributes of the students, with far reaching implications for the professionalism of graduates. The review highlighted key areas for engagement with industry partners, the university and the student cohort which...
has led to informed curricula development and change. This has seen the development of new curricula in 2013, which include a greater emphasis on dual diagnosis, pharmacology and understanding of the diversity within the Australian demographics. Whilst the establishment of new curricula is a positive move forward, the *Djirruwang Program* has, and maintains, a fluidity that embraces industry contributions and inclusion of current practices into the teaching within the program.

The program has undergone a number of changes since it first began in 1993. With the growing interest in the area of Aboriginal mental health, the program was offered as an undergraduate degree program—Bachelor of Health Science (Mental Health). The program continues to recognise the importance of having Aboriginal lecturers as an integral part of the success of the program.

**Course Delivery**

The program was, from its inception, a ‘block release’ model of work-based training coupled with academic study. The degree course is conducted over a three-year period with two semesters each year. The course is delivered by a mixed mode—a combination of face-to-face residential schools and study within the home/community/work environment. This external component is supplemented by online teaching materials (modules) and compulsory workplace experience. Each semester, students undertake four subjects as a full-time equivalent student. CSU have a number of support services for students that complement the delivery of the *Djirruwang Program*. These are provided through Ngungilanna Indigenous Student Support at the Wagga Wagga Campus.

**Recognition for Excellence**

The program has had significant impact across the mental health sector and has won and has been strongly associated with a number of Mental Health Services awards including:

<table>
<thead>
<tr>
<th>Year</th>
<th>Award Description</th>
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<tr>
<td>1996</td>
<td>The MHS Award</td>
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<tr>
<td>2003</td>
<td>College of Psychiatrist Award – Tom Brideson</td>
</tr>
<tr>
<td>2005</td>
<td>In partnership with the former Far West Area Health Service won a NSW Health Aboriginal Health Award in workforce development</td>
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<tr>
<td>2005</td>
<td>In partnership with the former Far West Area Health Service won a Silver Award at the 2005 Premier’s Awards</td>
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<tr>
<td>2008</td>
<td>Australian Learning and Teaching Council Award</td>
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<tr>
<td>2010</td>
<td>Premier’s Award for Excellence, Greater Western Area Health Service</td>
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**CURRENT PROGRAM**

The program is currently headed by an Aboriginal Director, Faye McMillan. It is still actively supported by several program founders and early students of the original program. The program is now fully supported, staffed and funded by Charles Sturt University (CSU), Wagga Wagga NSW. The issue was always about generating sufficient student numbers for the program to become self-sustaining within tertiary and health service environments.

Through the *Djirruwang Program*, CSU has played an extremely important role as the preferred education provider for trainees in NSW Mental Health Services. This model of education and workplace training provided significant results for employment opportunities and service provision to members of the Aboriginal community in many Health Services of NSW.

The *Djirruwang Program*: Cultural affirmation for effective mental health | Chapter 31 | 527
Djirruwang Program has extended across five states with NSW and WA having equal numbers of students. WA has modelled significant parts of their development of Aboriginal mental health professionals on the NSW Health Service's trainee program. Many of the graduates employed in mental health positions are providing care to Aboriginal people experiencing mental health problems.

Program Outcomes
Since the Djirruwang Program commenced there have been 137 graduates who have attained relevant mental health qualifications and are making positive contributions to the lives of individuals, families and communities in various ways. The program is now seeing two generations obtaining qualifications through the program. There are currently 105 students enrolled in the program which promotes collegial networks of like-minded people with mental health skills and qualifications.

Graduates of the program have gained employment in senior and influential roles in a number of areas. This reflects that the skills and knowledge gained from their qualifications are portable and transferable across a range of settings in Human Services (e.g. Social Work or Psychology and related disciplines). These program outcomes are likened to an 'Aboriginal mental health superannuation scheme' that contributes to longer term human capacity through investment into human resources within communities. The continued investment in such programs will reap sustainable long term benefits for communities, services and people.

WHAT ARE THE SUCCESS FACTORS?
Some significant developments that have contributed to the program's success include:

- Periodic external evaluations to improve and build the evidence base;
- Ongoing program review as an ongoing quality performance issue;
- Embedding the National Practice Standards for the Mental Health Workforce, 2002; and
- Achieving professional recognition of the qualification of the Bachelor of Health Science (Mental Health) by the Indigenous Allied Health Australia (IAHA) 2012.

The Role of Cultural Affirmation in Program Development and Delivery
The single point of difference between the development of the Djirruwang Program and the major mental health professions is that cultural affirmation is central to the design and embedded throughout the program. Cultural affirmation along with the development of skilled Aboriginal mental health professionals, in accord with the mental health profession's own practice standards, is central to the identity of the program. This is conducted in culturally respectful ways which sets this program apart from other disciplines as an emerging independent profession in its own right and within the matrix of multidisciplinary mental health care. Cultural affirmation:

- is the most important foundation of the program and the major contributor to its growth and development over 20 years;
- informs the structural arrangements, curriculum and implementation strategies that are meaningful to Aboriginal and Torres Strait Islander peoples.

Notions of cultural affirmation need to be implemented by those who want genuine change and show genuine leadership.
The Role of Partnerships for Effective Implementation

The Djirruwang Program would not be the success it is today without the establishment of effective partnerships between Aboriginal organisations, Elders and Aboriginal community leaders, local health services, academic bodies and student and family groups. The program is a positive example of people, organisations and cultures working together to achieve set goals. The partnerships were based on mutual respect and a both-ways learning model. Aboriginal people taught non-Aboriginal people about Aboriginal issues, culture and cultural respect and non-Aboriginal mental health staff provided education and training in western approaches to mental health and wellbeing treatment and care.

FUTURE DIRECTIONS

Since 2012, graduates and students from the Bachelor of Health Science (Mental Health) across the country have national representation through IAHA. This is a significant step in supporting the Aboriginal mental health workforce and the allied health workforce and Aboriginal Australians. Essentially, for the first time Aboriginal and Torres Strait Islander mental health practitioners belong to a professional body that will advocate on their behalf, alongside other allied health professionals at the national level, for vital changes across the sector including a national awards structure.

There have been historical struggles to formalise these arrangements into a recognised professional association—it has been a long journey going back to the mid-1990s. This decision will ensure Aboriginal mental health remains high on the agenda. It is an opportunity for collective responses to issues affecting this workforce through active participation, choice and control of educational processes that are empowering to Aboriginal and Torres Strait Islander peoples. But most importantly it validates the belief, hard work and persistence of the many graduates of the Djirruwang Program into a valuable professional association.

The Djirruwang Program provides compounding benefits through longer term gains for graduates and workplaces across a range of human services and communities.

Challenging the Mental Health Disciplines

The emergence of programs such as Djirruwang creates challenges for the mental health system to recognise and acknowledge the qualifications and the role of Aboriginal mental health practitioners. The Djirruwang Program is about Aboriginal people determining and responding to a set of needs in culturally appropriate ways rather than the disciplines determining what we should be aspiring towards. If those of us seeking genuine transformation in Aboriginal mental health only ever focus on the five disciplines—Psychiatry, Psychology, Nursing, Occupational Therapy and Social Work—we risk overlooking the relevance and appropriateness of value of culture being incorporated as a key principle of mental health education and training. The failure (until recently) of these disciplines to acknowledge and affirm culture may help to explain why Aboriginal Australians are underrepresented in almost all health-related occupations, including psychology, and why Aboriginal students are underrepresented in graduate courses in health. Unless we challenge these disciplinary fortresses, we risk supporting the power imbalance that still exists within services, professions and disciplines that diminishes the real potential and value that an Aboriginal mental health workforce brings.

Positive Examples of Structural and Curriculum Reform

However, there is movement across the mental health professions. For example, the Australian Psychological Society (APS) has recently developed a Reconciliation Action Plan and the Australian Association of Social Work has a position statement relating to Aboriginal people. There is a substantial increase in Aboriginal enrolments in courses in medicine due to a process...
of cultural affirmation in the formal structural and curriculum arrangements supported by the Australian Indigenous Doctors’ Association (AIDA) and the Australian Medical Association (AMA). For the last two years, Aboriginal student enrolments have reached 2.5 per cent of the student population (compared with 0.8 per cent in 2004); in doing so, they have broken the barrier in terms of Aboriginal student numbers. This outcome provides both a formula and further challenge for all other disciplines in mental health care to improve Aboriginal student numbers in a supported structure. Some of these challenges and solutions are outlined in the National Medical Education Review: 2012,19 which emphasises that:

To achieve this requires sustained and accelerated support from governments, education and health sectors to increase the recruitment, retention and completion rates of students, as well as work environments that encourage medical graduates to practice and specialise in their chosen field.20

The implementation of the curriculum framework has not only resulted in the development of more relevant Indigenous health content, but has also stimulated a number of highly effective and more culturally appropriate pedagogical approaches in some schools.21(p1)

The approach by AIDA focuses on real and sustainable structural reform to the entire base of medical training with the support from Deans of Medical Faculties and the AMA.

Embedding Culture in the Curriculum

There is also some interesting work emerging from the Vocational and Education and Training (VET) sector that highlights the value of embedding culture and affirming processes:

Where it is viable for curricula and models of delivery of education and training to incorporate elements that affirm and accommodate Aboriginal people’s culture, it follows that such practices are also likely to realise improved outcomes for Aboriginal Australians.22(p8)

If a strong sense of continuity of self-identity safeguards young people against taking their own lives, it may also have positive impacts in other domains in which people ‘invest’ in their futures, such as education, health, a career and relationships with family and community.22(p10)

To promote a positive sense of cultural identity for Aboriginal students in education settings requires respect for and affirmation of Aboriginal students’ culture. Coupled with evidence that a positive sense of identity is important for wellbeing more generally, the case can be made that material and activities to support this should be incorporated into curricula wherever possible.22(p43)

CONCLUSION

This chapter has tracked the 20 years of history of the Djirruwang Program. The contribution to the mental health and wellbeing workforce through the Bachelor of Health Science (Mental Health) is impressive and far beyond its humble beginnings of five trainees in a pilot program at Queanbeyan, NSW in 1993. It has highlighted that their commitment to making meaningful improvements to the lives of Aboriginal Australians experiencing mental health issues is evident. The flow-on effects of supported education and training of students demonstrates that programs that positively validate and affirm cultural difference are both critical and central to their success. The Djirruwang Program can be proud of its foundations and its ongoing contribution beyond the mental health area. The program values Aboriginal people’s experiences, and affirms all aspects of culture within the curriculum, structural arrangements and implementation. It is a story that is broadly based into the sphere of human services professions and one that values Aboriginal people at the core of all developments. This is the success story that is worthy of celebration and cultural affirmation in action.
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