



Engaging with Aboriginal and Torres Strait Islander peoples in culturally responsive ways

Building relationships and supporting social and emotional wellbeing

**Engaging with Aboriginal and Torres Strait Islander peoples in
culturally responsive ways: Building relationships and supporting
social and emotional wellbeing**

Report Developed for the ACT Mental Health Consumer Network

2015-2016

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**This report is dedicated to the voices of
Aboriginal and Torres Strait Islander peoples,
their strengths, resilience, and dedication to family life.
Most of all, their unwavering certitude
to live in solidarity with their culture.**

Acknowledgements

I am sincerely grateful to the following people for their interest, guidance and unwavering commitment given to me in support of the research project.

I would like to deeply acknowledge the Aboriginal and Torres Strait Islander organisations in Canberra, and especially extend my sincere gratitude to the member of the Aboriginal and Torres Strait Islander Elected Body, Maurice Walker; the ACT Nanny group who partnered with Burrunjū Aboriginal Corporation, thank you to Meg Huddleston, Coral King, Kim Peters, Bonnie Booth, Rayleen Booth, Wilma Dalton, and Roslyne Thorne. Thank you to the Mental Health team of Gugan Gulwan Youth Aboriginal Corporation, Sarah Patrick, Emma Cutmore and Terry Sutherland for their unwavering support and commitment to the project.

To all, I feel very privileged to have been guided by your views, knowledge, expertise and wisdom in determining the most culturally effective ways for the ACT Mental Health Consumer Network to extend their reach and engage with Aboriginal and Torres Strait Islander peoples more broadly in the Canberra region.

I would also like to thank Dale Huddleston from Gugan Gulwan Youth Aboriginal Corporation for his assistance and guidance with the Aboriginal artwork for the front cover of the report.

I would like to acknowledge and thank Max Umburra of Gugan Gulwan Youth Aboriginal Corporation for his vibrant and meaningful Aboriginal artwork illustrated on the front cover of this report.

Max's inspiring artwork reflects strong cultural connections to land and water, in keeping with his relationship to Yuin country. Steeped in rich expression of harmonising relationships that give important meaning and understanding to Max's life experiences and connection to country. It is with much pleasure that I thank Max for his inspiring artwork reflecting the important sense of connectivity and belonging - central to social and emotional wellbeing, positive mental health and growth and healing.

Thank you to the Executive Officer of the ACT Mental Health Consumer Network, Dalane Drexler and the staff for driving the research project and committing to this important area of research. I would also like to acknowledge and thank them, and the consumer members of the Network, for their interest, guidance, and support throughout the project. In addition, my colleagues supervisors/lecturers from the Australian Catholic University Canberra, Wendy Rollins and Elise Woodman for their supervision of the project.

I feel privileged to have been involved in this project, the wisdom that others have shared with me, and the chance to make significant contributions to culturally responsive mental health service within the ACT.

Contents

Engaging with Aboriginal and Torres Strait Islander peoples in culturally responsive ways: Building relationships and supporting social and emotional wellbeing	8
Introduction and Executive Summary.....	8
About the Network	8
Background	9
Rationale for the project.....	9
The Project Aim.....	9
Research Question	10
Research Methodology	10
A Participatory approach	Error! Bookmark not defined.
Project Ethics.....	10
Literature Review- Project Context.....	11
Prevalence of Mental Illness	12
Barriers and Stigma - Mental Health Services and Aboriginal People	12
Definitions of culturally responsive practice	13
Cultural Responsiveness	14
The relationship between social and emotional wellbeing and mental health.....	14
Key Aboriginal and Torres Strait Islander organisations.....	15
Limitations to the research work.....	15
Key Findings in the literature	16
Key findings from Aboriginal and Torres Strait Islander peoples	16
Nannies as carers, their strengths, resilience and burdens	17
The nannies and young women’s experiences and conceptualisations of their experiences of mental health, care and services.....	17
What Aboriginal and Torres Strait Islander Men are saying	20
Structural Factors–Funding Concerns	22
Discussion - What do these findings mean?	23
Women as carers their strengths resilience and burdens	23
Women’s experiences and conceptualisations based on their experiences of mental health, care and services.....	24
What Aboriginal and Torres Strait Islander men are saying– discussion.....	24

Structural Factors – Funding concerns	25
Recommendations	26
Conclusions	28
Bibliography	29
Appendix A Culturally Effective Communication Mechanisms Recommended by Aboriginal and Torres Strait Islander Organisations	33
Appendix B Contact details for Aboriginal and Torres Strait Islander organisations and Important Protocols to Observe	37

Engaging with Aboriginal and Torres Strait Islander peoples in culturally responsive ways: Building relationships and supporting social and emotional wellbeing

Introduction and Executive Summary

Designing and delivering appropriate mental health services that meet consumer needs is essential. This is the key mandate for the ACT Mental Health Consumer Network [the Network]. Historically the Network has had minimal involvement from individuals who identify as Aboriginal or Torres Strait Islander. This report documents the steps taken to connect with Aboriginal or Torres Strait Islander peoples in Canberra and seek their advice on how the Network can encourage increased involvement from their communities. The project was undertaken by Dianne Perkins from the Australian Catholic University as part of a final year social work placement with the ACT Mental Health Consumer Network.

This project aimed to actively research the most effective and culturally responsive ways for the Network to broaden its reach and engage with Aboriginal and Torres Strait Islander peoples in the ACT. The report will include information on the Network, background to the research project, its rationale and aims, and the overarching research question. It documents the research methodology, ethical considerations, current literature on mental health, culturally responsive practice and social emotional wellbeing, research participants and the limitations of the project. It details key themes and findings based on participant engagement and makes recommendations for the Network to extend their reach to, and build relationships with Aboriginal and Torres Strait Islander peoples.

The research project has been guided by principles consistent with the engagement of Aboriginal and Torres Strait Islander peoples, keeping integrity and respect paramount throughout the project. The report highlights the importance of relationship building, the use of culturally appropriate language including social and emotional wellbeing, approaching mental health with a holistic perspective that incorporates family, drawing on family strengths and caring capacities, having culturally safe, sensitive and effective services, and the need for structural funding and support. It highlights the voices and advice of the Aboriginal and Torres Strait Islander people and organisations who shared their experiences and collaborated on the research project.

About the Network

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental ill health.

The Network's aim is to bring about a higher standard of mental health care to the region, through the collective voice of consumer representation, lobbying and active involvement in new developments in the mental health sector in the ACT.

Background

This Research Project Report has evolved as a result of the ACT Mental Health Consumer Network's 2014 Consumer Survey Analysis Report.

The Survey Analysis Report identified 12% of respondents as being Aboriginal and/or Torres Strait Islander peoples. Despite this, only 3% of the Network's 300 strong membership identified as belonging to this important group (ACT Mental Health Consumer Network, 2014).

In response to this discrepancy, potential inadequacies of mainstream organisations and health systems to fully understand and respond effectively to Aboriginal and Torres Strait Islander people's needs and aspirations for culturally sensitive health care, including safe accessibility to services from a cultural perspective, were identified.

Rationale for the project

It is well known that barriers still exist that prevent, exclude and marginalise Aboriginal and Torres Strait Islander peoples from successfully accessing and effectively engaging with mental health services in the ACT, and indeed more broadly (Zubrick et al., 2014, p.98).

In response to these barriers and the low numbers of Aboriginal and Torres Strait Islander peoples currently involved in the Network, the project focused on:

- the disadvantage experienced by Aboriginal and Torres Strait Islander people in our community;
- the impact of larger social, political and cultural structures;
- barriers that obstruct effective engagement and access to mental health services; and
- broader issues of social justice, equity and human rights.

The project further explores the ongoing challenges that Aboriginal and Torres Strait Islander peoples continually face in their contact with mainstream health services and organisations as well as the intervention strategies required to make a difference to their lives.

The Project Aim

The project aimed to identify the most effective and culturally responsive ways for the ACT Mental Health Consumer Network to engage Aboriginal and Torres Strait Islander peoples who have lived experience, and aspirations, of mental health care and services in the ACT.

The research project undertook the following two tasks:

- A review of literature on Aboriginal and Torres Strait Islander peoples including the prevalence of mental illness, barriers and stigma to accessing mental health support, and the strategies needed for improving culturally competent health care delivery to Aboriginal and Torres Strait Islander peoples.
- Seeking the views of Aboriginal and Torres Strait Islander peoples about how mental health services can communicate and engage in a culturally appropriate ways.

Research Question

In line with the project aim, the following overarching research question was created:

What are the most effective and culturally appropriate ways to engage with Aboriginal and Torres Strait Islander peoples about their experiences and aspirations as mental health consumers?

Research Methodology

A qualitative participatory action approach was adopted for the research in order to explore appropriate ways of culturally effective engagement of Aboriginal and Torres Strait Islander peoples having lived experience and aspirations of mental health care and services.

A qualitative participatory action approach was particularly well suited to capturing subjective data, providing a rich source of information on the participant's lived experience and aspirations of mental health care and services (Alston & Bowles, 2012).

Participatory approach

- a. The research is informed by the principles of working inclusively and collaboratively with Aboriginal and Torres Strait Islander peoples, inviting active and consistent engagement and action-reflection processes to ensure continuous cycle of creative involvement through consultation, planning and negotiation of key elements; hence the
- b. Importance of addressing key elements for action and change within the framework of social justice, human rights and cultural perspectives.

A social justice and human rights framework provides participants (who may be marginalised) with the opportunity to voice problems, aspirations and goals in order to have their needs met. Engaging in genuine collaborative partnership, which invites respectful and ethical processes of consultation and negotiation, is essential to inform and empower collaborative decision making and policy development processes.

Project Ethics

Two key ethical considerations inform the conduct of this research project: conventional research ethics and the ethical principles of cultural research.

1. Conventional research ethics

- Confidentiality
- Voluntary involvement
- Transparency
- Integrity and respect (Alston & Bowles, 2012).

2. Cultural Research ethics

- Rights, respect and recognition;
- Negotiation, consultation, agreement and mutual understanding;

- Voluntary participation, collaboration and partnership;
- Benefits, outcomes and giving back;
- Managing research: use storage and access; and
- Reporting and compliance (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012).

The principles of voluntary participation and collaborative partnership are consistent with the ethics of research with Aboriginal and Torres Strait Islander peoples. They highlight both ethical and cultural principles that honour traditional knowledge, expertise and cultural heritage, founded on respect and integrity, including rights to full and fair participation in all processes that impact on them (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012).

The ethics of the research project also recognises the participants as researchers in their own right; the qualitative approach is shaped and grounded in the knowledge and wisdom of both past and present experiences of Aboriginal and Torres Strait Islander peoples (Putt, 2103).

Prominent to the undertaking of the research project, are the values of respect and ethical integrity. These values have been central to the collaborative partnership; giving merit to inclusiveness and collaborative partnerships of trust, and mutual responsibility through processes of two-way yarning to ensure accurate and congruent understandings and support the accurate recording of the participant's information (Aboriginal and Torres Strait Islander Studies, 2012).

The research results have been reported in the spirit of altruism consistent with, goodwill, social justice and human rights practices.

Literature Review- Project Context

The purpose of the Literature Review is to present existing knowledge that relates to the current research question, project aims and findings. This section outlines researched literature that informs key findings of this project. The following outline provides key literature and information on the research topic; exploring culturally effective ways of engaging Aboriginal and Torres Strait Islander peoples having lived experience and aspirations of mental health care and service.

Key Concepts

- **Prevalence of mental illness**
- **Barriers and stigma**
- **Definitions of culturally responsive practice**
- **Key Aboriginal and Torres Strait Islander organisations**
- **Limitations to research work**
- **Findings**

Prevalence of Mental Illness

Research has found that within the Aboriginal and Torres Strait Islander population, mental disorders are the second highest cause of 'burden of disease' (Department of Health, 2015). The Australian Bureau of Statistics defines 'burden of disease' as the loss of health and wellbeing of Australians due to premature mortality, disability and other non-fatal events (Australian Bureau of Statistics (2010).

Aboriginal and Torres Strait Islander peoples represent 2.5% of the Australian population; although they accounted for 5.6% of the mental health-related emergency department occasions of service from 2007-2008 (Department of Health, 2015).

Data on hospitalisation and mortality due to serious mental disorder and illnesses provides a main source of information about mental disorders in Aboriginal and Torres Strait Islander people. These data sources indicated that:

- Mental health conditions were responsible for 4.2% of all hospitalisations of Aboriginal and Torres Strait Islander peoples for the period 2005-2007. These conditions included mental and behavioural disorders (such as schizophrenia and psychological substance abuse) and other mental health conditions (such as postnatal depression and Alzheimer's disease) (Department of Health, 2015).
- Aboriginal and Torres Strait Islander females aged 15-24 had higher rates of hospitalisation compared to non-Indigenous females. Aboriginal and Torres Strait Islander males had higher rates of hospitalisation for mental health related conditions than other non-Indigenous males for all age groups (over four years old) (Department of Health, 2015).
- Almost one third of young Aboriginal and Torres Strait Islander people 16-24 years reported high to very high levels of psychological distress in 2008 (Australian Government Department of Health, 2015).
- Rates of intentional self-harm among young Indigenous people aged 15-24 years are 5.2 times the rate of non-Indigenous young people; 4% of the gap is attributable to suicide (Dudgeon, Walker, Scrine, Shepard, Calma, & Ring (2014). In 2013, Aboriginal and Torres Strait Islander mental health disorders were responsible for 597 deaths, excluding suicide and dementia, with most deaths due to substance abuse, particularly alcohol (Australian Institute of Health and Welfare, 2012).

Barriers and Stigma - Mental Health Services and Aboriginal People

Over the long and treacherous history of intergenerational racism and structural discrimination of Aboriginal and Torres Strait Islander people, cultural prejudice continues to have a severe impact upon individuals, families and communities to this present day (Wright, 2014). This has been an ongoing and contentious issue adding to the inadequacies of mainstream health and mental health services to respond adequately to the cultural and the mental health needs and aspirations of Aboriginal and Torres Strait Islander peoples (Wright, 2014).

This significantly neglected area is supported by the personal stories in this research detailing how Aboriginal and Torres Strait Islander peoples are reluctant or avoid mainstream services because they

fear the model of care will lack cultural competence and cultural security (Personal communication 22/9/2015).

Critical to this point is the fundamental right of Aboriginal and Torres Strait Islander people to access mainstream services that are culturally safe and effective. Research has identified cases where Aboriginal and Torres Strait Islanders experience lack awareness of their rights to access culturally safe mainstream services; as well as knowledge of services that are culturally competent, safe and effective (Personal Communication, 9/9/2015).

As a serious consequence to these barriers and stigma, Aboriginal and Torres Strait Islander peoples experience far greater disproportionate poor health consequences in comparison to non-Aboriginal people (Wright, 2014).

Definitions of culturally responsive practice

What constitutes culturally effective practice and engagement?

According to the Indigenous Allied Health Framework (2015), cultural responsiveness is a term that is often used interchangeably with; cultural safety, cultural respect, cultural awareness and cultural sensitivity to describe training and/or attributes required to effectively engage with Aboriginal and Torres Strait Islander peoples.

Cultural responsiveness is relevant for all Australians delivering services to Aboriginal and Torres Strait Islander peoples and communities. The IAHA Framework, 2015 Cultural Responsiveness Capability Framework is comprised of six capabilities:

- **Respect for centrality of culture**
- **Self-awareness**
- **Proactivity**
- **Inclusive engagement**
- **Leadership**

Cultural responsiveness centers on:

- The development of respectful, open, honest relationships leading to increased social participation and greater acceptance of Aboriginal and Torres Strait Islander peoples.
- Strengths-based approaches - exploring what works and what could work better
- Action and solution-focussed approaches rather than problem-focussed
- Encouragement and support of leadership of change and innovation for sustainable culturally responsive workplaces (AIHA, 2015).

Cranney (2015) emphasises that working in a culturally responsive way is about strengths based, action-oriented approaches to achieving cultural safety that can facilitate increased access to affordable, available, culturally appropriate and acceptable health care.

Cultural Responsiveness

Cultural responsiveness is where service providers show respect for all persons and practice is client oriented. It includes respect for dignity, cultural diversity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider (Dudgeon, Milroy & Walker, 2014.)

Culturally responsive practice and social and emotional wellbeing and mental health

Aboriginal and Torres Strait Islander health is defined as ‘not just physical wellbeing of an individual’ but refers to the social, emotional and cultural well-being of the whole Community in which each individual aspires to reach their full potential and to be contributing and resourceful human beings (Department of Health, 2013).

Cultural competence

Cultural competence is about the ability of practitioners to identify, intervene and treat mental health complaints in ways that recognise the central role that culture plays in mental ill health (Cross 1995; Dana 2000).

The emphasis on culturally safe practice with Aboriginal and Torres Strait Islander peoples is an essential component of any mental health intervention. Unsafe cultural practice is any action that diminishes, demeans, or disempowers the cultural identity and wellbeing of an individual, family or community (Parker & Milroy, 2014).

The relationship between social and emotional wellbeing and mental health

Social and emotional wellbeing within an Aboriginal and Torres Strait Islander context is said to be a complex, multidimensional concept of health that extends beyond conventional understanding of mental health and mental disorder (Gee, Dudgeon, Schultz, Hart & Kelly, 2014). The multidimensional concept of social and emotional wellbeing encompasses domains of health and wellbeing that is experienced as connection to land or country, family, community, ancestry, kinship and spirituality and is seen in terms of a ‘whole-life’ view (Gee, Dudgeon, Schultz, Hart & Kelly, 2014).

Mental health and wellbeing is one important component of social and emotional wellbeing but needs to be viewed as an interactive relationship that is inextricably linked to emotional, physical, cultural and spiritual dimension of wellbeing, where the two influence each other. The social and emotional wellbeing model is more consistent with the view that prioritises and emphasises wellness, harmony and balance rather than illness and symptom reduction, without minimising the need to address mental disorders as a critical component of social and emotional wellbeing (Gee, Dudgeon, Schultz, Hart & Kelly, 2014).

It is important to note that there are significant differences in the way social and emotional wellbeing, mental health, and mental health disorders are understood within different Aboriginal and Torres Strait Islander communities. Working within the social and emotional wellbeing framework involves

understanding how these principles, domains and determinants operate within local communities of Aboriginal and Torres Strait Islanders (Gee, Dudgeon, Schultz, Hart & Kelly, 2014).

Failure to instil culturally safe practices erodes the fundamental cultural and human rights of all Aboriginal and Torres Strait Islander peoples. There is a need to establish processes and protocols to ensure culturally safe practices that are culturally responsive for diverse Aboriginal community contexts in Australia (Walker, Schultz & Sonn, 2014, p.197).

Cunningham argues:

‘To improve the health situation of Aboriginal and Torres Strait Islander peoples, there must thus be a fundamental shift in the concept of health so that it incorporates the cultures and world views of Aboriginal and Torres Strait Islander peoples as central to the design and management of state health systems.’ (Walker, Schultz & Sonn, 2015, p.197).

Aboriginal and Torres Strait Islander organisations

The research plan proposed that the following Aboriginal and Torres Strait Islander organisations be invited to participate as they were strong organisations providing important cultural services to mental health consumers in the community. It was hoped that through their guidance, support and assistance, interviews may be arranged to yarn with mental health consumers in order for the Network to identify the most culturally effective ways to broaden the reach and engage Aboriginal and Torres Strait Islander peoples having lived experience and aspirations of mental health care services in the ACT.

The Aboriginal and Torres Strait Islander organisations invited to participate are as follows:

- ACT Aboriginal and Torres Strait Islander Elected Body
- Burrunju Aboriginal Corporation
- ACT Council of Social Services (ACTCOSS)
- Gugan Gulwan Youth Aboriginal Corporation; and
- Winnunga Nimmityjah Aboriginal Health Service

The organisations were informed about the purpose of the project through a letter attached to an email or a letter forwarded by post as was nominated by the organisation. Follow up phone calls were made to the organisation at a later date to gain general feedback and discussion about the project.

Limitations to the research

One of the crucial impediments noted in the research literature is the over-researching of Aboriginal and Torres Strait Islander peoples (Grove, Brough, Canuto & Dobson, 2003).

This was reinforced by one of the participants in this study who stated that Aboriginal and Torres Strait Islander peoples are tired of being researched with little improvement occurring to change their experiences, situations and aspirations for improved mental health care (Personal communication, 10/9/2015).

In the present study, responses from the five Aboriginal and Torres Strait Islander organisations varied in their capacity and limitations to be involved in the research project. All organisations expressed their interest in the research project. However not all organisations were able to directly support the project. While it was initially hoped that mental health consumers with lived experience and aspirations for mental health care and services could offer their input, the above limitations as well as time restrictions of the student placement prevented opportunities to yarn and consult directly with Aboriginal and Torres Strait Islander mental health consumers individually or through focus groups. Some of the limitations of the organisations such as gaining parental consent, respecting consumers rights for respect and confidentiality and staffing limitations to support the project. As a result two organisations Winnunga Nimmityjah Aboriginal Health Service and ACT Council of Social Services were unable to participate in the project but offered suggestions and referrals of other organisations that might be able to support.

The findings of the consultation with participating services including Gugan Gulwan Youth Aboriginal Corporation, ACT Nanny Group who have partnered with Burrunju Aboriginal Corporation, and member of the ACT Aboriginal and Torres Strait Islander Elected Body, Maurice Walker are outlined under the two headings:

A. Key findings in the literature

B. Key findings from Aboriginal and Torres Strait Islander participants

Key Findings in the literature

An important finding evident in the literature is the identification of Aboriginal and Torres Strait Islander identity, culture and culturally determined relationships to land, family kin and community, as sources of mental health, wellbeing and resilience (*referred to as 'social and emotional wellbeing' or SEWB*) (National Aboriginal Leadership in Mental Health, 2010).

It is well known that disempowerment, cultural losses, racism and the cumulative stress impact on entrenched poverty and disadvantage and adversely impact on Aboriginal and Torres Strait Islander people's mental health (National Aboriginal Leadership in Mental Health, 2010). These themes are reinforced further by the information shared during the consultation stage of the research.

Key findings from Aboriginal and Torres Strait Islander peoples

The key findings from the consultation with Aboriginal and Torres Strait Islander peoples are encapsulated in four dominant themes:

- 1. Nannies as carers, their strengths, resilience and burdens.**
- 2. Nannies and the young women's experiences and conceptualisations of their experiences of mental health care and services.**
- 3. What Aboriginal and Torres Strait Islander men are saying**
- 4. Structural factors and funding.**

These themes share common elements but have been divided into gender specific feedback to reflect the consultation process, as well as considering the need for funding. Each theme is summarised below and then expanded with participant quotes.

Nannies as carers, their strengths, resilience and burdens

The grandmothers of one of the participating groups preferred the term ‘nannies’ this term is more meaningful to them in their current roles as carers, rather than being referred to as the women or grandmothers. The participants spoke of their sentiments and their need to be genuinely acknowledged by non-Aboriginal people, mental health services and practitioners, including acknowledgment of the important caring roles and strengths, and the ongoing impact of intergenerational trauma as expressed in the following quotes by participants.

“Being culturally aware of Aboriginal and Torres Strait Islander women, our strengths, resilience and dedication to family life” (Participant A, personal communication 15/10/2015).

“Our family and home is who we are, we are one with our culture” (Participant B, personal communication, 15/10/2015).

“Being aware of our contributions we bring to our families and communities as carers” (Participant B, personal communication, 15/10/2015).

“Recognise the important family role we women undertake to hold families together, often alone, and through the most difficult and tragic situations” (Participant A, personal communication, 15/10/2015).

“Understand Aboriginal women have been burdened with intergenerational trauma for a long time, and still experience ongoing trauma and tragedy in their lives; it is like being stuck in warp without support” (Participant A, personal communication, 15/10/2015).

“Understand that the women need to engage with more meaningful support that is responsive to the care of mothers and carers who undertake caring roles of individuals and families” (Participant B, personal communication, 15/10/2015).

Nannies and the young women’s experiences and conceptualisations of their experiences of mental health, care and services.

The nannies and the young women conveyed their conceptualisations independently of each other referred to in the separate outlines that follow:

The nannies conveyed their own conceptualisations of ‘mental illness’ and experiences of mental health care such as the societal factors affecting mental illness and the need to include family. Ideas evident are noted in the quotes below:

“Mental illness’ is a societal problem not a ‘cultural problem- the escalation of social violation of drug use by family members further diminishes the sense of cultural meaning and cultural

ways of life and being that are important to us” (Participant A, personal communication, 15/11/2015).

“When family members are in hospital, include family in the care plan, rather than expecting us to wait outside” (Participant A, personal communication, 15/11/2015).

Another participant also spoke about the stresses experienced around support that was not always culturally specific to Aboriginal and Torres Strait Islander women, as is evident in this quote:

“Support for Aboriginal and Torres Strait Islander women is not well understood by society in general, nor by mental health services and organisations, especially when we experience the rippling effect of drug use, aggression and violence and the adverse impact that this is having on women, families and carers..... ..We need [culturally specific] support to help us!”(Participant B, personal communication, 15/10/2015).

One participant spoke about needing greater assurance and support from the police to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander women caring for family with poor social and emotional wellbeing as outlined below:

“To admit family members with mental health issues to hospital for longer stays when the person presents as; high risk of self-harm, or harm that is threatening or violent toward family members; rather than permitting the person to return home soon after, to traumatised family members who have become destabilised and unable to cope with the situation” (Participant A, personal Communication, 15/9/2015).

This participant also spoke about her concern for Aboriginal and Torres Strait Islander peoples, **“Who have been on community Treatment Orders for several years but cannot get into hospital when they need to”** (Participant A, personal Communication, 15/9/2015).

The young women conveyed their experiences and conceptualisations of mental health care and services as follows:

One of the participants reinforced that the quotes around their experiences do not necessarily reflect the same experiences for all Aboriginal and Torres Strait Islander peoples. In light of this it is important to understand that the individual’s experiences of mental health issues and services; affect individuals, families and communities, differently and in varying degrees.

The participant conveyed the importance of being aware of: **“Hidden messages behind aggression of Aboriginal and Torres Strait Islander peoples”** (Participant C, personal communication 22/9/2015).

And the need to **“Be sensitively aware of multiple issues impacting on Aboriginal people such as housing security, unemployment, low levels of literacy, stress, relationships, family breakdown, substance abuse and isolation”**(Participant C, personal communication, 22/9/2015).

Participants made a number of comments about how culturally responsive they thought agencies were:

“Mainstream health systems, services and professionals mainly focus on working with the individual, they do not focus on working with the whole family” (Participant C, personal communication 22/9/2015)

“Gugan Gulwan [Youth Aboriginal Corporation] and Winnunga [Nimmityjah Aboriginal Health Service] model of care focuses on working with the whole family, not just the individual” (Participant C, personal communication, 22/9/2015).

“Aboriginal and Torres Strait Islander people avoid or are reluctant to identify as being Aboriginal or Torres Strait Islander peoples when going to hospital or presenting to mainstream health services because they fear being treated differently to non-Aboriginal people” (Participant D, personal communication, 22/9/2015).

There was also a sense that professionals lacked awareness of Aboriginal and Torres Strait Islander client’s cultures and contexts and specific skills to work with Aboriginal and Torres Strait Islander peoples. Participant’s quotes are outlined below:

One participant felt the agency **“Didn’t take their work seriously enough [and] palmed their clients off onto Aboriginal services; [reporting] we already experience heavy workloads; we already work with limited human resources and funding”**(Participant C, Personal communication, 22/9/2015).

“We experience a lot of pressure as workers, and living in the community as well” (Participant C, 2015)

The participant also urged the importance of liaising with Aboriginal and Torres Strait Islander services:

“If you have Aboriginal and Torres Strait Islander people in your service, engage with them and provide knowledge about local Aboriginal services.....it’s as easy as phoning Gugan Gulwan [Youth Aboriginal Corporation] or Winnunga [Nimmityjah Aboriginal Health Service] to have the most appropriate service identified for the person” (Participant C, personal communication, 22/9/2015).

“Mainstream services need to network better with Aboriginal servicesAboriginal workers have good knowledge” (Participant C, personal communication, 22/9/2015).

“Mainstream services need to take their roles seriously and engage effectively with the consumer by listening, understanding and acting in the person’s best interests in order to facilitate the best and most appropriate form of health care” (Participant C, personal communications, 22/9/2015).

Another participant felt that **“non-Aboriginal workers have a fear about working with Aboriginal people”** (Participant D, personal communication, 22/9/2015).

Participant C again urged the importance of liaising with Aboriginal services:

“If the service provider or practitioner has difficulty understanding or relating to the person it is important for them to contact either Gudan Gulwan [Youth Aboriginal Corporation] or Winnunga [Nimmityjah Aboriginal Health Service] to gain assistance in order to know how best to deal with the situation” (Participant C, personal Communication, 22/10/2015).

Participant D called for the urgent need of consultation integrity:

“All agencies and organisations need to better consult with Aboriginal and Torres Strait Communities when they are creating programs so they can properly identify the needs and access issues that might hinder a program or services success. A ‘one-size-fits-all’ approach is bound to fail if a program or service has not properly consulted with the Aboriginal and Torres Strait Islander community beforehand (Participant D, personal communication, 12/11/2015).

At Gudan Gulwan [Youth Aboriginal Youth Corporation] we do advocacy with clients by attending school or agency meetings to that their thoughts, feelings and opinions can be adequately articulated. Often Aboriginal and Torres Strait Islander clients will simply agree with what’s being said to make others happy or they won’t say anything at all (Participant D, personal communication, 12/11/2015).

Another participant stressed the need for:

“Non-Aboriginal people need to understand the detrimental impact that racial vilification has on the mental health and wellbeing of young Aboriginal and Torres Strait Islander youths, especially when it occurs in their early years of life. Their mental health is shaped by their earliest experiences. Non-Aboriginal people should speak up when they see or hear of this happening” (Participant E, personal communication, 6/10/2015).

What Aboriginal and Torres Strait Islander Men are saying

The Aboriginal and Torres Strait Islander men consulted during the research conveyed their own cultural conceptualisation of family caring and mental health including the need to focus on strengths, the inappropriate language of mental illness, the importance of family, and having culturally safe, sensitive and effective services, and the need for cultural healers. Further explained in the quotes below.

“The focus should be on engaging the strengths of Aboriginal and Torres Strait Islander people, not mental illness”(Participant E, personal communication, 9/9/2015).

Similar to themes discussed by female participants, the men also highlighted the important caring role of family:

“Family caring is a normal and positive response given to family members who experience difficulties and problems” (Participant E, personal communication, 9/9/2015).

“Family caring provides a holistic concept of health and wellbeing for the individual and community that is central to the recovery of Aboriginal people” (Participant E, personal communication, 9/9/2015).

Providing culturally safe and responsive services:

“Aboriginal and Torres Strait Islander peoples lack awareness of their rights to access culturally safe mainstream services; as well as needing to have the assurance of mental health services/providers that are culturally safe, sensitive and effective”(Participant E, personal communication, 9/9/2015).

“It is evident that there are mental health workers who are limited in their capacity to facilitate healing work when they have not undertaken sufficient healing work themselves” (Participant E, personal communication, 9/9/2015).

“Aboriginal cultural healers play an important role in working with their people experiencing mental health issues” (Participant E, personal communication, 9/9/2015).

“Aboriginal people often face difficulty living harmonious relationships when they have not been able to live positive experiences consistently throughout their life. The importance of group work through educational programs can bring helpful insights, learning, knowledge and understandings to Aboriginal people through group sharing” (Participant E, personal communication, 9/9/2015).

There was a need to **“Recognise the role culture plays in mental health and the need to relate to the person at their own pace”** (Participant E, personal communication, 9/9/2015)

The challenges of mental health stigma for Aboriginal people was powerfully captured in this participant’s quote:

“What could be worse for any Aboriginal person, than having to live with the stigma of their Aboriginality as well as having to live with the stigma of mental illness”(Participant F, personal communication, 10/9/2015)

Critical to the Aboriginal and Torres Strait Islander men’s findings is the need to review the use of the term **‘mental illness’**. The term, **‘mental illness’** that is embedded in western disease ideology is viewed to be:

“Culturally inappropriate, causing negative implications that further perpetuate a sense of fear, shame, stigma and isolation. Having further potential to alienate Aboriginal and Torres Strait Islander peoples from their cultural understandings, beliefs and experiences of social and emotional wellbeing and mental health that is interwoven into their culture” (Participant E, personal Communication, 9/9/2015)

“The term ‘mental illness’ is culturally inappropriate, causing further perpetuation of fear, shame, stigma and isolation for Aboriginal and Torres Strait Islander peoples” (Participant E, personal communication, 9/9/2015).

The men also captured some of the limitations of healthcare workers that must be addressed for more culturally responsive services to exist, commenting that **“There are workers from mental health disciplines who are limited in their capacity to facilitate healing work with Aboriginal and Torres Strait Islander peoples due to:**

- **Not having undertaken sufficient healing themselves, through ongoing processes of critical self reflection to unearth personal problems and/or cultural biases embedded in personal history; and**
- **Knowledge and understanding of the history of intergenerational trauma experienced by Aboriginal and Torres Strait Islander peoples”** (Participant E, personal communication, 9/9/2015).

Part of the critique of cultural competence discourse is around the unequal power relations that operate within and between various service delivery and policy sectors as well as between professional disciplines between dominant and minority populations (Walker et al., 2014, p.210).

Kessarar (2006) argues:

‘Cultural awareness’ and ‘anti-racism’ type training can no longer focus primarily on seeking to ‘understand’ the ‘other’. Emphasis must be placed on understanding the self in the midst of unbalanced power relationships. (Walker et al., 2014, p.210.)

Structural Factors—Funding Concerns

Participants were also concerned about funding arrangements and the ability to effectively support Aboriginal and Torres Strait Islander peoples. As outlined by participant C:

This participant further emphasised the urgency for funding integrity as outlined in the quotes below:

“Mainstream organisations are receiving funding, but the funding is not necessarily getting to Aboriginal and Torres Strait Islander clients, when workers do not know how to work with the Aboriginal and Torres Strait Islander issues effectively” (Participant C, personal communication 22/9/2015).

“If you don’t know how to work with Aboriginal and Torres Strait Islander people and engage effectively, why should organisations be given funding, when Aboriginal organisations can utilise the funding for [culturally appropriate] best practice” (Participant C, personal communication, 22/9/2015).

“Mainstream mental health services are receiving funding to benefit Aboriginal and Torres Strait Islander people accessing their services, but there are mental health workers who do not know how to work culturally and effectively with Aboriginal and Torres Strait Islander peoples within those services” (Participant C, personal communication, 22/9/2015).

“Why should those organisations be given funding, when Aboriginal organisations can utilise the funding for [culturally appropriate] best practice?” (Participant C, personal communication, 22/9/2015).

“The funding is not necessarily getting to Aboriginal and Torres Strait Islander clients effectively, when workers do not know how to work with the Aboriginal and Torres Strait Islander issues ” (Participant C, personal communication 22/9/2015).

“Aboriginal and Torres Strait Islander services are struggling to cope with the stresses of heavy workloads and limited financial and human resources”(Participant C, personal communication, 22/9/2015).

Quotes which highlight how funding support is limited and further challenged if workers do not know how to engage effectively with Aboriginal people.

Discussion - What do these findings mean?

These findings demonstrate to the ACT Mental Health Consumer Network the different interpretations and understandings given to the cultural concepts of social and emotional wellbeing and mental health for Aboriginal and Torres Strait Islander peoples, in contrast to Western ideology of mental health understandings and practices. These contrasting interpretations and differences are key issues impacting mental health services and clinical practice. This knowledge will be particularly important in engaging Aboriginal and Torres Strait Islander people more effectively in the ACT MHCN and ensuring culturally responsive support.

Nannies as carers their strengths resilience and burdens

The participant’s findings capture the women’s strengths and burdens as carers. Their strengths encapsulate the richness of their culture, their cultural knowledge, importance of their cultural traditions and customs and their resilience and dedication to ‘home and family’. The findings tell of the women’s self determination, endurance, creativity and resourcefulness in fulfilling their roles as family carers that have carried them, often, through the most difficult circumstances from their earliest historical foundations.

The women’s innate strengths remain key underpinnings sustaining Aboriginal women’s cultural priorities for family caring within the cultural context of social and emotional wellbeing and mental health. It is understandable that the women desire to be included in the health care plan of their family members; by contributing their cultural values, skills, knowledge and practices, which are in line with the principles of social and emotional wellbeing. From this perspective the women can provide localised frameworks and guidelines for effective integration and coordination from a ‘holistic concept of social and emotional wellbeing’ that is culturally meaningful for the individual and the families.

Arguably the women’s burdens are severely impacted by the mental health issues of family members. The findings importantly articulate the women’s needs and understandings for more culturally

responsive care, support, security and protection to be given by mainstream services and particularly acknowledged through social and political levels of engagement.

As a result of these findings it would seem that there are important benefits to be gained from cultural leadership and guidance of social and emotional wellbeing and mental health concepts and practices. Social and emotional wellbeing informed by cultural knowledge and cultural practices safely orientate the interpretations, understandings and skills of mental health practitioners to become more culturally informed. In order to provide optimal benefits in line with social and emotion wellbeing and mental health for Aboriginal and Torres Strait Islander peoples (Walker et al., 2014).

Nannies and young women’s experiences and conceptualisations based on their experiences of mental health, care and services.

Again the conceptualisations of these two groups of participants reflect similar cultural understandings and experiences. These understandings are predominately about culturally sensitive and effective engagement and equitable access to mainstream mental health services for Aboriginal and Torres Strait Islander peoples.

In light of this subject, the young women participants viewed the importance of mainstream services and workers to become more culturally aware, culturally responsive and sensitive toward Aboriginal and Torres Strait Islander clients; especially when they are in doubt about how to care for the consumers accessing their service. What seems cognisant in all of these findings is that providing culturally safe and effective practice is a key component for effective mental health intervention. Providing respectful listening and sensitive care of the person’s dignity is a very fitting cultural response when working with Aboriginal and Torres Strait Islander people. Further to this approach is the need for mainstream health services to ensure contact is made with either Gudan Gulwan Youth Aboriginal Corporation or Winnunga Nimmityjah Aboriginal Health Service to seek advice on how to best work with the person within a holistic and cultural concept of social and emotional wellbeing for the consumer’s optimal care and support.

Disturbingly, racial violations experienced on interpersonal and systemic levels are strong factors recognised by Aboriginal and Torres Strait Islander peoples to be significant causes of mental health disorders and are key sources of stresses associated with sense of self, having significant negative impacts on their social and emotion wellbeing and capacity for positive mental health.

What Aboriginal and Torres Strait Islander men are saying

The men’s acknowledgement of ‘family caring’ was synonymous and largely attributed to the dedication of the women’s roles as caregivers. The men also reflected a strong focus and response toward working to engage the strengths of Aboriginal and Torres Strait Islander people. Their response had a broad appreciation and respect for the person comprising a sense of a whole life view and positive wellbeing, by encouraging and fostering strengths, rather than diminishing the person’s sense of dignity and human worth to only one component of their life – mental health. For this reason the term ‘mental illness’ is viewed to be incongruent with the concept of social and emotional wellbeing. The Western ideology of mental health influences medical terminology, policy making, and power relations

predominantly operating within dominant non-Aboriginal health services (Walker et al., 2014). The discourse also raises significant questions around whose standards of care have been accepted as the key standard for comparison, whose standards inform policy, whose standards inform Aboriginal and Torres Strait Islander people's mental health and wellbeing and whose standards inform mental health terminology for Aboriginal and Torres Strait Islander peoples (Walker, et al., 2014).

The evolving policy context in mental health and wellbeing reflects;

“there is now greater recognition in mainstream policies of positive mental health – as opposed to mental illness - that is more in accord with an Aboriginal emphasis on social and emotional wellbeing”(Zubrick, et al., 2014, p.70).

Zubrick, et al., 2014) argues for the need for greater recognition in mainstream policies of positive mental health as opposed to mental illness- that is more accord with and Aboriginal emphasis on social and emotional wellbeing (Zubrick et al., 2014, p.69). In addition, the term ‘mental health’ has proved to be particularly problematic in the Aboriginal context. Most mainstream mental health services tend to focus primarily on treating mental illness and/or psychiatric care. Efforts to broaden community understanding about the promotion of mentally healthy behaviour and the prevention of mental illness are limited by negative connotations, stigma about mental illness, psychiatric treatment and people needing mental health care. It is not surprising that attempts to transpose current mental health practices into Aboriginal health services have been widely resisted (Zubrick et al., 2014, p. 69). Evident to the research findings it would seem that these dominant discourses are not working to serve or strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities.

Structural Factors – Funding concerns

The participant's insights into the findings highlight the importance of providing structural integrity for funding and support services to work effectively with Aboriginal and Torres Strait Islander populations. Importantly though, funding can only be used efficiently if services have knowledge of culturally responsive practice and engage with the community to ensure funding is effectively targeted and used appropriately.

What is stopping mainstream health service organisations from being able to demonstrate culturally responsive and safe practice to Aboriginal and Torres Strait Islander peoples?

The National Health Commission proudly supports the recent launch of the ‘**Gayaa Dhuwi (Proud Spirit) Declaration**’ which provides a framework for Aboriginal and Torres Strait Islander Leadership in mental health and suicide prevention (Australian Government, 2015).

The Gayaa Dhuwi (Proud Spirit) Declaration gives credibility to:

“Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention

outcomes for Aboriginal and Torres Strait Islander peoples” (National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2015).

http://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf

The National and Torres Strait Islander Leadership in Mental Health calls for a “bipartisan way, to formally adopt and commit to the ‘**Gayaa Dhuwi (Proud Spirit) Declaration**’ by the 30th June 2016 and to work with Aboriginal and Torres Strait Islander mental health leaders to develop implementation components within a year of that” (Australian Government, 2105).

Recommendations

In response to the voices and advice of the Aboriginal and Torres Strait Islander people and organisations who shared their experiences and collaborated on the research project, and in line with the literature reviewed, the following recommendations are made:

- Ensuring the use of culturally appropriate language around mental health – in particular using the language of social and emotional wellbeing and avoiding the term ‘mental illness’. This may include adding ‘social and emotional wellbeing’ to Network definitions and media.
- Ensure Aboriginal and Torres Strait Islander consumer representation at consumer representative forums.
- Ensure Network notifications, and all other important information regarding health and policy initiatives, and any other important issues of interest and forums relating to the health and mental health of Aboriginal and Torres Strait Islander people are forwarded through the appropriate media communications listed in **Appendix A (p.31-34)** of the report. Details and contacts of forwarding addresses/emails and important protocols are listed in **Appendix B (p.35)**.
- Recognise and support individuals and families experiencing mental health issues, maintaining a holistic lens that considers and involves family members supportive of the individual, drawing on family strengths and caring capacities.
- Understand the women’s needs to engage with meaningful support that is responsive to the care of mother’s and carers who are without family support. Seek advice from Gudan Gulwan Youth Aboriginal Corporation or Winnunga Nimmityjah Aboriginal Health Service to [ensure referrals to culturally responsive] services.
- Continue to build relationships with Aboriginal and Torres Strait Islander people and organisations within the ACT. Through opportunities to participate and engage at local events, including NAIDOC Week, National Youth Week and the Multicultural Festival.
- Respond generously to invitations to attend important Aboriginal and Torres Strait Islander events such as R U Ok Day event at Gudan Gulwan Aboriginal Youth Corporation, including the respective invitations received from other organisations.
- Recognise and acknowledge the inherent strengths and cultural knowledge of Aboriginal and Torres Strait Islander peoples, their expertise, and the benefits to be gained through working inclusively and collaboratively in a spirit of reciprocity.

- Build awareness in Aboriginal and Torres Strait Islander communities of ‘their rights to access culturally safe and effective services’.
- Call for the full recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing model, acknowledging cultural strengths, cultural values and preferences be given priority in health and mental health systems.
- In addition, it has been recommended through the research of other Aboriginal and Torres Strait Islander organisations that the Network be further encouraged to build connections with Winnunga Nimmityjah Aboriginal Health Service.
- Taking steps to ensure culturally safe, sensitive and effective services – including the creation of welcoming, accepting and embracing environments (for example displaying Aboriginal and Torres Strait Islander artwork and flags, and specifically inviting members of the community to any Network events), and ensuring cultural responsive training of all staff especially [commitment to self reflective] practices.
- Pursue funding and support for increasing the research and service provision of the Network in this area.
- Evaluation of the recommendations to consider how they may be implemented, how effective they are in increasing engagement, and inclusion of any additional information gained through further consultation.
- Review and be informed by the recent ‘**Gayaa Dhuwi (Proud Spirit) Declaration**’ which provides a framework for Aboriginal and Torres Strait Leadership in mental health and suicide prevention.
- **POLICY DEVELOPMENT** –Consider how the knowledge gained in this research may inform policy development around family inclusion, funding, awareness of culturally responsive practice and culturally responsive training line with social and emotional wellbeing concepts.

My learning experiences

My learning from the researched literature, consultations and yarning with Aboriginal and Torres Strait Islander peoples has reinforced my understanding of the need to allow time to listen in order to develop mutually respectful and responsive relationships and understandings from a cultural perspective.

Extending warmth, kindness and friendliness is appreciated and well received in new introductions. Being helpful and supportive of all that is important to Aboriginal and Torres Strait Islander peoples. Trusting in their knowledge, wisdom and advice and particularly focusing on their positive strengths and capabilities.

It is important to live sincerity, openness, trust and patience; having an understanding and appreciation of cultural knowledge, strengths and capabilities. Be generous in offering support when needed [in small ways] and consistent with communications; especially important for ongoing consultations and negotiations; essential components for advocacy and policy development. Encourage and foster ongoing positive and meaningful relationships through inclusive and collaborative partnerships in the spirit of reciprocity.

Conclusions

The aim of the project was to identify culturally responsive ways for the Network to engage with Aboriginal and Torres Strait Islander people's having lived experience and aspirations for the highest standard of mental health care and services in the ACT.

This work articulates a legitimate place for Aboriginal and Torres Strait Islander led-approaches to guide health and mental health services and practitioners from an informed knowledge base that recognises a holistic concept 'of social and emotional wellbeing and mental health. The findings clearly show that the model of social and emotional wellbeing and mental health is significantly important to the holistic health and recovery of Aboriginal and Torres Strait Islander's health and mental health.

It is stressed from the voices of Aboriginal and Torres Strait Islanders in this report that health and mental health service providers work inclusively and collaboratively in a spirit of reciprocity with Aboriginal and Torres Strait Islander peoples to bring an unwavering understanding and commitment to their practice by giving priority to cultural understandings and knowledge, and cultural values and preferences (Walker et al., 2014).

These important undertakings are specifically required to address stigma, racism, social disadvantage, and adverse accessibility to services (National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2015). Aboriginal and Torres Strait Islander leadership is needed to ensure culturally informed practices are acknowledged and available to all Aboriginal and Torres Strait Islander people in addition to clinical responses (Australian Government, 2015).

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Appendix A

Culturally Effective Communication Mechanisms Recommended by Key Aboriginal and Torres Strait Islander Organisations

Representatives from key Aboriginal and Torres Strait Islander organisations have recommended the following communication mechanisms to be the most culturally effective ways to reach Aboriginal and Torres Strait Islander people more broadly in the ACT.

Most common and preferred communications mechanisms used by Aboriginal and Torres Strait Islander peoples:

- Online Network
- Newsletters
- Newspaper
- Radio
- Flyers
- Consumer representation
- Email
- Vouching

Online Network

ACT Indigenous Network- online yahoo sign up. This online service is Commonwealth and state wide.

ACT Indigenous Network on yahoo - <mailto:actindnetwork@yahoogroups.com>

Newsletters

Office of Aboriginal and Torres Strait Islander Affairs - contact: **The Director, Robyn Forester,**

Email: robyn.forester@act.gov.au

Phone: 6207 9784

Address: GPO Box 158, Canberra 2601.

Office of Multicultural Affairs- contact: **The Director, Nic Manikis,**

Email: nic.manikis@act.gov.au

Phone: 6205 0522

Address: GPO Box 158 Canberra 2601.

Winnunga Nimmityjah Aboriginal Health Service -contact: 6284 6222. (Contact person Beth)

NB. Gugan Gulwan Youth Aboriginal Corporation does not issue newsletters.

Newspaper Advertising

Koori Mail – Fortnightly national Newspaper – state wide (Lismore)

Advertising: advertising@koorimail.com

Editorial: editor@koorimail.com

Address: Koori Mail, Phone: 02 66 222 666. PO Box 117, Fax: 02 66 222 600. Lismore NSW

First Nations Telegraph – Free online daily newspaper.

Managing Editor: Stephen Hagan (Kullilli)

Email: editor@firstnationstelegraph.com

Email: Administration: admin@firstnationstelegraph.com or

National Indigenous Times Canberra – (Australia wide)

General Email: mail@nit.com.au

Phone: 1300 786 611

Address: 48 Rylah Cres, Wanniasa ACT 2903

Radio

2XX FM 98.3 Community Radio Station provides 2 hour time slots for Indigenous issues.

Contact: Dylan Anderson, Sovereign Program Coordinator

Email: d.anderson@2xxfm.org.au

Mobile: 0401 315 860

AICA - The Australian Indigenous Communications Association

AICA is the national peak body for Indigenous print, television, radio & film covering individuals & over 130 media outlets in remote & urban Australia.

Level 1, 15 Edgar Street, 2602 Ainslie

Ph 6262 8699. Email: contact@aicainc.org.au

Keep up to date with AICA in our monthly newsletter. If you would like to subscribe to the AICA newsletter follow the link and click subscribe in the top left-hand corner.

Flyers

It has been recommended by members and workers from the ACT Council of Social Services (ACTCOSS), the member of the Aboriginal and Torres Strait Islander Elected Body and Gudan Gulwan Youth Aboriginal Corporation to offer the Network's flyers to:

- Winnunga Nimmityjah Aboriginal Health service by contacting them on 6284 6222.
- Gudan Gulwan Youth Aboriginal Corporation
- Belconnen Community Centre - Child and family services
- Courthouses
- Police Stations

Consumer representation

Aboriginal and Torres Strait Islander Consumer representation was identified as been an important way to reach and engage Aboriginal and Torres Strait Islander peoples more broadly. **It was clearly stated that it is significantly important to have Aboriginal and Torres Strait Islander representation at consumer representative forums.**

Email

Please ensure email invitations are sent to Burrunju Aboriginal Corporation, Gudan Gulwan Aboriginal Youth Corporation and to the member of the Aboriginal and Torres Strait Islander Elected Body, Maurice Walker prior to consumer representative forums, the Annual General Meeting and other important events.

Please forward email invitations to:

Burrunju Aboriginal Corporation

Meg Huddleston – Email: burrunju@indigenoussupport.org.au>

Gudan Gulwan Youth Aboriginal Corporation

Please forward email invitations to Sarah Patrick, Emma Cutmore and Terry Sutherland at Gudan Gulwan Aboriginal Youth Corporation as follows:

Sarah Patrick - Email: <Sarah@gudan-gulwan.com.au>

Emma Cutmore - Email: <emma@gudan-gulwan.com.au>

Terry Sutherland – Email: terry.sutherland@act.gov.au

Aboriginal and Torres Strait Islander Elected Body – Member

Maurice Walker – Email: <maurice.walker@act.gov.au>

N.B. Please note that Maurice Walker has requested that the Network forward all notifications regarding important information, relevant issues, forums and events to him at: **maurice.walker@act.gov.au**.to be dispersed more broadly to the community networks.

Please include in forwarding information names and addresses of other intended Aboriginal and Torres Strait Islander organisations and recipients for inclusion to Maurice Walker.

Vouching

Advertising by word of mouth commonly known as ‘vouching’ is a culturally acceptable way for Aboriginal and Torres Strait Islander to communicate information to broaden the reach to Aboriginal and Torres Strait Islander peoples.

Appendix B

Contact details for Aboriginal and Torres Strait Islander organisations:

Aboriginal and Torres Strait Islander Elected Body Mental Health Portfolio

Maurice Walker - Email: Maurice.Walker@act.gov.au Phone: 6207 6052

Burrunjul Aboriginal Corporation

Meg Huddleston – Email: burrunjul@indigenoussupport.org.au. Phone: 6284 8229

Gugan Gulwan Youth Aboriginal Corporation

Sarah Patrick – Email: Sarah@gugan-gulwan.com.au Phone 6296 8900

Emma Cutmore- Email: emma@gugan-gulwan.com.au Phone 6296 8900

Terry Sutherland- Email: terry.sutherland@act.gov.au Phone 6296 8900

Important Protocols to observe when engaging with Gugan Gulwan Youth Aboriginal Corporation

For engagement with smaller groups within Gugan Gulwan Youth Aboriginal Corporation, it is important to seek guidance beforehand from staff about information intended for dissemination; by firstly approaching either, Sarah Patrick, Emma More or Terry Sutherland. The organisation's smaller groups consist of Women's group, Young Men's meeting group, Art group, Playgroup, or the group involved with visits to Bimberi.

