

A scoping study of depression among Indigenous peoples

Neil Thomson

Ineke Krom

Glenda Trevaskis

Natalie Weissfner

Nicole Leggett

November 2005

Perth

Australian Indigenous HealthInfoNet

This project was funded by



Contents

Contents	i
Acknowledgments	iii
Executive summary	iv
Introduction	iv
The extent of depression and other issues of social and emotional wellbeing among Indigenous peoples	v
Addressing depression and other issues of social and emotional wellbeing among Indigenous peoples	vi
1 Introduction	1
Background	1
Structure of this report	2
2 Methodology	2
Introduction	2
Identification of the literature	2
Databases searched	3
Keywords used	3
Identification of programs and projects	4
3 The context of depression and other issues of social and emotional wellbeing among Indigenous peoples	7
Introduction	7
The Indigenous population	7
The socio-economic context of Indigenous health and mental health	9
4 General findings	11
Introduction	11
Indigenous perceptions of mental health	11
Factors contributing to mental illness and mental health problems among Indigenous peoples	12
Awareness of depression and other mental health illnesses	13
Feedback from people responding to the study	14
Depression and social and emotional wellbeing	14
Depression and other conditions	14
Mental health services, and the need for cross-cultural understandings	15
Mental health promotion	15
Depression and children	15

5	Extent of depression and other issues of social and emotional wellbeing among Indigenous peoples	16
	Information about deaths	16
	Use of hospital and community mental health services	17
	Information from population surveys	21
6	Addressing depression and other issues of social and emotional wellbeing among Indigenous peoples	24
	Introduction	24
	The policy context of social and emotional wellbeing among Indigenous peoples	24
	Quantifying Indigenous mental health	25
	Programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples	26
	Introduction	26
	Awareness/education programs	28
	Prevention programs	29
	Treatment programs	32
7	Concluding comments	37
	References	39
	Appendix: The policy context of social and emotional wellbeing among Indigenous peoples	43
	Abbreviations	51
	Glossary	52

Acknowledgments

The preparation of this report about depression and related issues of social and emotional wellbeing among Indigenous peoples – and the accompanying database of relevant programs and projects, and bibliography – would not have been possible without the help of the people working in the area of Indigenous health and wellbeing. Thanks are extended to all those people who kindly provided the information needed for the report, database and bibliography.

Of the many people who have assisted, we are especially grateful to the following people for providing us with contacts and information:

- Mary Guthrie, Coordinator Aboriginal and Torres Strait Islander Issues at Auseinet;
- Associate Professor Helen Milroy, Mental Health Services and Institute for Child Health Research; and
- Tom Brideson, Assistant Director of the Social Health Section of the Australian Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health.

Special thanks are extended also to:

- Kathy Little, Education, Psychology and E-Reference Librarian at Edith Cowan University for her helpful advice on keywords and search strategies; and
- Krishanka Gunasekera, Multimedia Coordinator, Australian Indigenous Health*InfoNet*, for development of the computer software that enabled people to transmit information about programs and projects directly to the Health*InfoNet* via the Internet.

We are grateful also to other members of the Health*InfoNet* team for their support throughout the collection and development of the report.

Executive summary

Introduction

The changing focus in Australia over the past decade or so from mental illness to mental health has brought mainstream approaches to mental health more in line with the Indigenous emphasis on emotional and social wellbeing. This aspect is reflected in the similarities of the current definition of mental health:

a state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness (Australian Health Ministers, 2003, p35),

and the long-standing Indigenous perception of health:

health is not just the physical wellbeing of an individual, but the social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community (National Aboriginal Health Strategy Working Party, 1989)

Reflecting Indigenous peoples' holistic view of health (including mental health), they have been frustrated that the mainstream mental health sector has focused on mental illness rather than on emotional and social wellbeing – or at least the lack of emotional and social wellbeing that includes mental health problems as well as mental illness.

Ways Forward, the landmark document in the area of Indigenous social and emotional wellbeing (published in 1995), attributed the considerable burden among Indigenous peoples of mental health problems, substantial risk factors for mental health illness, and a deficit in factors seen as protective of mental health and capable of promoting resilience in individuals and communities to the 'impact of history and the past and ongoing effects of colonisation' (Swan and Raphael, 1995b). The resultant trauma, loss and grief, particularly that related to the forcible separation of Indigenous children from their natural families, have contributed to low self esteem, a sense of powerlessness, anger, personality and adjustment disorders; poor parenting skills, disrupted attachments, poor relationship skills, and guilt, which are compounded by substance misuse, high levels of incarceration, domestic violence, sexual and physical abuse (Swan and Raphael, 1995a, Swan and Raphael, 1995b, Vicary and Westerman, 2004).

Addressing the lack of emotional and social wellbeing among Indigenous peoples thus requires a population health approach, rather than the individual approach that has been characteristic of most 'mental health' professionals. The population health approach, integral to the *National Mental Health Plan (2003-2008)* (Australian Health Ministers, 2003), needs to take 'into account the complex influences on mental health, encourages a holistic approach to improving mental health and wellbeing, and develops evidence-based interventions that meet the identified needs of population groups and span the spectrum from prevention to recovery and relapse prevention' (Australian Health Ministers, 2003, p4).

The extent of depression and other issues of social and emotional wellbeing among Indigenous peoples

As with many other aspects of Indigenous health, information about of the extent of depression and other issues of social and emotional wellbeing among Indigenous peoples is very incomplete, with great reliance placed on administrative data collections – such as the deaths registration systems and the so-called hospital morbidity collections.

To date, little useful information about aspects of the social and emotional wellbeing of the total Indigenous population has been collected through population surveys, which are much more appropriate means of assessing many mental illnesses and most mental health problems. Fortunately, the recent Western Australian Aboriginal Child Health Survey has provided very valuable insights into aspects of the social and emotional wellbeing among Indigenous children in that State.

Despite limitations with the data,¹ it is clear that:

- death rates from ‘mental and behavioural disorders’ are much higher for Indigenous than for non-Indigenous people;
- the numbers of Indigenous deaths from suicide are much more than the number expected, particularly among adolescents and young adults – the rate for Indigenous females aged 15-24 years is even higher than the rate for non-Indigenous males in that age group;
- hospitalisation rates of Indigenous people for mental health related causes involving specialised psychiatric care are almost twice the rates of non-Indigenous people; rates for mental health related causes without specialised psychiatric care are around three times higher for Indigenous males and females than for their non-Indigenous counterparts;
- the overall rate of use by Indigenous people of community mental health services is around one-and-a-half the use by non-Indigenous people (the actual levels of use vary markedly across Australia);
- overall hospitalisation rates for depressive disorders and anxiety disorders are similar for Indigenous and non-Indigenous people, but rates are higher for Indigenous people than non-Indigenous people in Western Australia, South Australia and the Northern Territory (the only jurisdictions with ‘acceptable’ levels of Indigenous identification in their hospitalisation data);
- considerably more Indigenous than non-Indigenous children in WA are at high risk of clinically important emotional and behavioural difficulties;
- the risk of clinically important emotional and behavioural difficulties among Indigenous children in WA is highly correlated with the frequency of life stress events, which were much more common for Indigenous than for non-Indigenous children;
- thoughts about suicide are much more common among Indigenous children in WA at high risk of clinically important emotional and behavioural difficulties than among those at low risk;
- WA children of Indigenous carers who had been forcibly separated from their families are much more likely to be at high risk of incurring clinically significant emotional and behavioural difficulties than are those of carers who had not been forcibly separated.

¹ Because of the known under-identification of Indigenous people in most of the administrative data collections, caution should be exercised in the interpretation of the figures quoted here.

Addressing depression and other issues of social and emotional wellbeing among Indigenous peoples

The publication of *Ways Forward* provided a sound basis for addressing the mental health needs and problems of Australia's Indigenous peoples (Swan and Raphael, 1995a, Swan and Raphael, 1995b), but, until recently, progress in the area has been limited because the social and emotional wellbeing initiatives flowing from that report were not closely linked with the major developments that were occurring as a part of the first two national mental health plans. This occurred despite the fact that specific developments in implementation of the second plan did acknowledge the special needs of Indigenous peoples. The *National Action Plan for Depression* (Commonwealth Department of Health and Aged Care, 2001), for example, included three objectives and nine specific strategies relating to depression among Indigenous peoples.²

Even though there was poor linkage between the Indigenous social and emotional wellbeing initiatives and general mental health developments in Australia, quite a large number of innovative programs and projects addressing Indigenous mental health issues have been developed. These include programs and projects in the areas of awareness/education, prevention and treatment. Some of these programs and projects are summarised in this report, and details of these and other programs and projects identified are contained in an accompanying document, *Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples* (Leggett and Krom, 2005).³

The limited linkage of specific initiatives addressing the social and emotional wellbeing of Indigenous peoples with general mental health developments in Australia appears to have been addressed in the two recent relevant policy documents, the *National Mental Health Plan (2003-2008)* (Australian Health Ministers, 2003) and the *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* (Social Health Reference Group, 2004).

These policy statements, which provide the foundation for much greater coordination of Indigenous-specific initiatives with relevant general developments in the mental health area, enhance the prospects of much more rapid progress than has been achieved to date. Importantly, the policy statements include appropriate monitoring mechanisms involving the high-level committees responsible nationally for monitoring overall progress on the Indigenous health and for mental health.

In parallel with these encouraging signs with regard to the more coordinated and committed development of programs and projects addressing issues of social and emotional wellbeing, it appears also that other developments may improve the evidence base about the extent and nature of mental illness and mental health problems among Indigenous peoples. Importantly, it is expected that valuable information about mental health conditions will have been collected as a part of the 2004-05 Indigenous Health Survey, and it is hoped that the second specialist national epidemiological survey of mental health and wellbeing will include an adequate

² The relevant sections of that plan had benefited from the deliberations of a two-day workshop of representatives of NACCHO, NACCHO affiliates and ACCHSs held in Adelaide in September 1999.

³ It is acknowledged that the document is incomplete, partly because efforts to identify and collect information about relevant programs and projects can be a lengthy process and partly because of the virtual lack of response from the relevant State and Territory mental health authorities.

sample of Indigenous people. As well, several jurisdictions are planning to adapt clinical outcome measures for use with Indigenous adults.

Within this context, *beyondblue*, the national depression initiative, could play a key role in assisting the Indigenous community-controlled health sector, the Australian, State and Territory governments, and other relevant organisations and agencies in the implementation of strategies, programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples.

References

- Australian Health Ministers (2003) National Mental Health Plan 2003-2008. Canberra: Australian Government
- Commonwealth Department of Health and Aged Care (2001) National action plan for depression: under the National Mental Health Plan 1998-2003. Canberra: Commonwealth Department of Health and Aged Care
- Leggett N, Krom I (2005) Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples. Perth: Australian Indigenous HealthInfoNet
- National Aboriginal Health Strategy Working Party (1989) A national Aboriginal health strategy. Canberra: Department of Aboriginal Affairs
- Social Health Reference Group (2004) Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009. Canberra: Australian Government
- Swan P, Raphael B (1995a) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 1. Canberra: Commonwealth of Australia
- Swan P, Raphael B (1995b) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 2. Canberra: Commonwealth of Australia
- Vicary D, Westerman TG (2004) 'That's just the way he is': some implications of Aboriginal mental health beliefs.

1 Introduction

Background

As a part of its role in addressing issues associated with depression, anxiety and related substance misuse disorders in Australia, *beyondblue*, the national depression initiative, recognises that Indigenous people with depression face special challenges and difficulty accessing services. *beyondblue* is already involved in some initiatives addressing depression among Indigenous people, such as the 'Working both ways' Aboriginal Mental Health Program in the Northern Territory and the raising awareness of depression among young Indigenous people through the Crocfest program.

beyondblue recognised, however, that, to do more in the area of depression among Indigenous peoples, it needed to work in partnership with key Indigenous and other stakeholders and organisations. As a first step in this direction, *beyondblue* convened a meeting in Canberra in March 2005. The meeting was attended by representatives of the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors Association (AIDA), the Royal Australian and New Zealand College of Psychiatry (RANZCP), the Royal Australian College of General Practitioners (RACGP), the Australian Divisions of General Practice (ADGP) and *beyondblue*, as well as relevant Australian Government officials and some key academics.

In discussing aspects of depression among Indigenous peoples, the meeting agreed that development of a comprehensive, integrated strategy was limited by the lack of detailed knowledge of mental health problems, particularly depression, among Indigenous peoples and of services addressing these problems. Participants agreed to meet again – to discuss priority areas and to explore options for forming a coalition on Indigenous depression – but that, in the first instance, it was necessary to undertake a mapping exercise. The mapping exercise would gather information about information about depression among Indigenous peoples and about existing programs, projects and other initiatives. Dr Kim Webber, *beyondblue*'s Senior Program Manager, Rural and Indigenous, was given responsibility for commissioning the mapping exercise.

Subsequent to the March 2005 meeting, Dr Webber consulted with a number of the stakeholders at the meeting about suitable organisations/individuals to undertake the mapping exercise. As a result of these consultations, the Australian Indigenous HealthInfoNet, the leading source of knowledge and information about the health and wellbeing of Indigenous peoples, was commissioned to undertake a scoping study of depression among Indigenous peoples.

The specific objectives of the scoping study were to identify and collate information relating to: the level and nature of depression among Indigenous peoples; other potential sources of data about the incidence and prevalence of depression; awareness of depression among Indigenous people and their carers – including causes, treatment options, appropriate strategies and types of help available; and innovative programs and projects addressing depression among Indigenous peoples.

These objectives were to be achieved by undertaking: a review of existing literature, both published and unpublished, in the area of Indigenous depression and other relevant aspects; the identification of potential sources of data about the incidence and prevalence of depression among Indigenous peoples; and the identification of programs and projects addressing depression among Indigenous peoples, involving

direct contact with organisations involved in delivering services to Indigenous people and communities.

Structure of this report

This report draws together a variety of information relevant to depression and related mental health issues among Indigenous peoples.

After summarising in Chapter 2 the methodology used for this study, Chapter 3 provides contextual information about the Indigenous population and the issues of relevance to the mental health of Indigenous peoples. This is followed by a brief chapter providing some general findings from the study, including attention to some specific aspects from the literature as well as some feedback from people contacted in the search for programs and projects. Chapter 5 reviews the available data about the level and nature of mental health illnesses among Indigenous peoples. Chapter 6 summarises: information about the policy context of depression and other issues of social and emotional wellbeing among Indigenous peoples; progress on the quantification of aspects of Indigenous mental health; and selected programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples. Chapter 7 provides some concluding comments about overall developments in recent years.

2 Methodology

Introduction

As noted above, the main objectives of the study were to bring together information about: the level and nature of depression, anxiety and related disorders among Indigenous peoples; awareness of depression among Indigenous peoples and their carers; and programs and projects addressing depression among Indigenous peoples.

The following two sections outline the methodology used in addressing these objectives: (1) the identification and collection of the relevant published and unpublished 'grey' literature;⁴ and (2) the identification and collection of information about relevant programs and projects.

Identification of the literature

The study involved the identification of the literature relating to depression and/or anxiety and related mental health conditions among Australian Indigenous peoples. Emphasis was placed on searching for both published and the unpublished 'grey' literature between 1990 and 2005. Key literature published prior to 1990 was also included.

Literature encompassing the social, emotional, and political contexts of Indigenous depression and/or anxiety were identified and included in the study. Subject areas covered include: depression; anxiety; social and emotional wellbeing; suicide and self-harm (including deaths in custody); grief, loss and trauma (including stolen generation); substance use (as it relates to mental health); counselling and treatment;

⁴ The grey literature is defined as 'that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers' (New York Academy of Medicine (2002) *What is grey literature?* Retrieved 16 July 2004 from <http://www.nyam.org/library/greywhat.shtml>). The nature of grey literature means that librarians, and others, have difficulty identifying and collecting relevant materials, and making them accessible.

prisoner mental health; mental health services and programs; mental health workforce; and mental health policies and strategies.

Databases searched

Electronic databases were primary source of literature identification. Systematic searches were performed for the following databases:

- Academic Research Library (ProQuest)
- Australian Digital Theses Program
- Blackwell Synergy
- CINAHL (Nursing and Allied Health)
- Cochrane Library
- Current Contents (ISI)
- ERIC
- Expanded Academic ASAP
- Health and Medical Complete (Proquest)
- Journal @Ovid Full Text (Health)
- Informit databases⁵
- Ingenta
- Kinetica (National Library of Australia)
- Medline
- Proquest Dissertations and Theses
- ProQuest Social Science Journals
- PsycARTICLES
- PsycINFO
- PubMed

Google and Google Scholar search engines were also used to identify both published and unpublished 'grey' literature.

Keywords used

Keyword searches were performed for each database and Boolean expressions were utilised to expedite the process. Database thesauri and indexes were also reviewed to ensure that correct keywords were being used for each specific database.

The population parameter was combined with individual keywords and/or combinations of keywords listed below in order to generate results.

Population of interest: Aboriginal, Indigenous, Australia

Keywords: alcohol; anxiety; counselling; criminal justice; deaths in custody; depression; diagnosis; disempowerment; drug use; emotional health; grief; healing; health promotion; helplessness; intervention; mental health; mental health policy; mental health projects; mental health programs; mental health services; mental health strategy; mental illness; postnatal depression; powerlessness, prison; prisoners; psychology; psychiatry; risk factors; self harm; self injury; spirituality; stolen

⁵ Informit databases include: AMI (Australian Medical Index); APAIS (Australian Public Affairs Information Service); ATSI (Aboriginal and Torres Strait Islander Index); AIATSIS – Indigenous Studies Bibliography; CINCH-ATSIS - Australian Criminology Database – Aboriginal and Torres Strait Islander Subset; CINCH-Health - Health Issues in Criminal Justice; DRUG - Drug Database; FAMILY-ATSIS - Australian Family & Society Abstracts Database – Aboriginal and Torres Strait Islander Subset; H & S - Health and Society database; Indigenous Australia; MAIS-ATSIS - Multicultural Australia and Immigration Studies – Aboriginal and Torres Strait Islander Subset; Meditext; RURAL – Rural and Remote Health Database; and Sociological Abstracts

generation; stress; substance abuse; suicide; therapy; traditional beliefs; traditional healing; trauma; treatment; wellbeing.

Every effort was made to identify and collect all relevant literature, but it is almost certain that some relevant items may have been missed. This relates particularly to items in the general literature that may include substantial information of relevance to Indigenous depression and/or related areas and items in the 'grey' literature. As this scoping study will lead into an ongoing collection of information about depression and/or related areas among Indigenous peoples, the *HealthInfoNet* would be most grateful for information about missing items.

Identification of programs and projects

The study involved the identification of innovative programs and projects addressing depression and related mental health issues among Australia's Indigenous peoples. These were identified through multiple processes:

- examination of the literature (including grey literature) about programs and projects addressing social and emotional wellbeing, mental health, and/or depression among Indigenous peoples;
- contacting key people involved in prevention, treatment and/or research of depression among Indigenous peoples;
- making specific groups aware of the scoping study (including: Aboriginal community controlled health services, general practitioners through the Divisions of General Practice, health promotion workers, selected psychiatrists, a number of the Social and Emotional Well Being centres); and
- contacting State and Territory health authorities.

The aim was to collect the following information about relevant programs/projects: locality, phases, setting, organisation(s) involved, target group, evaluations, and recommendations.

In contacts with researchers, practitioners, and health workers, the three questions covered included the three core objectives of the study:

- What do you know about the level and nature of depression and related disorders among Australia's Indigenous peoples?
- What do you know of the level of awareness of depression among Indigenous peoples and their carers? This includes causes, treatment options, etc.
- Are you aware of/ Have you initiated programs or projects addressing depression among Indigenous peoples? This includes projects aimed at the prevention of depression and related disorders. Is there any information available on an evaluation of these projects and/or programs?

A short template was developed to enable people to provide information. An online link, <http://www.healthinfonet.ecu.edu.au/depression/>, was provided for completion of the template.

An attempt was made to contact all Aboriginal community controlled health services (ACCHS). A total of 176 ACCHSs were contacted via mail. The letter explained the objectives of the study and invited the ACCHS to participate in the scoping study. In this letter the webpage with the short template was included.

A total of 119 Divisions of General Practice were contacted via email, which included as an attachment a similar letter to that sent to the 176 ACCHSs. The link to the webpage with the short questionnaire was included in the email message.

As well, information about the study was distributed:

- as an article in *InTouch*, the newsletter of the Public Health Association of Australia (PHAA);
- approximately 150-200 members of the PHAA Aboriginal and Torres Strait Islander Health Special Interest Group received a similar email and letter combination as the Divisions of General Practice. A similar email and letter was sent also to the convenor of the PHAA Mental Health Special Interest Group, but it is uncertain if these were forwarded to group members as no formal response was received;
- as a short information piece on the 'news at a glance' page of the Queensland's Women's Health Network website;
- to Approximately 280 members of the Australian Indigenous Health Promotion Network,
- to the RACGP member network through an email, circulated by Ms Pauline Curtis,
- to the NACCHO GP Network

The HealthInfoNet is aware that there is often a wealth of information at the grassroots level, which does not always make it to publications or websites. In particular, information on projects that are being tried in ACCHSs often stays within that Service, even though it may be useful to other people trying to achieve similar goals. Therefore, attempts were made to contact as many Social and Emotional Well Being Centres as possible. Most of these Social and Emotional Well Being Centres are associated with an ACCHS, so would probably have received a copy of the letter sent to all ACCHSs, but efforts were made to contact them directly via email and telephone. Addresses have changed over time, so it was difficult to contact some centres.

The Centres contacted include:

- Winnunga Nimmityjah Aboriginal Health Service Inc, Narrabundah, Australian Capital Territory;
- Sydney Regional Centre (Redfern Medical centre), Redfern, New South Wales;
- Central Australian Aboriginal Congress, Alice Springs, Northern Territory;
- Danila Dilba Health Service, Darwin, Northern Territory;
- Ngaanyatjarra Pitjantjatjara Yankuntjatjara (NPY) Women's Council Aboriginal Corporation, Alice Springs, Northern Territory;
- Aboriginal and Islander Community Health Service, Woolloongabba, Queensland;
- Regional Training Centre for Social and Emotional Well Being (Bidgerdii Aboriginal and Torres Strait Islander Corporation Community Health Service), Rockhampton, Queensland;
- Nunkuwarrin Yunti Inc., Adelaide, South Australia;
- Tasmanian Aboriginal Centre Inc., Hobart, Tasmania;
- Melbourne Regional Centre, VAACHO, Fitzroy, Victoria;
- Nguleegoo at Bega Garberringu Health Service, Kalgoorlie, Western Australia;
- Kimberley Aboriginal Medical Service, Broome, WA;
- Perth Regional Centre (Indigenous Psychological Services), Perth, Western Australia; and
- South West Aboriginal Medical Service, Bunbury, Western Australia

It was not possible to speak with people at all of these Centres, as some appeared to be short-staffed, and some do not appear to have any projects related specifically to depression.

A standardised summary of information was collated for each of the projects and programs identified (see the separate Attachment B).

3 The context of depression and other issues of social and emotional wellbeing among Indigenous peoples

Introduction

The sections of this chapter provide essential background information about the Indigenous population, in terms of numbers, geographic distribution, and socioeconomic circumstances.

The Indigenous population

Based on the 410,003 Aboriginal and Torres Strait Islander people who were counted in the 2001 Census of Housing and Population, the ABS has estimated that there were 492,677 Indigenous people living in Australia at 30 June 2005 (Table 1) (Australian Bureau of Statistics, 2003a, Australian Bureau of Statistics, 2004b).⁶ New South Wales (NSW) had the largest Indigenous population with 143,824, followed by Queensland (136,754), WA (70,945), and the NT (60,373) (Table 1). The NT had the highest proportion of Indigenous people among its population (28.8%) and Victoria the lowest (0.6%).

Table 1 Estimated resident Indigenous population by jurisdiction, Australia, 30 June 2005

Jurisdiction	Indigenous population	Proportion of total Indigenous population (%)	Proportion of total population of jurisdiction (%)
New South Wales	143,824	29.4	2.0
Victoria	30,329	6.1	0.6
Queensland	136,754	27.4	3.5
Western Australia	70,945	14.4	3.5
South Australia	27,578	5.6	1.7
Tasmania	18,333	3.8	3.7
Australian Capital Territory	4,300	0.9	1.2
Northern Territory	60,373	12.5	28.8
Australia	492,677	100.0	2.4

Source: ABS (2004)

Notes 1 The estimates of the resident Indigenous population, based on the 2001 Census counts, make allowances for unknown Indigenous status and for net under-enumeration and make a back adjustment for natural increases between 30 June 2001 and 7 August 2001 (the date of the census).

2 The Australian population includes people from Jervis Bay Territory, the Cocos (Keeling) Islands, and Christmas Island.

Compared with the non-Indigenous population, the Indigenous population is relatively young: about 39% of Indigenous people are less than 15 years old, compared with 20% of the non-Indigenous population. Almost 13% of the non-Indigenous population

6 The Australian censuses provide detailed information about Indigenous and total population numbers, but they are not the figures used for administrative and other purposes. This is because some people are not counted in the censuses, and others are counted more than once. The figures used for administrative and other purposes are those of the estimated resident population (ERP); these figures take account of census undercount and of cases where Indigenous status was not stated.

is aged 65 or more, but only 2.6% of the Indigenous population is within that age group.

The majority of Indigenous people live in cities and towns, but the Indigenous population is much more widely dispersed across Australia than is the non-Indigenous population. Slightly more than one-half of the Indigenous population lives in areas classified as 'major cities' or 'inner regional' areas, compared with almost nine-tenths of the non-Indigenous population (Australian Bureau of Statistics, 2005). (As well as these two classifications of 'remoteness' in terms of access to goods and services and opportunities for social interaction, the Australian Standard Geographical Classification (ASGC) has four other categories: 'outer regional', 'remote', 'very remote' and 'migratory' (Australian Bureau of Statistics, 2003c).) Around one-quarter of Indigenous people live in areas classified as 'remote' or 'very remote' in relation to having 'very little or very restricted access to goods and services and opportunities for social interaction' (Australian Bureau of Statistics, 2001, Australian Bureau of Statistics, 2005). Only 2% of non-Indigenous people live in remote or very remote areas.⁷

In terms of specific geographical areas, more than one-half of all Indigenous people live in nine of the 36 ATSI regions: Sydney; Brisbane; Coffs Harbour; Wagga Wagga; Perth; Cairns; Townsville; Hobart; and Adelaide (Australian Bureau of Statistics, 2002b).

The ABS Indigenous population projections do not provide separate details for Aboriginal and Torres Strait Islander people at 30 June 2005. The only information of these details comes from the estimated population of 458,520 Indigenous people at 30 June 2001 – around 409,800 were Aboriginal, around 29,120 Torres Strait Islander, and around 19,600 both Aboriginal and Torres Strait Islander (the census question on Indigenous status enabled people to identify as Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander.) (Australian Bureau of Statistics, 2002b, Australian Bureau of Statistics, 2003a). A total of 429,392 people identified as Aboriginal (including those who were identified as Aboriginal and Torres Strait Islander) and 48,730 as Torres Strait Islander (including those who were identified as Aboriginal and Torres Strait Islander). As expected, most Torres Strait Islander people live in Queensland, with NSW the only other State with a substantial number of Torres Strait Islanders.

These figures, however, do not capture the full extent of the diversity across Australia of Indigenous peoples. The Indigenous population today is descended from more than 500 different clan groups who, prior to 1788, occupied an enormous variety of environments across mainland Australia, Tasmania, the Torres Strait Islands, and other islands (Horton, 1994). There were around 250 different languages, many of which had distinct dialects. These groups also had a variety of different customs and rituals, art forms, styles of painting, forms of food, and hunting and gathering habits. Much of the diversity remains, despite the range of forces – social, environmental, economic, and political – that have impacted on Indigenous peoples since 1788. These forces have differed, both temporally and geographically, but there is great diversity

⁷ Based on the Accessibility/Remoteness Index of Australia (ARIA), the five categories of remoteness used by the ABS are: 'major cities' (Census collection districts (CDs) with an average ARIA value of 0-0.2); 'inner regional' (average ARIA value > 0.2 and <= 2.4); 'outer regional' (average ARIA value > 2.4 and <= 5.92); 'remote' (average ARIA value > 5.92 and <= 10.53); and 'very remote' (average ARIA value > 10.53). The latter two categories are characterised by 'very little or very restricted access to goods and services and opportunities for social interaction'.

among contemporary Indigenous peoples. Acknowledgement of this diversity is essential in any consideration of depression and other issues of social and emotional wellbeing among Indigenous peoples.

The socio-economic context of Indigenous health and mental health

The factors influencing the mental health of Indigenous people are both varied and complex, but an important component is their extreme social and economic disadvantage (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005). This disadvantage, directly related to dispossession, dislocation and resultant powerlessness, is reflected in measures of education, employment and income (Commonwealth Department of Health and Family Services, 1997).

Key indicators in these areas for Indigenous people nationally include:

Educational attainment

- According to the 2001 Census, 3.0% of Indigenous people aged 15 years or older had never attended school, compared with only 1.0% of non-Indigenous people (Australian Bureau of Statistics, 2002c).
- The proportion of Indigenous people who completed year 12 in 2002 was 18.5%, compared with 43.5% of non-Indigenous people⁸ (Steering Committee for the Review of Commonwealth Service Provision, 2005a).
- In 2004, Indigenous students were around half as likely to continue to year 12 as non-Indigenous students (Steering Committee for the Review of Commonwealth Service Provision, 2005a).
- In 2002, 32% of Indigenous people possessed a non-school qualification, compared with 57% of non-Indigenous people (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005).

Employment status

From information collected by the 2001 Census (which uses different procedures to those used in the compilation of the standard employment indicators):

- almost 22% of Indigenous males aged 15 years or over were unemployed, as were almost 18% of Indigenous females – the levels for non-Indigenous people were 7.7% for males and 6.5% for females;
- excluding people employed under the Community Development Employment Projects (CDEP) scheme, the overall Indigenous unemployment rate would have been around 34% – almost five times the rate of 7.2% for non-Indigenous people;⁹
- just under a quarter of employed Indigenous Australians worked as ‘labourers and related workers’ (Australian Standard Classification of Occupations (ASCO)), as did around 8% of employed non-Indigenous people;
- around 15% of employed Indigenous Australians were classified as managers or professionals (ASCO ‘managers and administrators’ and ‘professionals’), as were 28% of employed non-Indigenous people

Income

- According to the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), the mean equivalised gross household income for Indigenous

8 Statistics derived from an analysis of education data from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), compared with the ABS 2002 General Social Survey (GSS) and the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSISS).

9 The CDEP scheme offers unemployed Indigenous Australians the opportunity of working in community-managed projects and enterprises if they forego unemployment-related social security benefits.

persons 18 years or over was \$394 per week in 2002 (Australian Bureau of Statistics, 2004a). This represents 59% of the relevant income level for non-Indigenous persons (\$665) (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005)

- The 2002 NATSISS found that CDEP payments were the main source of income for 11% of Indigenous people (30% in remote areas and 4% in non-remote areas), and other government pensions and allowances for 52% (Australian Bureau of Statistics, 2004a). The reliance on government payments is more than twice that of non-Indigenous people.

4 General findings

Introduction

This chapter provides some specific context for the consideration of depression and other aspects of mental health among Indigenous peoples. The first three sections are derived from some of the literature identified as a part of the project, and the final section summarises some of the comments made by Indigenous and other people in response to the requests for information about programs and projects.

The first two sections summarise Indigenous perceptions of mental health, or, rather, social and emotional wellbeing, and the factors contributing to mental illness and mental health problems among Indigenous peoples. It is acknowledged that the second of these sections takes a mainstream approach, and that a comprehensive study of the mental health of Indigenous peoples would need to consider Indigenous, as well as mainstream, perceptions of the factors contributing to mental illness and mental health problems.

The brief following section starts to consider aspects about Indigenous awareness of depression and other mental health illnesses.

The final section in this chapter summarises some of the comments offered by people in responding to the requests for information about programs and projects. These comments weren't sought or collected in a systematic manner, so they're presented here as observations rather than as 'data'.

Indigenous perceptions of mental health

Mainstream and Indigenous perceptions of mental health have been described as asymmetric (Hunter and Garvey, 1998), in that mainstream approaches focus on mental disorders while Indigenous approaches embody holistic notions of social, emotional, cultural and spiritual wellbeing. These notions are captured in the Indigenous view of health as recommended by the National Aboriginal Health Strategy Working Party (National Aboriginal Health Strategy Working Party, 1989), and expanded by NACCHO:

health is not just the physical wellbeing of an individual, but the social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community

As noted in the 1989 National Aboriginal Health Strategy (National Aboriginal Health Strategy Working Party, 1989), health to Indigenous peoples is:

a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity

Interestingly, the definition of mental health provided in the *National Mental Health Plan 2003–2008* is more in line with the Indigenous view:

A state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that

promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness (Australian Health Ministers, 2003, p35)

The Plan also notes that there is no widely accepted measurement approach to mental health, and that ‘the strong historical association between the terms “mental health” and “mental illness” has led some to prefer the term “emotional and social wellbeing”’ (Australian Health Ministers, 2003, p35). There is a continuum between ‘mental health’ (or social and emotional wellbeing) and ‘mental illness’ – ‘a clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional and social abilities’ (Australian Health Ministers, 2003, p5).

Using this terminology, mental illness includes potentially life-threatening conditions like chronic depression and schizophrenia, for which a person needs professional help, often from a psychiatrist. The Plan uses the term ‘mental health problems’ for those issues that interfere with a person’s cognitive, emotional and social abilities to a lesser extent than a clinical mental illness. The distinction between ‘mental illness’ and ‘mental health problems’ is not well defined (Australian Health Ministers, 2003), but it is an important distinction in ensuring that all aspects of the lack of mental health (or social and emotional wellbeing) are addressed adequately in Indigenous, and other, populations. Of course, the strong clinical (and measurement) focus on mental illness by the mainstream mental sector has meant that insufficient attention has been directed to the important, but less well-defined, mental health problems that characterise much of the lack of social and emotional wellbeing experienced by many Indigenous people.

Factors contributing to mental illness and mental health problems among Indigenous peoples

The ‘impact of history and the past and ongoing effects of colonisation’ were described by *Ways Forward*, the landmark document in the area, as the primary causes for the lack of complete social and emotional wellbeing – manifest as mental illness and mental health problems – among Indigenous people (Swan and Raphael, 1995b, p67). The impact and effects have varied over time and across Australia, but have resulted in trauma, grief and loss for successive generations of Indigenous people.

The trauma, loss and grief derives from loss of land, loss of hunting grounds (and hence starvation), social fragmentation, violent conflicts (including massacres of Indigenous peoples), loss of good physical health (resulting in premature mortality), enforced relocations onto missions and reserves, denial of citizenship, loss of freedom, disruption and/or loss of cultural and legal norms, loss of control over their lives and the environment, forced removal of children, and the impacts of racism and discrimination (Swan and Raphael, 1995a, Swan and Raphael, 1995b). As noted by a recent government report on depression, ‘the extent of such traumatic separation, loss, abuse, dislocation, and dehumanisation can only be found in populations subjected to systematic torture, genocide, concentration camps, or urban or family violence’ (Australian Institute of Health and Welfare, 1999, p51).

The trauma, loss and grief from these direct factors contribute to low self esteem, a sense of powerlessness, anger, personality and adjustment disorders; poor parenting skills, disrupted attachments, poor relationship skills, and guilt, which are compounded by substance misuse, high levels of incarceration, domestic violence,

sexual and physical abuse (Swan and Raphael, 1995a, Swan and Raphael, 1995b, Vicary and Westerman, 2004).

All of these factors contribute to the low levels of education, the high levels of unemployment, the low socioeconomic status and poor living conditions that are experienced by the Indigenous population today (Steering Committee for the Review of Commonwealth Service Provision, 2005a, Steering Committee for the Review of Commonwealth Service Provision, 2005b).

Collectively, these aspects represent a considerable burden of mental health problems, substantial risk factors for mental health illness, and a deficit in those factors seen as being protective of mental health and promoting resilience in individuals and communities.¹⁰

Ways Forward, also summarised Indigenous understandings of factors contributing to mental illness (Swan and Raphael, 1995b). Based largely on the findings of a study of disturbed behaviour among Indigenous people living in central Australia (Dunlop, 1988), factors were categorised as spiritual, physical, substance abuse, lifestyle causes and inherent factors. Another Indigenous classification is that described in the early 1980s for the Yolgnu of north-east Arnhem Land: social and spiritual causes; natural causes; and emergent causes (Reid, 1983).¹¹ Except for the social and spiritual category, understanding for these Indigenous peoples of the factors contributing to mental illness were generally similar to the factors summarised earlier in this section.

For the Yolgnu of north-east Arnhem Land, sorcery or supernatural involvement is often the explanation for serious illness or death, but not for the vast majority of 'normal' illnesses (Reid, 1983). Even for serious illness or death, sorcery may be the 'proximate' cause but the 'ultimate' cause usually relates to a disturbance of social relationships – 'such as conflict, breach of a religious or social law, jealousy or spite' (Reid, 1983, p32). The 'other side of the coin' to the sorcerer is the traditional healer (known as *marrnggitj* in north-east Arnhem Land, and *ngangkari* in central Australia), who possesses special powers to divine the causes of illness and death and to heal the sick (Berndt, 1982, Reid, 1983, Tonkinson, 1982, Wanatjura, 2003). The sorcerer and the traditional healer, both possessing special powers, 'personify polarities in Yolgnu concepts of social order and security, conflict and harmony, sickness and health, danger and safety, outsider and insider' (Reid, 1983, p91).

It is beyond the scope of this study to explore these aspects in more detail, but it is important to realise that, as is the case with overall perceptions of mental health, there are differences between mainstream and Indigenous understandings of the factors contributing to mental illness and mental health problems. The examples given come from Indigenous peoples living in quite remote parts of Australia. It is likely, however, that at least some differences in understandings of the factors contributing to mental illness and mental health problems are widespread and should be taken into account when considering treatment options.

Awareness of depression and other mental health illnesses

Consideration of the awareness of depression and other mental health illnesses among Indigenous peoples needs to be placed in the context of Indigenous perceptions of mental health and the overall burden of mental health disorders and illnesses

¹⁰ It is beyond the scope of this report to consider this aspect in detail.

¹¹ Another classification is that proposed by Nathan and Japanagka (1983), based on research in central Australia: natural; direct supernatural; indirect supernatural; and environmental.

experienced by Indigenous peoples. As summarised earlier in this chapter, Indigenous people view mental health (or social and emotional wellbeing) holistically involving the physical, social, emotional, cultural and spiritual wellbeing of Indigenous individuals and communities. As well, the overall lack of social and emotional wellbeing of the Indigenous population, ultimately reflecting the trauma, grief and loss that have been experienced, blurs the distinction between mental illness and mental health disorders and between specific sub-categories of each group.

In terms of depression, 72% of the 70 Indigenous residents of the Kimberley and Perth metropolitan regions of Western Australia who participated in a qualitative study of mental health beliefs expressed the belief that ‘Aboriginal people did not perceive depression as a state that could be addressed via treatment’ (Vicary and Westerman, 2004, p6). Some participants felt that ‘weaknesses in wellness’ pre-disposed people to depressive illnesses, and that ‘a more successful way of intervening with depressed Aboriginal clients’ would involve a blend of mainstream treatments (such as medication, counselling and hospitalisation) and Indigenous strategies (such as building resilience against harmful spirits and increasing wellness) (Vicary and Westerman, 2004, p6). Recognition of the value of mainstream interventions included acknowledgment of the need for better education about mental illness, particularly for depression, which ‘often goes unrecognised and untreated’ (Vicary and Westerman, 2004, p6).

Feedback from people responding to the study

A wide variety of people were contacted as a part of the study, largely in the search for information about programs and projects addressing depression and related mental health illnesses among Indigenous people. In responding to this request, most people offered comments. However, since the comments weren’t sought or collected in a systematic manner – as would have been the case if the people had been approached to be participants in a qualitative study that would have been subject to specific ethical scrutiny – they are presented here as observations rather than as ‘data’.

Depression and social and emotional wellbeing

People noted that depression was very common in Indigenous communities, but that it needed to be seen within the broader framework of social and emotional wellbeing. They also linked depression to trauma, grief and loss, noting that these aspects need to be addressed together.

Depression and other conditions

A number of people commented that it was not always possible to separate depression from other conditions, including chronic diseases.

Comments varied about the relationship between mental health and the use of alcohol and other substances, with some people querying which was the cause and which the effect. Similarly, some people felt that the questioning by health professionals about alcohol consumption was insulting as the patients often did not see the consumption as the cause of the problem.

Other comments linked depression with teenage pregnancy, gambling, comfort-eating and obesity, and the cycle of poverty and despair.

Depression was linked to self-harmful behaviour, but suicide often appeared to result from unresolved anger and/or the side effects of drug use.

Mental health services, and the need for cross-cultural understandings

Some people commented that many mental health services have to deal with crises, with the result that they have limited capacity to deal the prevention and routine management of depression.

Also, some Indigenous people had not had much exposure to mental health services, meaning that they had a limited understanding of the type of services available.

In terms of the specific management of depression, some people noted that there was a stigma associated with the use of anti-depressants. Concern was expressed also that anti-depressants wouldn't change the circumstances that contribute to the depression of some people.

Some people expressed concerns about cross-cultural aspects in the diagnosis of depression, with the risk of some symptoms being misinterpreted by mainstream mental health professionals. For many Indigenous people with depression and/or anxiety, treatment needs to be linked with Indigenous strategies, possibly involving traditional healers (such as ngangkari), and the person's family.

Mainstream mental professionals need to ensure the cultural safety of their interactions with patients.

Mental health promotion

People commented on the dearth of culturally appropriate material addressing depression. They noted that the development of materials to inform Indigenous people about the symptoms and treatment should be developed in close consultation with the people with whom they would be used, and that they should provide practical solutions. The materials should include words used locally for depression, and incorporate appropriate graphics.

Depression and children

A number of people expressed concerns about depression among Indigenous children, which was attributed by some to the erosion of support from the (extended) family. Concern was expressed also that the hopes of families for the next generation may not be realised because of the impact of aspects like alcohol and substance use and family violence.

5 Extent of depression and other issues of social and emotional wellbeing among Indigenous peoples

The extent of mental illness and mental health problems has been recognised as ‘a major difficulty for most [Indigenous] communities’ (Swan and Raphael, 1995a), but ‘there are glaring deficiencies in our knowledge’ (Hunter, 2003, p. 150).

Recent data on the incidence or prevalence of mental illness and mental health problems among Indigenous people are not available (Australian Institute of Health and Welfare, 2004a), but a considerable number of detailed studies – the most recent from the 1980s – support the conclusion that ‘serious psychiatric disorders occur in Indigenous populations, and are at least as common as in the mainstream population’ (Hunter, 2003, p.140). It has also been reported that more than three-fifths of people presenting to ACCHSs have a significant level of mental distress, principally depression (Australian Institute of Health and Welfare, 1999).

Despite the lack of specific information about the incidence and prevalence of mental health problems among Indigenous peoples, some indication of the impact of these problems can be gained from information about deaths and the use of health-care services (hospitals and community services). Unfortunately, very little information is available from population surveys at this time.

Information about deaths

In 1999-2003, 103 Indigenous people living in Queensland, WA, SA, and the NT died as a result of ‘mental and behavioural disorders’: 5.5 times as many deaths as expected for Indigenous males and 2.2 times as many deaths as expected for Indigenous females (based on total Australian rates) (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005). As well, more than 400 deaths of Indigenous people were attributed to ‘intentional self-harm’ (suicide). The number of suicides of Indigenous males was twice the number expected, and of Indigenous females about the number expected (based on the sex-specific rates for the total Australian population).

The overall numbers of suicide conceal, however, the very high rates of suicide among young Indigenous people. From the more detailed data available for WA, SA, and the NT in 1997–2001, the Indigenous:non-Indigenous rate ratios were 3.4 for males and 6.1 for females in the 15–24 age groups (see Table 2). The exceptionally high rate for Indigenous females aged less than 24 years – higher even than for non-Indigenous males in that age group – reflects the fact that 20 of the 32 Indigenous female suicides involved females in that age group (four were of females less than 15 years old).

Recent research in Queensland, NSW and the ACT has highlighted the increasing impact of suicide among young Indigenous people (Hunter, et al., 2001, Tatz, 2001). It may be, as Tatz argues, that suicide and attempted suicide among Indigenous youth (at least in NSW and the ACT) is not the result of mental illness ‘in the strict pathological sense’ (Tatz, 2001, p80), but it is certainly a manifestation of mental health problems.

Table 2 Age-specific suicide rates, by Indigenous status and sex, and rate ratios, WA, SA, and NT, 1997–2001

Age group	Indigenous		Indigenous		Rate ratio	
	Males	Females	Males	Females	Males	Females
<24	87.3	29.5	25.5	4.8	3.4	6.1
25-34	104.8	5.0	40.9	7.4	2.6	0.7
35-44	45.9	18.7	33.8	8.6	1.4	2.2
45-54	4.4	4.0	24.0	7.4	0.2	0.5
55-64	17.0	0	16.9	5.5	1.0	0
65-74	0	0	19.7	5.2	0	0
75+	41.4	10.3	22.8	5.3	1.8	2.0

Source: Derived from data provided by the AIHW National Mortality Database and ABS low-series population projections (based on 1996 Census)

- Notes:
- 1 Rates are per 100,000 population; rate ratio is the Indigenous rate divided by the non-Indigenous rate
 - 2 Caution should be exercised in the interpretation of these figures because of the known under-identification of Indigenous status in death records. It is likely these figures under-estimate the actual Indigenous rates by up to 30%
 - 3 Rates for the <24 years age group include deaths of people aged 14 years or under, but the rates have been calculated using the population figures for the 15-24 years age groups as the denominators

Use of hospital and community mental health services

Overall in Australia in 2002-03, the use by Indigenous people of mental health-care services was substantially higher than that of non-Indigenous people (Australian Institute of Health and Welfare, 2005b). Excluding episodes of hospitalisation for ambulatory-equivalent mental health-related causes, the overall rate of hospitalisation of Indigenous people for mental health-related causes (22.6 per 1,000 population) was more than twice that of non-Indigenous people (9.4 per 1,000) (Table 3).¹² The lower proportion of Indigenous than non-Indigenous episodes of hospitalisation involving specialised psychiatric care may be partly explained by geographic factors, in that higher proportions of Indigenous than non-Indigenous people live in remote or very remote areas where specialised hospital services are not generally available (Australian Institute of Health and Welfare, 2005b). Indigenous people had shorter average lengths of stay in hospital for overnight separations than did non-Indigenous people, particularly for separations without specialised psychiatric care.

Hospitalisation of Indigenous people for ambulatory-equivalent mental health-related causes (3.2 per 1,000 population) was less than that of non-Indigenous people (5.5 per 1,000) (Table 4) (Australian Institute of Health and Welfare, 2005b).

¹² With the known under-identification of Indigenous status in hospital records (ABS, AIHW, 2005), which is particularly high in some jurisdictions, it is likely, however, that the Indigenous rate could be up to 25% higher than suggested by these aggregated figures.

Table 3 Rates of hospital separations and patient-days for mental health related causes, by type of care and Indigenous status, and rate ratios, Australia, 2002-03

	With specialised psychiatric care		Without specialised psychiatric care		Rate ratio	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	With specialised psychiatric care	Without specialised psychiatric care
Separations	10.0	5.6	12.6	3.8	1.8	3.3
Patient-days	210.6	117.4	76.3	27.1	1.8	2.8

Source: Derived from AIHW (2005)

- Notes: 1 Rates are per 1,000 population; rate ratio is the Indigenous rate divided by the non-Indigenous rate
2 Caution should be exercised in the interpretation of these figures because of the known under-identification in Indigenous status in hospital records. Of the eight jurisdictions from which these data have been aggregated, only the Northern Territory reported that their data were 'acceptable'
3 Excludes hospital separations that have been assessed as being for ambulatory-equivalent: that is, equivalent to ambulatory, non-admitted mental health care

Table 4 Rates of hospital separations for ambulatory-equivalent mental health-related causes, by Indigenous status, and rate ratios, Australia, 2002-03

	With specialised psychiatric care		Without specialised psychiatric care		Rate ratio	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	With specialised psychiatric care	Without specialised psychiatric care
Separations	1.3	4.5	1.8	1.0	0.3	1.8

Source: Derived from AIHW (2005)

- Notes: 1 Rates are per 1,000 population; rate ratio is the Indigenous rate divided by the non-Indigenous rate
4 Caution should be exercised in the interpretation of these figures because of the known under-identification in Indigenous status in hospital records. Of the eight jurisdictions from which these data have been aggregated, only the Northern Territory reported that their data were 'acceptable'
5 Ambulatory-equivalent separations are those that are deemed equivalent to ambulatory, non-admitted mental health care

In parallel with the relative use by Indigenous people of hospital services for mental health conditions in Australia in 2002-03, their overall use of community mental health services (349 per 1,000 population) was considerably higher than that of non-Indigenous people (215 per 1,000) (Table 5) (Australian Institute of Health and Welfare, 2005b). Partly reflecting differences between jurisdictions in the nature and availability of community mental health services, the actual level of service use varied across Australia, but with the exception of Tasmania and the Northern Territory, the rates of use by Indigenous people far exceeded that by non-Indigenous people.

Table 5 Rates of community mental health service contacts, by Indigenous status and jurisdiction, and rate ratios, Australia, 2002-03

Jurisdiction									
NSW	Vic	Qld	WA	SA	Tas		NT	Aust	
Indigenous	374	807	340	384	343	33	953	107	349
Non-Indigenous	147	327	204	211	185	99	410	104	215
Rate ratio	2.5	2.5	1.7	1.8	1.9	0.3	2.3	1.0	1.6

Source: Derived from AIHW (2005)

Notes: 1 Rates per 1,000 population; rate ratio is the Indigenous rate divided by the non-Indigenous rate
2 Caution should be exercised in the interpretation of the figures because of the likely under-identification in Indigenous status in community mental health care records

More recent data about hospitalisation reveals that there were 9,558 hospital separations with a principal diagnosis of 'mental and behavioural disorders' identified as Indigenous in Australia in 2003-04 (7.1% of separations identified as Indigenous, excluding those for renal dialysis) (Australian Institute of Health and Welfare, 2005a).¹³ Overall, the numbers of episodes of hospitalisation for mental and behavioural disorders were 2.1 times the number expected for Indigenous males, and 1.5 times higher than expected for Indigenous females (Table 6).¹⁴ Specific information is not available for depressive disorders, but the numbers of episodes of hospitalisation for 'mood and neurotic disorders' for Indigenous males and females were similar to the numbers expected from the age-, sex- and cause-specific rates for non-Indigenous males and females.

¹³ Classification of hospitalisation and deaths is according to 10th revision of the World Health Organization's International Classification of Diseases (ICD-10), the relevant chapter of which, 'Mental and behavioural disorders', is very broad. As well as mental illness and mental health problems, it includes mental retardation and a broad sub-category for disorders relating to the use of psychoactive substances (including alcohol, tobacco, other drugs and volatile substances). The chapter doesn't include, however, the results of intentional self-harm, which are classified within the ICD-10 chapter 'External causes of morbidity and mortality'.

¹⁴ With the known under-identification of Indigenous status in hospital records (ABS, AIHW, 2005), which is particularly high in some jurisdictions, it is likely, however, that the differences in observed and expected numbers of episodes could be up to 25% higher than suggested by these aggregated figures.

Table 6 Observed and expected numbers of episodes of hospitalisation and ratios for mental and behavioural disorders, Indigenous persons, Australia, 2003-04

Disorder	Males			Females		
	Observed	Expected	Ratio	Observed	Expected	Ratio
Mental disorders due to psychoactive substance use (F10-F19)	2,305	525	4.4	1,208	368	3.3
Mood and neurotic disorders (F30-F48)	973	950	1.0	2,035	1,807	1.1
Schizophrenia, schizotypal and delusional disorders (F20-F29)	1,398	609	2.3	1,033	421	2.5
Organic mental disorders (F00-F09)	63	35	1.8	64	34	1.9
Other mental disorders	215	283	0.8	264	462	0.6
All mental and behavioural disorders (F00-F99)	4,954	2,402	2.1	4,604	3,091	1.5

Source: ABS, AIHW, 2005

- Notes: 1 Expected numbers are based on the age-, sex- and cause-specific rates for non-Indigenous Australians rate; ratio is observed number divided by expected number
2 Caution should be exercised in the interpretation of these figures because of the known under-identification of Indigenous status in hospital records. It is likely that they under-estimate the actual Indigenous figures by up to 25%
3 Rates for the <24 years age group include deaths of people aged 14 years or under, but the rates have been calculated using the population figures for the 15-24 years age groups as the denominators

Reflecting the importance attached by authorities to mental health outcomes among Indigenous peoples, jurisdictions are required to provide details on three conditions – depressive disorders, anxiety disorders and substance use disorders – as a part of their periodic reporting against the Aboriginal and Torres Strait Islander performance indicators (Australian Institute of Health and Welfare, 2004b).

Overall in 2001-02, hospitalisation rates were similar for Indigenous and non-Indigenous males for both depressive and anxiety disorders (Tables 7 and 8). Hospitalisation rates for Indigenous females were slightly higher than those for non-Indigenous females, particularly for anxiety disorders. As noted above, however, the known under-identification of Indigenous status in hospital records in most jurisdictions means that aggregate figures, such as these, are likely to under-estimate Indigenous rates by up to 25%. The rates for Western Australia and, particularly, South Australia – two of the three jurisdictions deemed to have ‘acceptable’ levels of Indigenous identification in hospital records (the Northern Territory is the third of these jurisdictions) (Australian Institute of Health and Welfare, 2005a) – probably reflect more accurately the relative hospitalisation of Indigenous and non-Indigenous peoples for depressive and anxiety disorders. The much lower rates for the Northern Territory probably reflect the more limited geographical access to hospitals of people in that jurisdiction, but it is noteworthy that the Indigenous:non-Indigenous rate ratios for the NT are generally higher than the aggregated figures for Australia.

Table 7 Age-standardised hospitalisation rates for depressive disorders for persons aged 0-74 years, by Indigenous status and sex, and Indigenous:non-Indigenous rate ratios, selected jurisdictions, 2001-02

Jurisdiction	Males			Females		
	Indigenous rate	Non-Indigenous rate	Rate ratio	Indigenous rate	Non-Indigenous rate	Rate ratio
WA	3.2	2.7	1.2	6.3	5.0	1.3
SA	3.5	2.0	1.8	13.3	3.1	4.3
NT	0.6	0.6	1.1	0.8	0.4	2.0
Australia	2.1	2.3	0.9	4.9	4.2	1.1

Source: AIHW, 2004 .

Notes: 1 Rates are expressed as separations per 1,000 population

2 Rate ratio is the Indigenous rate divided by the non-Indigenous rate

3 Rates do not include episodes of hospitalisation for which Indigenous status was 'not stated'

Table 8 Age-standardised hospitalisation rates for anxiety disorders for persons aged 0-74 years, by Indigenous status and sex, and Indigenous:non-Indigenous rate ratios, selected jurisdictions, 2001-02

Jurisdiction	Males			Females		
	Indigenous rate	Non-Indigenous rate	Rate ratio	Indigenous rate	Non-Indigenous rate	Rate ratio
WA	3.0	2.5	1.2	6.4	3.5	1.9
SA	5.0	1.8	2.8	10.1	2.0	5.1
NT	1.1	0.8	1.3	0.9	0.6	1.4
Australia	2.4	2.3	1.1	3.8	2.3	1.7

Source: AIHW, 2004 .

Notes: 1 Rates are expressed as separations per 1,000 population

2 Rate ratio is the Indigenous rate divided by the non-Indigenous rate

3 Rates do not include episodes of hospitalisation for which Indigenous status was 'not stated'

Information from population surveys

Population surveys have the potential to provide very valuable information about the level and nature of mental health problems in the community (Department of Health and Ageing, 2005), but none of the recent national surveys focusing on Indigenous people, or including adequate numbers of Indigenous people on which to base estimates, have collected useful information.

Neither the 1994 National Aboriginal and Torres Strait Islander Survey (Australian Bureau of Statistics, 1995) nor the 2001 Indigenous Health Survey (conducted as an extension of the 2001 National Health Survey (Australian Bureau of Statistics, 2002a)) addressed mental health among Indigenous peoples.

Similarly, the 2002 National Aboriginal and Torres Strait Islander Social Survey (2002 NATSISS) did not include questions relating specifically to mental health, but did direct attention to stressors experienced in the previous 12 months (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005). Overall, Indigenous people aged 18 years or older were almost one-and-a-half times more likely to report experiencing at least one stressor (82%) than non-Indigenous people did (57%, as reported in the 2002 ABS General Social Survey) (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005). The stressors reported

most frequently by Indigenous people were: death of a family member or close friend (46%); serious illness or disability (31%); and inability to get a job (27%) (Table 9). Indigenous people living in remote areas were slightly more likely than those living in non-remote areas to report experiencing a stressor (86% compared with 81%). There were also differences between remote and non-remote areas in the proportions of people reporting the various types of stressors.

Table 9 Proportions (%) of Indigenous people reporting stressors in the previous 12 months, by region of residence and stressor type, Australia, 2002

Type of stressor	Residence		
	Australia	Remote	Non-remote
Death of a family member or friend	46	55	42
Serious illness or disability	31	34	30
Not able to get a job	27	25	28
Alcohol or drug related problem	25	37	21
Overcrowding at home	21	42	13
Member of family sent to jail/in jail	20	25	17
Trouble with police	18	22	17
Discrimination/racism	18	16	18
Any stressor	82	86	81

Source: ABS, 2004

The failure of the major national surveys to address mental health issues among Indigenous peoples contrasts with the recent Western Australian Aboriginal Child Health Survey (WAACHS), which directed considerable attention to a variety of aspects relating to social and emotional wellbeing. In fact, the second report from the survey is devoted to the social and emotional wellbeing of Aboriginal children and young people (the survey cover ages 4-17 years) (Zubrick, et al., 2005a, Zubrick, et al., 2005b).

It is beyond the scope of this report to provide a detailed summary of the results of the WAACHS, which found that:

- 24% of Aboriginal children were at high risk of clinically significant emotional or behavioural difficulties, compared with 15% of similarly aged children in the general population;
- 70% of children were living in families that had experienced three or more major life stress events (such as a death in the family, serious illness, family breakdown, financial problems or arrest);
- 22% of Aboriginal children had experienced seven or more of such events in the 12 months prior to the survey – these children were 5½ times more likely to be at high risk of significant emotional or behavioural difficulties than children living in families where less than three life stress events had occurred
- more than 16% of young people (aged 12-17 years) had seriously considered committing suicide in the 12 months prior to the survey – of these, 39% had attempted suicide.

- a higher proportion of young people at risk of clinically significant emotional or behavioural difficulties had thought about committing suicide (37%) compared with young people at low risk.
- young people who had been exposed to family violence were more likely to consider committing suicide than were those who had not been exposed to family violence (22% compared with 9%)
- the long term negative effects of forcible separation of Aboriginal children from their natural families was evident in their generation and in the next generation of Aboriginal young people, regardless of whether the separation had occurred under early government policies of forced removal, by mission authorities, or, most recently, under modern child welfare guidelines;
- children of Aboriginal carers who had been forcibly separated from their families were 2.3 times more likely to be at high risk of incurring clinically significant emotional and behavioural difficulties, and had twice the rates of other Aboriginal children of alcohol and other drug use (Zubrick, et al., 2005a, Zubrick, et al., 2005b).

6 Addressing depression and other issues of social and emotional wellbeing among Indigenous peoples

Introduction

This chapter begins by summarising information about the policy context of depression and other issues of social and emotional wellbeing among Indigenous peoples (greater detail of these aspects is provided in the Appendix). Consideration is then directed to progress on the quantification of aspects of Indigenous mental health. The final section presents summary information about selected programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples (details of these and other programs and projects is provided in the accompanying report, *Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples* (Leggett and Krom, 2005)).

The policy context of social and emotional wellbeing among Indigenous peoples

Current initiatives addressing depression and other issues of social and emotional wellbeing among Indigenous peoples are guided by three key documents, the *National Mental Health Plan (2003-2008)* (Australian Health Ministers, 2003), the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)* (National Aboriginal and Torres Strait Islander Health Council, 2003), the *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* (Social Health Reference Group, 2004), particularly the first and third of these documents.¹⁵

Unlike the first two national mental health plans (Australian Health Ministers' Advisory Council, 1992, Commonwealth Department of Health and Family Services, 1998), in which issues of Indigenous mental health were given very little attention, the *National Mental Health Plan 2003–2008* includes two specific outcome measures for Indigenous mental health – access to services, and coordination of mental health and other services (Australian Health Ministers, 2003). As well, ‘key directions’ of relevance to Indigenous mental health are included in the outcomes relating to community and care participation, outcome measures in mental health, performance monitoring, funding models and the mental health workforce.¹⁶ In terms of these outcomes and key directions for Indigenous mental health, it was recognised that implementation of the Plan needs to be linked with other processes, such as the ‘Social and Emotional Wellbeing Framework being developed by the Social Health Reference Group’ and the Framework Agreements that guide regional planning addressing Indigenous health needs within the specific jurisdictions (Australian Health Ministers, 2003).

The *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009*, which was endorsed in 2004 by the Australian,

¹⁵ For a more complete summary of recent policy developments of relevance to Indigenous social and emotional wellbeing, see Appendix, from which this section was derived.

¹⁶ It appears that the objectives and strategies of the earlier *National Action Plan for Depression* (Commonwealth Department of Health and Aged Care, 2001) have been largely subsumed under the outcomes and key directions of the *National Mental Health Plan 2003–2008*.

State and Territory governments through AHMAC, identifies the following five key strategic directions with associated key result areas:

1. Focus on children, young people, families and communities - strengthening families to raise healthy, resilient infants, children, and young people; recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing; responding to grief, loss, trauma and anger;
2. Strengthen Aboriginal Community Controlled Health Services – building a skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector;
3. Improved access and responsiveness of mental health care – facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people;
4. Coordination of resources, programs, initiatives and planning – providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being; improving coordination, planning and monitoring mechanisms; and
5. Improve quality, data and research – developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing issues and that underpin improved service delivery (Social Health Reference Group, 2004).

As well as including specific action areas for each of these key strategic directions and result areas, the framework outlines agencies and organisations responsible for their implementation and means of accessing progress. Implementation of this framework ‘will sit within the implementation, monitoring and evaluation arrangements’ for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)* and the *National Mental Health Plan (2003-2008)* (Social Health Reference Group, 2004, p54). It is planned that the implementation will be overseen by a Social and Emotional Well Being National Advisory Group comprising representatives of NACCHO, OATSIH and the two relevant AHMAC committees – the National Mental Health Working Group (NMHWG) and the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH).

Quantifying Indigenous mental health

As summarised in Chapter 5, the only information available about Indigenous mental health relates to mortality or the use by Indigenous people of mental health services. However, there are doubts about the accuracy of these data, mainly because of the known under-identification of Indigenous status in the statistical collections from which these data are extracted. Some work is proceeding on improving the quality of Indigenous identification, so these aspects may improve in future years. Also, the fact that many people do not access mainstream mental health services means that, even with the improved identification of Indigenous clients.

In terms of information about the prevalence of mental health conditions in the Indigenous population, the 2004-05 Indigenous Health Survey includes a number of questions relating to social and emotional wellbeing (Department of Health and Ageing, 2005). With a substantially increased sample size compared with the 2001 Indigenous Health Survey, the results from this survey, expected to be released in March 2006, should provide the best estimates yet of the overall burden of mental health problems in the Indigenous population (Australian Bureau of Statistics, 2003b).

In view of the greater mainstream attention in recent years to Indigenous mental health, it would be expected also that a second specialist national epidemiological survey of mental health and wellbeing would also include an adequate sample of Indigenous people. It is expected that this survey will be conducted around 2007, 'approximately 10 years following the original 1997 survey' (Department of Health and Ageing, 2005, p52).

The recent report on national mental health information priorities noted that several jurisdictions have been exploring the adaptation of available clinical measures 'to improve their utility and validity in assessing outcomes for adult Indigenous consumers' (Department of Health and Ageing, 2005, p40). It is expected that this work will be continued and extended to include children, adolescents and older people. It is also expected that new work will be undertaken to develop 'culturally valid alternatives for self-reporting of outcomes by Indigenous consumers and their families' (Department of Health and Ageing, 2005, p40).

Programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples

Introduction

The *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* noted that programs and projects aiming to improve mental health and reduce the impact of mental health problems and mental illness among Indigenous peoples needed to encompass 'the entire spectrum of interventions from prevention to recovery and relapse prevention' (Social Health Reference Group, 2004, 10). The spectrum of interventions, ranging from universal, selective and indicated preventive actions, through case identification, early treatment and standard treatment, to continuing care (in the forms of engagement with longer term treatment and long-term care) (Australian Health Ministers, 2003, p9), needs also to take account of needs 'across the lifespan, from conception to old age' (Social Health Reference Group, 2004, p10).

Addressing the spectrum of interventions requires a mix of mental health services, extending from self-care through specific services integrated within primary health care services to a range of specialist psychiatric and psychological services (Figure 1) (World Health Organization, 2003).

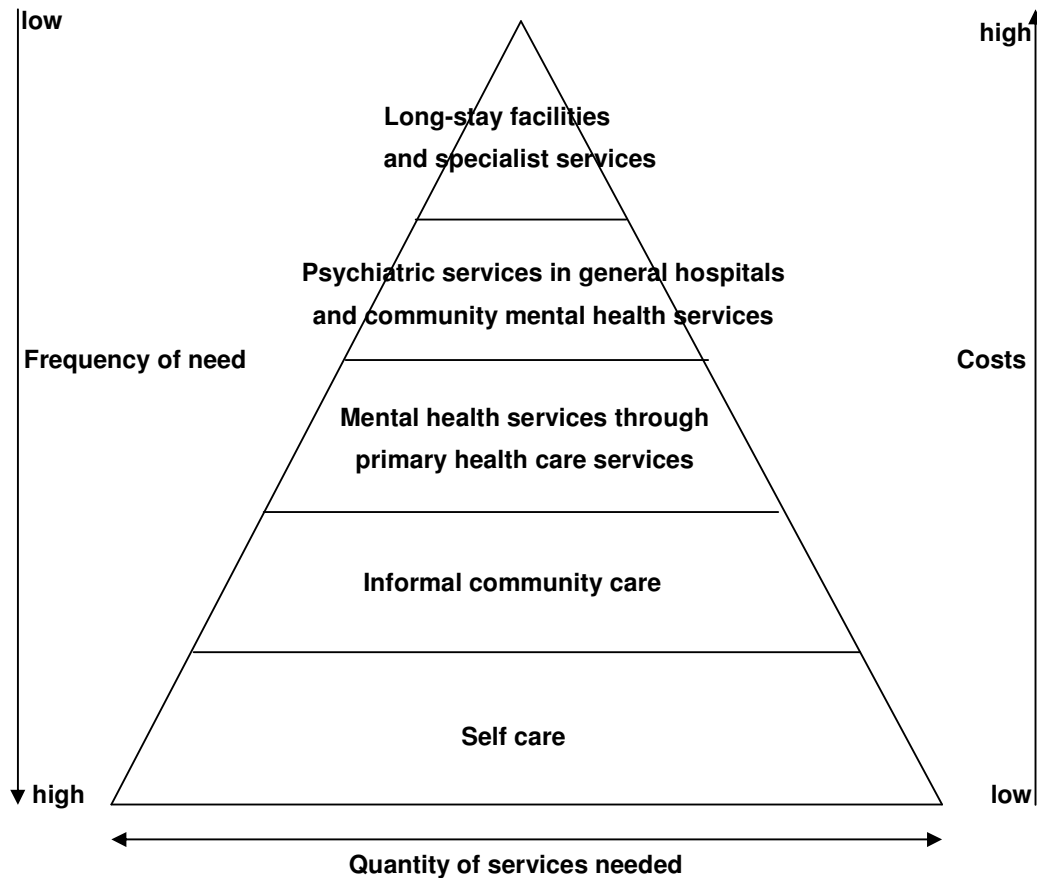


Figure 1: Mix of different mental health services

Source: World Health Organization, 2003

Against this emerging framework for mental health services, the mid-term review of the second National Mental Health Plan recognised that substantial progress had been made in mental health in Australia since the adoption in 1992 of the first *National Mental Health Plan* (Australian Health Ministers' Advisory Council, 1992) – but, even though mental health services were ‘generally improving’ there was ‘still considerable work to be done’ (Thornicroft and Betts, 2002, 11). This mid-term review of the second National Mental Health Plan directed specific attention to the mental health of Indigenous peoples: ‘the nature and extent of mental illness in the Aboriginal and Torres Strait Islander populations and problems of their emotional and social wellbeing are not well understood, *nor are effective and acceptable interventions widely available*’ (Thornicroft and Betts, 2002, p12, emphasis added).

The subsequent *Evaluation of the Second National Mental Health Plan* noted that there was ‘still a shortage of Indigenous health workers and an ongoing need to improve the links between Indigenous-specific and mainstream services’ (Steering Committee for the Evaluation of the Second National Mental Health Plan 1998-2003, 2003, p29). In view of the fact that comprehensive information about the overall structure and extent of mental health services addressing prevention, recovery and relapse prevention for Indigenous peoples is not readily available, the *Evaluation of the Second National Mental Health Plan*’s observations about Indigenous mental health appear particularly weak.

As a part of this scoping study, information about the nature of mental health services for Indigenous peoples – and about special programs and projects – was sought from the health authorities in each State and Territory. To date, the only response has been the provision by Western Australian authorities of data about the use of mental health services in that State. In the absence of comprehensive information about the overall structure and extent of mental health services addressing the needs of Indigenous peoples, this section of the report can only summarise some of the innovative programs and projects that have been identified through the literature and in response to requests for information (see the section ‘Identification of programs and projects’ in Chapter 2 of this report).

The study collected information about existing projects and programs that aim to prevent, treat, research or raise awareness about depression among Indigenous people.¹⁷ Over 100 projects and programs were reviewed, of which 85 were deemed to be specifically related to depression or relevant to depression within the broader context of mental health and social and emotional wellbeing (see the separate *Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples* (Leggett and Krom, 2005) for details of the 85 projects, which have been organised by type (that is, raising awareness/education, treatment, prevention, suicide or research), by the Australian State or Territory in which they operate, and also whether they are depression-specific or targeted more broadly at mental health).

The following sections summarise a number of selected programs and projects, following the same broad categories used in the separate report.¹⁸

Awareness/education programs

Mental Health First Aid provides an example of an initiative aimed at increasing the mental health literacy of Indigenous communities. The benefits of increasing mental health literacy for depression are two-fold: one, to reduce the stigma attached to depression and mental illness; and two, to increase the community’s capacity to help someone that is suffering from a mental illness.

Mental Health First Aid is a 12-hour course that aims to improve the mental health literacy of members of the Australian community. The course also provides people with the skills and knowledge to help a person better manage a potential or developing mental health problem in him/herself, a family member or friend. The course provides information about depression, anxiety disorders, psychosis and substance use disorders – it does not teach people how to diagnose or treat mental health disorders. A current initiative of mental health first aid, being directed by Auseinet at Flinders University of South Australia, is the adaptation of the mental health first aid training course for use within Indigenous communities. At this stage, input is being sought from Indigenous people with experience in the mental health field, and the project is expected to be completed by the end of 2005. Funding permitting, the project also aims to: develop a week-long mental health first aid instructor course for Indigenous people; accredit Indigenous mental health first aid instructors who will deliver the course in Indigenous communities across Australia;

¹⁷ The limited timeframe available for the scoping study means that this is not a comprehensive review of all projects. Being limited to those projects and programs that could be identified and contacted in a relatively short time period, it is recognised that some important projects and programs may not be included.

¹⁸ Some of the projects summarised here are Indigenous-specific, but a considerable number are general ones that have incorporated a special Indigenous focus. No attempt has been made to order the projects in terms of whether they are Indigenous-specific or general ones with a special Indigenous focus.

develop culturally specific resources for anxiety, depression, substance abuse disorder and psychosis; and conduct evaluation and research in conjunction with Indigenous communities regarding the efficacy of the adapted mental health first aid course.

Increasing the number of Indigenous people working within mental health services is another strategy to promote mental health literacy among Indigenous communities. The advantages of increasing the Indigenous mental health workforce for raised mental health awareness are that it minimises barriers to mental health service access making Indigenous people more likely to attend mental health services, and results in greater understanding and retention of information as Indigenous health workers are able to provide Indigenous peoples with mental health related information in culturally appropriate terms. Two examples of programs that are designed to facilitate expansion of the Indigenous mental health workforce are Djirruwang Aboriginal and Torres Strait Islander Mental Health Program and the South Australian Regional Centre for Social and Emotional Wellbeing.

The *Djirruwang Aboriginal and Torres Strait Islander Mental Health Program*, run by Charles Sturt University in New South Wales, is a university course specifically for Indigenous people who wish to work in the area of Indigenous mental health (Brideson and Kanowski, 2004). The Djirruwang program delivers a three year Bachelor of Health Science (Mental Health) Degree with exit points at degree, diploma and certificate levels. The course topics cover a range of areas from generic skills in mental health, to research, professional issues, and mental health-related topics, such as cause, aetiology and treatment of various disorders. Students in the program also undertake clinical placements to obtain practical skills and experience before heading out into the workforce. The program began in 1993, and 70 students have graduated from the course. Recent years have seen a significant increase in enrolment with 46 students enrolled in the course in 2004.

One of the core responsibilities of the *South Australian Regional Centre for Social and Emotional Wellbeing*, run by Nunkuwarrin Yunti, is the development and delivery of education and training in the area of social and emotional wellbeing and mental health. Towards this goal, Nunkuwarrin Yunti has worked in partnership with the Dulwich Centre and developed a diploma of narrative approaches for Indigenous people. Narrative therapy is a people-focused approach to counselling and community work where problems are viewed as separate from people. This diploma is designed for Indigenous health workers, Indigenous police officers and non-Indigenous people working in Indigenous agencies. Students learn counselling skills that are relevant to Indigenous culture and beliefs.

Prevention programs

Resources and programs that are designed to promote resilience and improve social and emotional wellbeing among Indigenous people as a means to prevent the development of depression and other mental health related disorders are discussed below. The first two programs discussed are Streetwise comics and Deadly Vibe magazine which are resources designed to promote resilience and social and emotional wellbeing among Indigenous youth.

Streetwise Communications produces comic-based publications to raise awareness within the Indigenous and non-Indigenous populations about a range of issues. In 2002, they produced 'Talk good to Yaself/Blak n' Blues', a comic book resource aimed at demonstrating the effects of depression on young Indigenous people, and strategies to adopt in order to cope with and overcome depression (Khavarpour,

2003). The resource was developed in consultation with Indigenous youth and community leaders who were involved at all stages of its development (Rice, 2002). Objectives of the project were to: increase access and support services for young Indigenous people in rural NSW who suffer from depression; increase awareness of depression to make it more acceptable for young Indigenous people to seek help and recognise others in need; and to develop a resource that could be used by workers in the community with young Indigenous people. Evaluation of the program found that 'Talk good to Yaself/Blak n' Blues' successfully achieved all of its objectives, increasing Indigenous youth's awareness of depression through the provision of a resource that is culturally sensitive and appropriate to the literacy level of the target group (Khavarpour, 2003).

Deadly Vibe is a magazine for Indigenous students that aims to enhance their academic and social outcomes of schooling including: improved literacy and numeracy; self-esteem; self-concept; regular school attendance and retention; career and employment opportunities, and healthy lifestyles (Purdie, Ellis and Stone, 2004). The articles covered within the magazine are diverse and include stories about successful Indigenous people (such as athletes, professionals, musicians, artists and actors), current issues, and health-related information including depression. *Deadly Vibe* is a preventive resource for depression as it works towards promoting an individual's resilience, hence decreasing their vulnerability to depression or related declines in social and emotional wellbeing. Evaluation of the resource among teachers and students found very strong support for the efficacy of the magazine in terms of its positive impact on students' attitudes, knowledge, and achievement in the areas of literacy, numeracy, attendance and retention, career aspirations, health and Indigenous culture. The positive influence of the magazine was found among both Indigenous and non-Indigenous students, but more particularly among Indigenous students.

The following three programs, *MindMatters*, *Family Wellbeing*, and the *Ngaripirriga'ajirri* program, are interventions that are designed to promote resilience and wellbeing by actively teaching youth and adults skills and strategies to improve their immediate social situation and overcome future life challenges.

MindMatters is a national health promotion tool that aims to promote social and emotional wellbeing within secondary schools across Australia. Schools are provided with resources on bullying, promoting resilience, loss and grief, and coping. The programs are designed to be incorporated into the school curriculum at all year levels, thus providing comprehensive support and intervention for participating students. In 2001, *MindMatters* was implemented at Bwgcolman on Palm Island in Queensland (Sheehan, Ridge and Marshall, 2002). The program was specifically tailored to the needs of the students at Bwgcolman, resulting in the implementation of behaviour management, coping with hard times (including information about suicide and grief and loss) and bullying programs. Evaluations of the program revealed many positive outcomes including: that the coping with hard times program was considered highly successful by participating staff and students; substantial progress was made in behaviour management; more health was taught at the school; provision of professional development for teachers regarding Indigenous learning and culturally appropriate teaching methods; the development of a more nurturing and trusting relationship between staff and students; and the implementation of an effective rewards scheme that increased students' motivation to engage and participate in the classroom.

Family Wellbeing is an empowerment program that addresses the physical, mental, emotional and spiritual issues that impact on an individual's wellbeing, family unity, and community harmony. Emphasis is placed on the development of analytical and problem-solving skills to address life challenges. The Family Wellbeing program model is underpinned by two philosophies. The first is recognition of the impact of past government policies and the denial of basic human rights and needs to generations of Indigenous people and their communities. The second is a strengths based perspective in recognition of the experiences of many Indigenous people and indeed other societies which have suffered cultural and other forms of dispossession, however have been able to develop the knowledge, skills and attitudes to enable them not only to understand the past, but more importantly to take greater control and responsibility over issues affecting their lives now and in the future. The Family Wellbeing program was adapted in 2001 for use among children and adults in two Indigenous communities in Queensland – Hopevale and Wujul Wujul. For use with the adults, Family Wellbeing focused on supporting individuals and family groups to take greater control and responsibility of their situation (Tsey, et al., 2003a). Among the children, the program focused on leadership, basic human needs and relationships (Tsey, et al., 2003b). Evaluation of the adult program found that the program had benefits for the individual and the wider community. Individuals involved in the program showed evidence of a higher sense of self-worth, resilience, ability to reflect at the root cause of problems, improved problem solving ability, and belief and hope that their situation can change. At a community level, program participants have implemented a number of community development processes including: exploring options for creating family business strategies to utilise royalties obtained from mining companies, thereby enhancing education and employment opportunities; tackling poor school attendance rates and creating safe learning environments for children; and planning for community After-School and Vacation-Care programs for children at risk (Tsey, et al., 2003b). Evaluation of the school-based program revealed that the program was very successful. Outcomes included increased analytical and reflective skills and positive behaviour changes among the school children (Tsey, et al., 2003a).

The ***Ngaripirliga'ajirri program*** provides school based parenting programs for children from 7 to 12 years old (*Ngaripirliga'ajirri* means helping each other to clear a path). The program is based on the Exploring Together program, a highly structured intervention that was originally developed by professional counsellors and therapists in practice at major health care organisations. A key aim of the *Ngaripirliga'ajirri* program is to encourage assertive, non-aggressive parenting. Children with conduct disorders or observed behavioural difficulties are referred to the program from their school, and attend the program over nine weeks with one parent or care-giver. The program's focus is on simultaneous participation of parents and children in the intervention. The trainers work with children and parents initially in separate groups; and then together in a combined group. The program combines training in social skills and problem-solving for children, and parenting management training for parents. The program operates in three communities on Bathurst Island and Melville Island. The program was funded by the Tiwi Health Board, *beyondblue*, Charles Darwin University, the Cooperative Research Centre for Aboriginal Health, the Northern Territory Department of Health and Community Services and the Australian Government Department of Health and Ageing. An evaluation found that 80% of the children attending the program had a decline in problem behaviours at school during and after attendance in the program (Robinson and Tyler, 2003). These gains were

sustained at six months for around 40% of children. Parents of 60-80% of the children reported improved communication with their child. Children participating in the program also showed improved school attendance. Threats of suicide declined.

The final program included in this section is Stayin' Strong. This program provides an example of a suicide prevention program. It is included in this report as it uses an innovative format, radio, to spread its message.

The *Stayin' Strong* radio program is a two-year, 24 hours-a-day strategy targeted at suicide prevention in Indigenous communities nationwide. The program combines regular radio messages with community input to facilitate the development of strong networks between service providers and local Indigenous communities. The on-air segments provide a range of information in issues such as health, suicide prevention, alcohol and illicit drug abuse, youth issues and education. Messages are also provided from sporting stars, elders and artists to promote positive outlooks among Indigenous people, and information is also provided about services that are available to help individuals in crisis. Feedback for the Stayin' Strong program is provided from listeners via telephone, written and on-line messages, and is actively gathered from service providers and health-related organisations. To date, feedback has been largely positive. A formal evaluation is currently underway.

Treatment programs

This section outlines two different types of treatment program; those that aim to improve Indigenous peoples' access to existing services and those that provide innovative treatment services for depression and social and emotional wellbeing. Programs that aim to improve Indigenous peoples access to mainstream services include initiatives such as Better Outcomes in Mental Health (BOiMH), Medical Specialist Outreach Assistance Program (MSOAP), and More Allied Health Services (MAHS) which are national programs operating mostly in rural and remote regions. Another strategy used to improve Indigenous peoples access to mental health services is the training and employment of Aboriginal Mental Health Workers (AMHWs). Examples of each of these initiatives within Indigenous communities are provided below.

BOiMH is a national initiative that aims to support general practitioners to improve the quality of care provided through general practice to Australians with a mental health illness. Support is provided through mental health education and training, training in counselling and greater direct support from allied health professionals and psychiatrists such as consultation, case conferencing and referral. To ensure access to Indigenous communities, Indigenous health workers were included as practitioners able to deliver mental health services. The national evaluation of this initiative, conducted by Kohn (2005), found that the BOiMH initiatives were successfully delivering mental health care to consumers, many of whom had not accessed mental health care previously. Implementation of the BOiMH initiative in Riverina Division of General Practice and Primary Health is a specific example of its application in an Indigenous community. In this case, the BOiMH project aims to improve the mental health status of patients who present to the local ACCHS with mental health issues, predominantly depression and anxiety. A clinical psychologist works as a part of a multi-disciplinary team with general practitioners, Aboriginal health workers and other professionals as needed. The psychologist provides free mental health support to general practitioners and accepts referrals from the ACCHS. Patients can access the psychologist for up to six sessions of structured therapeutic support; transport is

provided for patients who would otherwise be unable to attend the program. The initiative is currently being evaluated. Patient reports to date have been very positive.

MSOAP funds psychiatrists to travel to rural and remote communities to provide consultation-liaison services that emphasise the up-skilling of general practitioners and other health care workers, as well as providing direct psychiatric services to Indigenous communities. The findings of a review undertaken by Cord-Udy (2004) suggest that MSOAP has contributed to substantial improvements in services for Indigenous children and adults in rural and remote South Australia. Psychiatrists now provide visiting services to four (soon to be seven) Indigenous communities and at least ten towns with substantial Indigenous populations. Also, psychiatrists now consult in four ACCHSs and are increasingly working with AHWs in an attempt to deliver more culturally appropriate services. The psychiatrists have undertaken cultural awareness training to improve their effectiveness within the Indigenous communities.

Another initiative designed to improve Indigenous peoples' access to culturally appropriate mental health services is **MAHS**, which provides for psychologists and social workers to visit Indigenous communities. In regional NSW, MAHS has been implemented alongside MSOAP and BOiMH by the Mid North Coast Division of General Practice. An internal evaluation conducted by service providers from the Mid North Coast Division of General Practice found substantial improvement in culturally appropriate service delivery as a result of these initiatives. Improvements include: improved access to psychologist and social worker services in four ACCHSs on the Mid-North coast; development of a model to introduce a MSOAP psychiatry clinic at one of the services (soon to be implemented); introduction of dedicated Indigenous psychology services to communities particularly affected by grief and trauma; and improved coordination of culturally appropriate mental health care for Indigenous people through delivery of specialised services via ACCHSs.

AMHW training and their incorporation into mental health services has been an important initiative/strategy for providing culturally appropriate services for Indigenous people suffering from mental illness. An evaluated example of this initiative is the **'Working both Way'** Aboriginal mental health worker program in the Northern Territory (Robinson and Harris, 2005). The project provided AMHWs in six Indigenous communities with support and ongoing training to enable them to work alongside general practitioners in their own communities. The rationale for this program was to promote two-way learning – that is to provide general practitioners with someone who could assist them with cultural and local knowledge and to provide AMHWs with someone that could assist them with medical knowledge. The program evaluation, funded by *beyondblue*, was conducted by Charles Darwin University. The aim of the evaluation was to examine the work of the AMHWs and the degree to which they were successfully integrated into clinical practice within each of the participating communities. The evaluation found that the role of AMHWs varied widely across the participating communities and included: participation in primary health care; assisting general practitioners and registered nurses with the management and treatment of clients; engaging in follow-up of clients for medication; mediation and counselling in crisis situations (such as attempted suicide and acute episodes of distress); provision of advocacy and support for mental health patients; and community-based mental health promotion and education. The work of AMHWs was most effective when their role was clearly established in the health care centres. General practitioners and registered nurses reported that AMHWs provided valuable

services to health care practitioners: explaining cultural or relationship matters; assisting in management of difficult clients; and in resolving often complex matters of client welfare.

The following section outlines examples of innovative and evaluated programs targeted at treating depression and/or other mental health issues among Indigenous people. These programs include: the Australian Integrated Mental Health Initiative (AIMHI); Pathways – Recovery Oriented Rehabilitation Project (Pathways); and the Dulwich Centre program.

AIMHI is currently operating in five locations around Australia, two of which – the Northern Territory and Far North Queensland – are targeted specifically at Indigenous communities. The overarching goal of the AIMHI project is to improve mental health outcomes for individuals with chronic mental illness (Nagel, 2004b). The Northern Territory initiative includes establishment of baseline measures of mental illness prevalence and relapse among the Indigenous population (Nagel, 2004a). It involved extensive consultation with service providers and the Indigenous community to aid the development of effective mental health promotion resources and information sheets promoting the messages that ‘people with mental illness recover and get strong again’ and ‘mental illness – anyone can get it – everyone can help it’ (Nagel and Judd, 2004). A relapse prevention program is also being developed and implemented. The relapse prevention program, being run by the Menzies School of Health Research, involves the assessment of a new treatment for chronic mental illness among Indigenous people that includes a motivational interview, education and the provision of a care plan (Nagel, 2004b). The treatment will be provided by a psychiatrist and an Indigenous research officer. Evaluation of the Northern Territory AIMHI is ongoing.

AIMHI Queensland aims ‘to establish and demonstrate the benefits of service and support structures that meet the broad needs of people with chronic and recurring mental illness’ (University of Queensland, 2005). To achieve this aim, the project focuses on six priority areas: assessment of mental health outcome measures (to determine reliability and validity so that they can be used to enable effective monitoring and evaluation of services); conducting an audit of existing mental health services (to identify their strengths and needs); strengthening families and communities to provide support for individuals with a mental illness; improved information management to assist in the early detection, management and monitoring of mental illness; health promotion to facilitate increases in mental health knowledge; and Indigenous workforce development. As is the case with AIMHI Northern Territory, evaluation of this project is ongoing and data are not available at this time.

The *Pathways* program provides recovery-focused rehabilitation programs to individuals with chronic mental illness (Auseinet, 2005). Approximately half of the program’s participants are Indigenous. Participants are assisted to develop individualised recovery programs utilising the existing community resource base to facilitate community reintegration. Activities undertaken include community networking, education through the local TAFE, and employment opportunities. Evaluation of the program over the last 12 months indicates that 13 out of 22 participants have achieved paid work in the open employment sector. Four of these are employed full-time and nine are employed part-time. Two of the participants who are now employed in a full-time position were previously on the disability support pension for over 15 years and have a diagnosis of schizophrenia.

The **Dulwich Centre** provides counselling, training and networking in narrative therapy in South Australia (Agius and Hamer, 2003). Narrative therapy is a form of counselling or therapy that centres people as the experts in their own lives and views problems as separate from people. It is a holistic approach that enables social and cultural influences on health and behaviour to be acknowledged and discussed. This approach has been found to be particularly effective with Indigenous people as it allows healing through yarning – story telling, conversation and sharing experiences. Group narrative therapy among Indigenous men in South Australia has been found to contribute to reductions in drug and alcohol use, family violence and criminal offences, and improvements in training, employment and business and restoring relationships (Towney, 2005).

Treatment programs providing innovative support for Indigenous people suffering from depression and/or other mental health disorders, but that have not been evaluated are provided by: Indigenous Psychological Services; WuChopperen Social Health Program, Women's Healing Space Project and the Central Australian Emotional and Social Wellbeing Regional Centre. The programs are run by Indigenous people and were selected for inclusion in the report as they are unique and innovative mental health treatment programs.

Indigenous Psychological Services (IPS), based in Perth, Western Australia, provides a range of services to the Indigenous community including: counselling; clinical assessment; research; community based intervention; and training workshops (in suicide prevention and 'working with depressed and suicidal Aboriginal people'). As far as can be determined, these programs have not been formally evaluated, but participant feedback has been very positive and indicates strong support for the programs provided by IPS.

The **WuChopperen Social Health Program** focuses on emotional, social and cultural issues of wellbeing within a holistic primary health care model. A multi-disciplinary team of doctors, social workers and Indigenous counsellors work together as co-therapists to provide narrative therapy, traditional cultural counselling, structured counselling, advocacy support and family systems therapy. The culturally appropriate counselling framework that has been developed proposes that counselling should include ideas of acknowledging and dealing with past injustices. Ways of breaking unwanted behaviour patterns and of helping people to challenge dominant negative perceptions of themselves and their people are also important. The counselling framework also advocates that the internalisation of despair should be addressed to enable people to challenge dominant perceptions of themselves and their people, and that counselling should aim to help people gain a greater sense of control over their own lives and futures. The WuChopperen Social Health Program has counselled individuals who have presented with a range of problems including: domestic violence; sexual abuse; stress; attempted suicide; suicidal ideation; anxiety; depression; alcohol and drug addiction; marital problems; family and relationship problems; and parenting issues.

The **Women's Healing Space Project** aimed to use a community arts process with Indigenous women to design and create a space at Liverpool Women's Health Centre in Sydney that is culturally and spiritually affirming and can operate as a healing space for women seeking support at the centre (Pomeroy, et al., nd). The project was initiated after feedback from Indigenous women and observations within the Centre that many women seeking support preferred to sit in the backyard than in the counselling room. Thus, the Healing Space Project was initiated to create a culturally

appropriate space for counselling and healing. The healing space is intended for: individuals seeking counselling or support to have a yarn; individuals who want to sit and seek quiet solace in a calming and enriching environment; and groups involved in community education/discussions around a range of health issues, including mental health.

The *Central Australian Emotional and Social Wellbeing Regional Centre* promotes mental health across Central Australia (PY Media, 2005). The project employs two traditional healers (ngangkari), a social worker and an Anangu woman. The focus of the project is to establish strong links between the ngangkari and mainstream services to promote the use of traditional healing. The ngangkari specialise in problems associated with mental health. Problems are treated holistically; family and community involvement is an integral part of the approach to bring about harmony. The project also provides relevant and effective training for Anangu people who work in the area of mental health. The ngangkari, social worker and Anangu woman travel extensively across Central Australia to carry out the goals listed above (that is, to promote traditional healing and provide mental health related training).

7 Concluding comments¹⁹

The publication in 1995 of *Ways Forward* was a major contribution to our understanding of the mental health needs and problems of Australia's Indigenous peoples, and stimulated significant initiatives in the area of social and emotional wellbeing.

Progress in the area was considerably less than needed, however, largely because the social and emotional wellbeing initiatives were not closely linked with the major developments that were occurring as a part of the first two national mental health plans. Little attention was directed to the needs of Indigenous peoples in the first and second national plans (Australian Health Ministers' Advisory Council, 1992, Commonwealth Department of Health and Family Services, 1998), but specific developments in implementation of the second plan did acknowledge the special needs of Indigenous peoples (Commonwealth Department of Health and Aged Care, 2000, Commonwealth Department of Health and Aged Care, 2001). These developments were the result of representatives from the Indigenous community-controlled sector working closely with people from the mainstream mental health sector.

On the other hand, people from the mainstream mental health sector had little involvement in the various initiatives that occurred as a part of the *Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan (1996-2000)*, with the result that there was limited impact on State and Territory activities and on mainstream services (Urbis Keys Young, 2001).

Recent developments, particularly the attention directed to Indigenous mental health needs in the *National Mental Health Plan (2003-2008)* (Australian Health Ministers, 2003) and the more inclusive approach of the *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* (Social Health Reference Group, 2004), improve the prospects for much more committed action. Importantly, these developments include appropriate monitoring mechanisms involving the committees responsible nationally for monitoring overall progress on the Indigenous health (SCATSIH) and for mental health (MMHWG).

The greater coordination of Indigenous-specific initiatives (such as those documented in Chapter 6 of this report and in the accompanying report) with relevant developments in the mainstream mental health sector provides the foundation for much more rapid progress than has been achieved to date. This progress should benefit also from the strategies proposed, but not apparently implemented, in the *National Action Plan for Depression* (Commonwealth Department of Health and Aged Care, 2001) and the *National action plan for promotion, prevention and early intervention for mental health: a joint Commonwealth, State and Territory initiative under the Second National Mental Health Plan* (Commonwealth Department of Health and Aged Care, 2000).

With the proposed improvements relating to Indigenous mental health in data collections and surveys, progress should also be guided by better information about

¹⁹ This chapter goes beyond a summary, referring as it does to material included not only in the body of this report, but also in the appendices.

the full extent and specific needs of Indigenous people with a mental illness or mental health problem.

Within this context, *beyondblue*, the national depression initiative, could play a key role in assisting the Indigenous community-controlled health sector, the Australian, State and Territory governments, and other relevant organisations and agencies in the implementation of strategies, programs and projects addressing depression and other issues of social and emotional wellbeing among Indigenous peoples.

References

- Agius T, Hamer J (2003) Thoughts on narrative therapy: contributions to Indigenous mental health. *Auseinetter*;18(2):8-9
- Auseinet (2005) Pathways: recovery oriented rehabilitation program, NT. *Auseinetter*;23:42
- Australian Bureau of Statistics (1995) *National Aboriginal and Torres Strait Islander Survey 1994: detailed findings*. (ABS Catalogue No.4190.0) Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics (2001) *Statistical geography, volume 1: Australian Standard Geographical Classification (ASGC), 2001*. (ABS Catalogue No. 1216.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2002a) *National Health Survey: Aboriginal and Torres Strait Islander results, Australia 2001*. (ABS catalogue no. 4715.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2002b) Population distribution, Aboriginal and Torres Strait Islander Australians, 2001. Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2002c) *2001 Census Indigenous profiles, main areas: Australia*. Retrieved 19 March 2004 from http://www.abs.gov.au/ausstats/abs@census.nsf/Census_IP_ASGC_ViewTemplate?ReadForm&Expand=1
- Australian Bureau of Statistics (2003a) *Australian Demographic Statistics Quarterly: 2001 Census edition - final*. (Cat no. 3101.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2003b) *Indigenous Health Survey 2004/5*. Retrieved 27 September 2005 from <http://www.abs.gov.au/websitedbs/D3110129.NSF/0/bfdf3a0eec439ef5ca256d54008050b4?OpenDocument#INDIGENOUS%20HEALTH%20SURVEY%202004%2F5>
- Australian Bureau of Statistics (2003c) *Australian Standard Geographical Classification (ASGC), 2003*. (ABS Catalogue No. 1216.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2004a) *National Aboriginal and Torres Strait Islander Social Survey, 2002*. (ABS catalogue no. 4714.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2004b) Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians. Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics (2005) *2005 Year Book Australia*. (ABS Cat. no. 1301.0) Canberra: Australian Bureau of Statistics
- Australian Bureau of Statistics, Australian Institute of Health and Welfare (2005) *Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005*. (ABS catalogue no. 4704.0) Canberra: Australian Institute of Health and Welfare and the Australian Bureau of Statistics
- Australian Health Ministers (2003) *National Mental Health Plan 2003-2008*. Canberra: Australian Government
- Australian Health Ministers' Advisory Council (1992) *National Mental Health Plan*. Canberra: Australian Health Ministers' Advisory Council
- Australian Institute of Health and Welfare (1999) *National health priority areas report: mental health: a report focusing on depression 1998*. (AIHW Cat. No. PHE 11) Canberra: Commonwealth Department of Health and Aged Care,
- Australian Institute of Health and Welfare
- Australian Institute of Health and Welfare (2004a) *Australia's health 2004: the ninth biennial health report of the Australian Institute of Health and Welfare*. (AIHW Cat. No. 8903.0) Canberra: Australian Institute of Health and Welfare
- Australian Institute of Health and Welfare (2004b) National summary of the 2001 and 2002 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators. (AIHW catalogue no. IHW12) Canberra: Australian Institute of Health and Welfare
- Australian Institute of Health and Welfare (2005a) *Australian hospital statistics 2003-04*. (AIHW cat. no. HSE 37) Canberra: Australian Institute of Health and Welfare
- Australian Institute of Health and Welfare (2005b) *Mental health services in Australia 2002-03*. (Mental health series no. 6) Canberra: Australian Institute of Health and Welfare

- Berndt CH (1982) Sickness and health in Western Arnhem Land: a traditional perspective. In: Reid J, ed. *Body, land and spirit: health and healing in Aboriginal society*. St. Lucia: University of Queensland Press:121-138
- Brideson T, Kanowski L (2004) The struggle for systematic 'adulthood' for Aboriginal mental health in the mainstream: the Djirrawang Aboriginal and Torres Strait Islander Mental Health Program. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/bridesonkanowski.pdf>
- Commonwealth Department of Health and Aged Care (2000) National action plan for promotion, prevention and early intervention for mental health: a joint Commonwealth, State and Territory initiative under the Second National Mental Health Plan. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2001) *National action plan for depression: under the National Mental Health Plan 1998-2003*. Canberra: Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Family Services (1997) Submission from the Commonwealth Department of Health and Family Services to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Indigenous health. *Inquiry into Indigenous health: submissions. Volume 1*. Canberra: House of Representatives Standing Committee on Family and Community Affairs:215-316
- Commonwealth Department of Health and Family Services (1998) *Second National Mental Health Plan*. Canberra: Commonwealth Department of Health & Family Services,
- Cord-Udy N (2004) The Medical Specialist Outreach Assistance Programme in South Australia at 2 years. *Australasian Psychiatry*;12(2):161-165
- Department of Health and Ageing (2005) *National Mental Health Information Priorities, 2nd edition*. Canberra: Commonwealth of Australia
- Dunlop S (1988) *All that Rama Rama mob: Aboriginal disturbed behaviour in Central Australia*. (Volume 2) Alice Springs: Central Australian Aboriginal Congress
- Horton D, ed. (1994) *The Encyclopaedia of Aboriginal Australia : Aboriginal and Torres Strait Islander history, society and culture*. Canberra: Aboriginal Studies Press
- Hunter E, Garvey D (1998) Indigenous mental health promotion: mind over matter? *Health Promotion Journal of Australia*;8(1):4-11
- Hunter E, Reser J, Baird M, Reser P (2001) *An analysis of suicide in Indigenous communities of North Queensland: the historical, cultural and symbolic landscape*. Cairns: University of Queensland, Department of Social and Preventive Medicine,
- Gurriny Yealamucka Health Service & the Yarrabah Community Council,
James Cook University of North Queensland, School of Psychology and Sociology
- Hunter E (2003) Mental health. In: Thomson N, ed. *The health of Indigenous Australians*. South Melbourne: Oxford University Press:127-157
- Khavarpour FA (2003) Evaluation of 'Talk good to yaself/blak n' blues': resources for young Indigenous people on depression in rural NSW. Sydney: Streetwise Communications Ltd
- Kohn G, Morley, B., Pirkis, J., Blashki, G., & Burgess, P. (2005) Evaluating the access to allied health services component of the better outcomes in mental health care initiative: Fourth interim evaluation report.: Program Evaluation Unit: University of Melbourne
- Leggett N, Krom I (2005) Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples. Perth: Australian Indigenous HealthInfoNet
- Nagel T (2004a) *AIMHI NT: 2003 baseline measures*. (Discussion paper 1) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University
- Nagel T (2004b) *AIMHI NT: mental health and primary care in the Top End*. (Discussion paper 2) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University
- Nagel T, Judd J (2004) *AIMHI NT: learning about Indigenous mental health promotion*. (Discussion paper 4) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University
- Nathan P, Japanangka D (1983) *Health business: a community report for the Central Australian Aboriginal Congress and its people*. Melbourne, Victoria: Heinemann Educational Australia

- National Aboriginal and Torres Strait Islander Health Council (2003) *National Strategic Framework for Aboriginal and Torres Strait Islander Health: framework for action by governments*. Canberra: National Aboriginal and Torres Strait Islander Health Council
- National Aboriginal Health Strategy Working Party (1989) *A national Aboriginal health strategy*. Canberra: Department of Aboriginal Affairs
- New York Academy of Medicine (2002) *What is grey literature?* Retrieved 16 July 2004 from <http://www.nyam.org/library/greywhat.shtml>
- Pomeroy W, Grant S, Leslie D, Hickie M (nd) Creating an Aboriginal women's healing space to build mental health and wellbeing. Liverpool Women's Health Centre
- Purdie N, Ellis L, Stone A (2004) *Deadly vibe: engaging Indigenous students at school: an evaluation of the Deadly Vibe magazine*. Camberwell, Victoria: Learning Processes and Contexts Research Program
- PY Media (2005) *NPYWC emotional and social wellbeing project*. Retrieved 28 September 2005 from http://waru.org/organisations/npywc/npy_wellbeing.php?PHPSESSID=e89bc26c3a1012363a025a1b5244b494
- Reid J (1983) *Sorcerers and healing spirits: continuity and change in an Aboriginal medical system*. Canberra: Australian National University Press
- Rice J (2002) *Young men and depression in rural NSW*. Sydney: Streetwise Communications Ltd.
- Robinson G, Tyler B (2003) Ngaripirriga'ajirri: evaluation of an early intervention program on the Tiwi Islands, interim report. Darwin: Charles Darwin University
- Robinson G, Harris A (2005) *Aboriginal mental health worker program: final evaluation report*. Casuarina, NT: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University
- Sheehan M, Ridge D, Marshall B (2002) 'This was a great project!': reflections on a 'successful' mental health promotion project in a remote Indigenous school. *Health Promotion Journal of Australia*;13(3):201-204
- Social Health Reference Group (2004) Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009. Canberra: Australian Government
- Steering Committee for the Evaluation of the Second National Mental Health Plan 1998-2003 (2003) *Evaluation of the Second National Mental Health Plan*. Canberra: Commonwealth Department of Health and Ageing
- Steering Committee for the Review of Commonwealth Service Provision (2005a) *Overcoming Indigenous disadvantage: key indicators 2005: report*. Canberra: Productivity Commission
- Steering Committee for the Review of Commonwealth Service Provision (2005b) *Overcoming Indigenous disadvantage: key indicators 2005: overview*. Canberra: Productivity Commission
- Swan P, Raphael B (1995a) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 1. Canberra: Commonwealth of Australia
- Swan P, Raphael B (1995b) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 2. Canberra: Commonwealth of Australia
- Tatz C (2001) *Aboriginal suicide is different: a portrait of life and self-destruction*. (0855753714) Canberra: Aboriginal Studies Press
- Thornicroft G, Betts V (2002) International mid-term review of the Second National Mental Health Plan in Australia. Canberra: Department of Health and Ageing
- Tonkinson M (1982) The *mabarn* and the hospital: selection of treatment in a remote Aboriginal community. In: Reid J, ed. *Body, land and spirit: health and healing in Aboriginal society*. St. Lucia: University of Queensland Press:225-241
- Towney LM (2005) The power of healing in the yarn: working with Aboriginal men. *International Journal of Narrative Therapy and Community Work*;2005(1):39-43
- Tsey K, Deemal A, Whiteside M, Gibson T (2003a) 'It's an eye-opener for people to see you can change things': an evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York communities. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health

- Tsey K, Deernal A, Whiteside M, Gibson T (2003b) *'We learnt how to be a good leader, help live a good life': an evaluation in two Cape York primary schools*. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health
- University of Queensland (2005) *AIMhi: Indigenous stream*. Retrieved 31 August 2005 from <http://www.uq.edu.au/health/index.html?page=20333>
- Urbis Keys Young (2001) *Evaluation of the emotional and social well being (mental health) action plan*. Canberra: Commonwealth Department of Health and Aged Care
- Vicary D, Westerman TG (2004) 'That's just the way he is': some implications of Aboriginal mental health beliefs.
- Wanatjura E (2003) Preface. In: Tjilari A, Peter R, Wanatjura E, Lynch A, Rive L, Burke J, eds. *Ngangkari work, Anangu way: traditional healers in Central Australia*. Alice Springs: Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation:14-17
- World Health Organization (2003) *Organization of services for mental health*. Geneva: World Health Organization
- Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, et al. (2005a) *The social and emotional wellbeing of Aboriginal children and young people*. (The Western Australian Aboriginal Child Health Survey, v. 2) Perth: Telethon Institute for Child Health Research and Curtin University of Technology
- Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, et al. (2005b) *The social and emotional wellbeing of Aboriginal children and young people: summary booklet*. (The Western Australian Aboriginal Child Health Survey, v. 2) Perth: Telethon Institute for Child Health Research and Curtin University of Technology

Appendix: The policy context of social and emotional wellbeing among Indigenous peoples

Some attention had been directed prior to 1989 to the mental health of Indigenous peoples, mainly by concerned clinicians, but the release in that year of *A National Aboriginal Health Strategy* was an important milestone in the development of systematic approaches (National Aboriginal Health Strategy Working Party, 1989). Importantly, that report placed mental health within the context of ‘200 years of unfinished business’, the term introduced by Sister Pat Swan (1988), an Aboriginal psychiatric nurse, to capture the population-level of mental distress among the Indigenous community that needed to be considered within ‘the legacy of 200 years of colonisation’ (National Aboriginal Health Strategy Working Party, 1989, p172)

Even though the mental health strategies recommended in *A National Aboriginal Health Strategy* were, along with the report’s other recommendations, never really implemented (Aboriginal and Torres Strait Islander Commission, 1994), its influence permeated through the First National Aboriginal Health Conference, held in November 1993. Its overall influence also contributed to the commissioning of a national consultancy into Indigenous mental health, which resulted in the publication of *Ways forward* (Swan and Raphael, 1995, Swan and Raphael, 1995).

The *Ways forward* report has had a major impact on subsequent developments in the area, and is still seen as of particular relevance in the policy context (Social Health Reference Group, 2004).²⁰ Based on extensive national consultation, the report identified sixteen significant policy elements including: self-determination; a holistic approach to social and emotional wellbeing; specialised mental health care arrangements; trauma and loss; suicide and self-harm; Aboriginal children, young people and families; Aboriginal women and mental health; Aboriginal men and mental health; elders and mental health; promotion and prevention of mental health; alcohol and other drugs and mental health; forensic issues and mental health; intersectoral programs and mental health; research and evaluation; education and personnel development; and data and information systems.

Importantly, the report identified nine ‘guiding principles’ that must guide the development of Indigenous mental health strategies and plans:²¹

1. Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health.
2. Self-determination is central to the provision of Aboriginal health services.
3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal people’s health problems generally and mental health problems in particular.

20 A number of other reports also had substantial impacts on developments in the area of Indigenous mental health, but a full summary of these is beyond the scope of this report. These include the reports of: the Royal Commission into Aboriginal Deaths in Custody, the National Enquiry into the Human Rights of People with Mental Illness (the Burdekin Enquiry), and the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (‘Bringing them home’).

21 The continuing relevance of these principles, which have been slightly edited from the original, has seen their incorporation and/or adaptation in the recent social and emotional wellbeing frameworks developed nationally, in the Northern Territory, in South Australia and in Western Australia. The Western Australian framework added a tenth principle: ‘Social and emotional well being and mental health services are provided in a way that is accessible to Aboriginal or Torres Strait people. This includes issues of location and sensitivity to cultural issues.’

4. The experiences of trauma and loss that have been present since European invasion are a direct outcome of the disruption to cultural wellbeing.
5. The human rights of Aboriginal people must be recognised and respected.
6. Racism, stigma, environmental adversity and social disadvantage experienced by Aboriginal people constitute ongoing stressors and impact in very negative ways on their mental health and wellbeing.
7. The centrality of the Aboriginal family and kinship must be recognised, as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8. There is no single Aboriginal culture or group but numerous groupings; languages, kinships, and tribes, as well as ways of living. Furthermore Aboriginal people may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
9. It must be recognised that Aboriginal people have great strengths, including creativity, endurance, humour and compassion. They have strong spirituality, with a deep understanding of the relationships between human beings and their environment.

Some of the recommendations from *Ways forward* were incorporated into the *Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan (1996-2000)*, an Australian Government initiative that funded nearly 40 projects in the area of Indigenous social and emotional wellbeing (Urbis Keys Young, 2001). Around \$20 million was provided through the Office of Aboriginal and Torres Strait Islander Health (OATSIH) over the four years 1996-97 to 1999-2000 to support 11 regional centres in mental health training and service delivery and around two dozen 'action' projects in various aspects of Indigenous emotional and social wellbeing. An independent evaluation found that the Action Plan had been very important in raising the profile of emotional and social wellbeing, but had had limited impact on State and Territory activities and on mainstream services (Urbis Keys Young, 2001). The overall thrust of the evaluation was the need for further developments in the area to be more inclusive of all stakeholders, involving particularly the ACCHSs and the State and Territory mainstream mental health sector. It also recognised the need of these developments – in the form of a national strategic framework – to be more closely linked with the work of the National Mental Health Working Group of Australian Health Ministers' Advisory Council (AHMAC).

The increasing attention in the 1990s to Indigenous mental health also resulted in the development of Indigenous-specific policies and/or strategies in New South Wales, Victoria, Queensland and the Northern Territory (Urbis Keys Young, 2001). Formal documents were published in New South Wales (New South Wales Department of Health, 1997) and Queensland (Queensland Health, 1996). The other States and the Australian Capital Territory generally identified Indigenous people as 'target groups within broader mental health and general health policies' (Urbis Keys Young, 2001, piii).

Similarly, the general mental health developments at a national level, such as the 1992 *National Mental Health Plan* (Australian Health Ministers' Advisory Council, 1992) and the *Second National Mental Health Plan* (Commonwealth Department of Health and Family Services, 1998), also paid little specific attention to Indigenous peoples, rather viewing them as a special 'target group'.

Importantly, the latest national plan, the *National Mental Health Plan 2003–2008* (Australian Health Ministers, 2003), takes a much more inclusive approach. It includes specific outcome measures for Indigenous mental health and recognises the need to link developments of the Plan with other processes, such as the Framework Agreements that guide regional planning addressing Indigenous health needs within the specific jurisdictions. Two specific outcomes relate to Indigenous peoples – access to services, and coordination of mental health and other services – and ‘key directions’ of relevance to Indigenous mental health are included in the outcomes relating to community and care participation, outcome measures in mental health, performance monitoring, funding models and the mental health workforce (Australian Health Ministers, 2003).

Of particular relevance to this study, specific attention had been directed to Indigenous issues in an earlier plan, the *National Action Plan for Depression* (Commonwealth Department of Health and Aged Care, 2001). The relevant sections of that plan had benefited from the deliberations of a two-day workshop of representatives of NACCHO, NACCHO affiliates and ACCHSs held in Adelaide in September 1999.

The Plan included three objectives relating to depression among Indigenous peoples:

- To ensure community understanding of the specific needs of Aboriginal and Torres Strait Islander people.
- To provide targeted, culturally sensitive mental health services to enable Aboriginal and Torres Strait Islander communities to address depression and associated issues.
- To ensure culturally valid prevention, health promotion, early intervention, management and follow-up mental health services are available to Aboriginal and Torres Strait Islander communities (Commonwealth Department of Health and Aged Care, 2001, p23).

Importantly, the Plan also included nine specific strategies to address depression among Indigenous peoples:

- Develop culturally appropriate information for Indigenous peoples about mental illness and well-being, which promotes better mental health literacy.
- Ensure that the whole Australian community is aware of the cultural values and beliefs of Indigenous peoples, helping all Australians understand depression in these communities.
- Assist Indigenous communities to maintain and develop their sense of autonomy and community empowerment.
- Develop targeted strategies which are designed to meet the needs of specific age groups within Indigenous communities. These should be collaborative strategies involving education, employment, and social services.
- Provide culturally appropriate mental health services to Indigenous communities, with the acknowledgment that these communities are entitled to choose whether they wish to access these services without jeopardising their entitlement to mainstream services.
- Provide culturally sensitive outreach services to rural and remote communities.
- Train Indigenous medical practitioners, their non-Indigenous counterparts and other primary care providers in culturally sensitive interviewing techniques to elicit full relevant information regarding diagnosis and treatment. This will

involve development of understanding of Indigenous peoples' culture and health issues.

- Further develop and strengthen training programs of Indigenous health workers to facilitate assessment of crisis mental health issues.
- Provide special training for those in the community who are often the first point of contact for Indigenous peoples (such as paramedics, police), to recognise symptoms of physical and mental disorders (Commonwealth Department of Health and Aged Care, 2001, p27).

The Plan also recognised the need for:

- Examination of the differing presentations of depressive disorders in Indigenous and non-Indigenous peoples and comparison of prevalence between different sectors of the Australian population.²²
- Development of culturally sensitive methods for assessing depressive disorders and corroborative evidence in Indigenous communities (Commonwealth Department of Health and Aged Care, 2001, p27).

At about the same time as the *National Action Plan for Depression* was being developed, the National Mental Health Working Party convened a working party to identify strategies for the promotion, prevention and early intervention in mental health (Commonwealth Department of Health and Aged Care, 2000, Commonwealth Department of Health and Aged Care, 2000). The resultant action plan proposed the promotion of mental health, and prevention and reduction of mental health problems and mental disorders among Indigenous peoples through:

- reduced social disadvantage, racism and oppression;
- mental health literacy;
- culturally appropriate initiatives determined by local communities;
- community capacity to be resilient to adversity;
- enhanced protective factors for mental health problems and mental disorders;
- reduced risk factors for mental health problems and mental disorders, especially around issues of loss, trauma, incarceration, violence and substance misuse;
- awareness in mainstream services of the impact of cultural issues on the mental health of Aboriginal peoples;
- awareness in mainstream services of the impact of cultural issues on the mental health of Torres Strait Islander people; and
- links between mainstream and Aboriginal Community Controlled Health Services (Commonwealth Department of Health and Aged Care, 2000. p42)

The Action Plan recognised that achievement of these outcomes would require national action involving Indigenous communities, ACCHSs, ATSIC, health services, education services and police and correctional services (Commonwealth Department of Health and Aged Care, 2000). Process indicators would include Indigenous community ownership of programs, increase in culturally appropriate mental health promotion, prevention and early intervention initiatives, joint planning between ACCHSs and mainstream organisations, and increase in Indigenous peoples professionally trained and employed in health and education settings (Commonwealth Department of Health and Aged Care, 2000, p43).

In parallel with these developments, the National Advisory Council on Youth Suicide Prevention²³ was developing a framework for the prevention of suicide and self-harm

22 This needed to take account of protocols for research within Indigenous communities.

in Australia (Commonwealth Department of Health and Aged Care, 2000, Commonwealth Department of Health and Aged Care, 2000, Commonwealth Department of Health and Aged Care, 2000). The Council identified partnerships with Indigenous peoples as one of the six areas for action in the LIFE (living is for everyone) framework, with two process outcomes:

- Share information about and implement life-affirming and suicide-prevention programs that are community based and grounded in the culture of Aboriginal and Torres Strait Islander peoples (Outcome 5.1); and
- Increase the relevance of mainstream services and suicide prevention programs and services to the culture, needs and strengths of Aboriginal and Torres Strait Islander peoples (Outcome 5.2) (Commonwealth Department of Health and Aged Care, 2000, pp58-65).

The specific strategies proposed for Outcome 5.1 were:

- Identify effective and culturally acceptable life promotion and suicide prevention approaches;
- Develop mechanisms for inter-community dialogue and exchange about these projects;
- Ensure capacity and timely linkages between communities with recognised expertise, and those in crisis;
- Encourage wider implementation and local adaptation of these approaches in other urban, rural and remote settings;
- Ensure recurrent funding for proven programs;
- Encourage community control of these programs and related activities;
- Ensure cross-sectoral support for such programs;
- Enhance mainstream support for community-based programs and communities in need; and
- Support programs to provide alternatives to custodial care for younger Aboriginal and Torres Strait Islander men.

The specific strategies proposed for Outcome 5.2 were:

- Enhance information and training support for mainstream and Aboriginal and Torres Strait Islander health and community agencies on suicide and self-harming behaviours;
 - Increase the input of Aboriginal and Torres Strait Islander peoples into service and program development;
 - Develop effective mechanisms for disseminating information on services and programs to all Aboriginal and Torres Strait Islander communities;
 - Ensure linkages and protocols between services working with Aboriginal and Torres Strait Islander people at risk of suicide
 - Ensure consideration of the needs of Aboriginal and Torres Strait Islander peoples in mainstream services and suicide prevention programs, including primary care,
-

23 This Council, appointed by the Cabinet of the Australian Government, was replaced in 2000 by the National Advisory Council for Suicide Prevention.

mental health services, drug and alcohol services, correctional services programs and custodial care; and

- Work in partnership with Aboriginal and Torres Strait Islander agencies and communities to develop strategies on media responses to suicide-related issues (Commonwealth Department of Health and Aged Care, 2000. pp64-65).

With relevant developments across a number of parallel areas, a major task confronting the Social Health Reference Group, set up in August 2002 by the National Aboriginal and Torres Strait Islander Health Council and the National Mental Health Working Group, was to develop a framework for national action linked to the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)* (National Aboriginal and Torres Strait Islander Health Council, 2003) and the *National Mental Health Plan (2003-2008)* (Australian Health Ministers, 2003) (Social Health Reference Group, 2004). The framework was to include 'a five-year plan for progressing social and emotional well being in the community controlled sector' and 'a focus on implementation of existing State, Territory and national commitments' (Social Health Reference Group, 2004, p59).

The resultant *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* benefited from an extended consultation process involving a wide range of stakeholders from Indigenous and other organisations, Indigenous communities, and from health services and government agencies who provided written submissions and/or participated in workshops (Social Health Reference Group, 2004).

The framework, which has been endorsed by the Australian and State/Territory governments through AHMAC, provides the basis for cooperation among responsible agencies (including a range of Australian and State/Territory government agencies, local government, and non-government service providers) (Australian Health Ministers, 2003).

The *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being, 2004-2009* identifies the following five key strategic directions with associated key result areas:

1. Focus on children, young people, families and communities - strengthening families to raise healthy, resilient infants, children, and young people; recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing; responding to grief, loss, trauma and anger;
2. Strengthen Aboriginal Community Controlled Health Services – building a skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector;
3. Improved access and responsiveness of mental health care – facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people;
4. Coordination of resources, programs, initiatives and planning – providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being; improving coordination, planning and monitoring mechanisms; and

5. Improve quality, data and research – developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing issues and that underpin improved service delivery.

As well as including specific action areas for each of these key strategic directions and result areas, the framework outlines agencies and organisations responsible for their implementation and means of accessing progress. Implementation of this framework ‘will sit within the implementation, monitoring and evaluation arrangements’ for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)* and the *National Mental Health Plan (2003-2008)* (Social Health Reference Group, 2004, p54). It is planned that the implementation will be overseen by a Social and Emotional Well Being National Advisory Group comprising representatives of NACCHO, OATSIH and the two relevant AHMAC committees – the National Mental Health Working Group (NMHWG) and the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH).

Thus, the framework embodies two features that were at least partly lacking in most previous plans: an appropriate reporting mechanism that involves the committees responsible nationally for monitoring overall progress on the Indigenous health (SCATSIH) and for mental health (MMHWG); and explicit identification of those responsible for its implementation.

Reflecting the fact that specific implementation aspects may differ between jurisdictions, Western Australia, South Australia and the Northern Territory have already developed, or are in the process of developing, their own complementary strategies/plans for Indigenous social and emotional wellbeing (Cheney, et al., 2005, Northern Territory Emotional and Social Wellbeing Working Party, 2003, South Australian Aboriginal Health Partnership, 2004).

These developments suggest that, after years of quite limited progress in the area, there may at last be a real opportunity for assisting Australia’s Indigenous peoples achieve better social and emotional wellbeing. It is not clear, however, whether sufficient resources have been allocated by the responsible governments to ensure that the frameworks can be fully implemented as intended.

References

- Aboriginal and Torres Strait Islander Commission (1994) *National Aboriginal Health Strategy evaluation report*. Canberra: Aboriginal and Torres Strait Islander Commission
- Australian Health Ministers (2003) *National Mental Health Plan 2003-2008*. Canberra: Australian Government
- Australian Health Ministers' Advisory Council (1992) *National Mental Health Plan*. Canberra: Australian Health Ministers' Advisory Council
- Cheney C, Milroy H, Fong N, Waters L (2005) WA Aboriginal social and emotional well being and mental health strategy 2005-2008 [draft]. Perth: Office of Mental Health
- Commonwealth Department of Health and Aged Care (2000) *Promotion, prevention and early intervention for mental health: a monograph*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2000) National action plan for promotion, prevention and early intervention for mental health: a joint Commonwealth, State and Territory initiative under the Second National Mental Health Plan. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia - areas for action*. Canberra:

- Publications Production Unit (Public Affairs, Parliamentary and Access Branch),
Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia - learnings about suicide*. Canberra: Publications Production Unit (Public Affairs, Parliamentary and Access Branch), Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia - building partnerships*. Canberra: Publications Production Unit (Public Affairs, Parliamentary and Access Branch), Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Aged Care (2001) *National action plan for depression: under the National Mental Health Plan 1998-2003*. Canberra: Commonwealth Department of Health and Aged Care
- Commonwealth Department of Health and Family Services (1998) *Second National Mental Health Plan*. Canberra: Commonwealth Department of Health & Family Services,
- National Aboriginal and Torres Strait Islander Health Council (2003) *National Strategic Framework for Aboriginal and Torres Strait Islander Health: framework for action by governments*. Canberra: National Aboriginal and Torres Strait Islander Health Council
- National Aboriginal Health Strategy Working Party (1989) *A national Aboriginal health strategy*. Canberra: Department of Aboriginal Affairs
- New South Wales Department of Health (1997) NSW Aboriginal mental health policy: a strategy for the delivery of mental health services for Aboriginal people in New South Wales. Sydney: NSW Department of Health, Centre for Mental Health
- Northern Territory Emotional and Social Wellbeing Working Party (2003) *NT Aboriginal emotional and social wellbeing strategic plan*. Darwin: Northern Territory Aboriginal Health Forum Emotional and Social Wellbeing Working Party
- Queensland Health (1996) Queensland mental health policy statement: Aboriginal and Torres Strait Islander people. Brisbane: Queensland Health
- Social Health Reference Group (2004) Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009. Canberra: Australian Government
- South Australian Aboriginal Health Partnership (2004) Aboriginal health - everybody's business: social and emotional wellbeing: a South Australian strategy for Aboriginal and Torres Strait Islander people 2005-2010. Adelaide: South Australian Aboriginal Health Partnership
- Swan P (1988) 200 years of unfinished business. *Aboriginal Health Worker*;12(4):29-40
- Swan P, Raphael B (1995) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 1. Canberra: Commonwealth of Australia
- Swan P, Raphael B (1995) "Ways forward": national consultancy report on Aboriginal and Torres Strait Islander mental health: part 2. Canberra: Commonwealth of Australia
- Urbis Keys Young (2001) *Evaluation of the emotional and social well being (mental health) action plan*. Canberra: Commonwealth Department of Health and Aged Care

Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal community controlled health service
ACT	Australian Capital Territory
ADGP	Australian Divisions of General Practice
AHMAC	Australian Health Ministers' Advisory Council
AIDA	Australian Indigenous Doctors Association
AIHW	Australian Institute of Health and Welfare
AIMHI	Australian Integrated Mental Health Initiative
AMHW	Aboriginal Mental Health Worker
ASGC	Australian Standard Geographical Classification
ASCO	Australian Standard Classification of Occupations
ATSIC	Aboriginal and Torres Strait Islander Commission
BOIMH	Better Outcomes in Mental Health
CDEP	Community Development Employment Project
CINAHL	Cumulative Index to Nursing and Allied Health Literature
ECU	Edith Cowan University
ICD	International Classification of Diseases
IHS	Indigenous Health Survey
IPS	Indigenous Psychological Services
MAHS	More Allied Health Services
MSOAP	Medical Specialist Outreach Assistance Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIS	National Aboriginal and Torres Strait Islander Survey (1994)
NATSISS	National Aboriginal and Torres Strait Islander Social Survey (2002)
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NPYWC	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
NSW	New South Wales
NT	Northern Territory
OATSIH	Office of Aboriginal and Torres Strait Islander Health
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatry
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WA	Western Australia
WAACHS	Western Australian Aboriginal Child Health Survey
WHO	World Health Organization

Glossary

Aboriginal Community Controlled Health Services (ACCHSs)

ACCHSs are primary health care services initiated by, and based in a local Aboriginal community and governed by an Aboriginal body elected by the local Aboriginal community to deliver holistic and culturally appropriate care to people within their communities. A service that contains these elements represents true community control and best practice. However, it is acknowledged that there are a variety of existing governance structures that may be considered stages along a process that can lead over time to the development of a fully community controlled best practice service.

Australian Health Ministers Advisory Council (AHMAC)

The primary national advisory body which reports to the Australian Health Ministers' Conference and facilitates governments' participation in national programs, thereby achieving a degree of uniformity. The members are the heads of the Australian, State and Territory government health authorities and .

Early intervention

This describes interventions appropriate for, and specifically targeting people displaying early signs and symptoms of mental health disorders, mental health and social and emotional well being problems and people who are developing or experiencing a first episode of mental disorder. It is focused more on the individual and requires the early identification of signs and symptoms and intervention in supportive and sensitive ways that do not cause negative outcomes, such as increased stress and stigma.

Framework Agreements

Framework Agreements commit the Australian, State and Territory governments to: increasing the level of resources to reflect the higher level of need; improving access to both mainstream and Indigenous-specific health and health related programs; joint planning processes which allow for full and formal Aboriginal and Torres Strait Islander participation in decision-making and determination of priorities; and, improved data collection and evaluation.

Health

Health does not just mean the physical well being of an individual, but refers to the social, emotional and cultural well being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities. This is an evolving definition.

Holistic approach

An holistic approach to health incorporates a comprehensive approach to service delivery and treatment where coordination of a client's needs and total care takes priority. It is an acknowledgement that economic and social conditions affect physical and emotional well being. Care therefore needs to take into account physical, environmental, cultural, and spiritual factors for achieving social and emotional well being.

Mental health

Is the capacity of the individual, the groups and the environment to interact with one another in ways that promote subjective well being, the optimal development and use of mental abilities (cognitive, affective or emotional and relational), the achievements of individual and collective goals consistent with the attainment and presentation of conditions of fundamental equality. Mental health is incorporated into the holistic approach to health care as defined in the definition of health.

Mental health promotion

Is a process aimed at changing environments (social, physical, economic, educational and cultural) and enhancing the 'coping' capacity of communities, families and individuals, by giving people the power, knowledge, skills and necessary resources.

National Aboriginal Community Controlled Health Organisation (NACCHO)

NACCHO is the peak body on Aboriginal health and well being, representing over 100 health and substance misuse services in Australia operated by organisations that are incorporated and controlled by Aboriginal peoples. NACCHO at the national level, and its affiliates at the State/Territory level, provide a voice for Aboriginal Community Controlled Health Services in national negotiations, forums, consultations, policy development and planning.

Health Council (NATSIHC)

NATSIHC provides advice to the Australian Government Minister for Health and Ageing on matters relating to the health and substance misuse services provided to Aboriginal and Torres Strait Islander peoples. It monitors and advises on implementation of the Framework Agreements and on ways to improve the interaction between mainstream services and ACCHSs at the national level.

Primary Health Care

Is the first level of contact of individuals, families and the community with the health care system. In Aboriginal communities this is usually through a local ACCHS or satellite Aboriginal community health clinic. It includes Aboriginal and Torres Strait Islander Health Services, General Practitioners, community nursing, the Royal Flying Doctor Service, community health and dental health services. Primary health care services provide clinical and community health care and play a gatekeeper role in facilitating access to specialist health services.

Protective factors

Protective factors reduce the likelihood that a disorder will develop and contribute to peoples' resilience in the face of adversity and moderate the impact of stress and transient symptoms on the person's social and emotional well being.

Risk factors

Factors that increase the likelihood that a disorder will develop and exacerbate the burden of an existing disorder. Risk factors indicate a person's vulnerability and may include genetic, biological, behavioural, sociocultural and demographic conditions and characteristics. The risk and protective factors to mental health occur in everyday life and include perinatal influences, family, home and all other relationships, schools and workplaces, in sport, art and recreational activities, influences from the media, social and cultural activities, the physical health of individuals and the physical, social and economic 'health' of communities.

Social Health Teams

Social Health Teams are multi-skilled and multi-disciplinary teams that provide a range of social health services within the primary health care framework, including mental health, substance use, grief and family and welfare support, and been determined within the sector to be most appropriate model of support.

Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH)

SCATSIH is the sub-committee of AHMAC responsible for Aboriginal and Torres Strait Islander Health. AHMAC comprises the CEOs of the Australian, State and Territory departments responsible for health and for reports to health ministers.

Source: Derived from Social Health Reference Group (2004) *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Canberra: Australian Government

Programs and projects addressing depression and the social and emotional wellbeing of Indigenous peoples

Nicole Leggett

Ineke Krom

November 2005

Perth

Australian Indigenous Health*InfoNet*

This project was funded by



Contents

CONTENTS	1
INTRODUCTION	1
METHODOLOGY	1
STRUCTURE OF THIS DATABASE	3
ACKNOWLEDGEMENTS	4
PROGRAMS TO PROMOTE AWARENESS OF DEPRESSION AND MENTAL HEALTH ISSUES.....	5
NEW SOUTH WALES	5
<i>Depression-specific programs</i>	5
Postnatal depression in Aboriginal communities project.....	5
Workshop: Understanding depression for the individual and the family.....	5
<i>Social and Emotional Wellbeing programs</i>	6
Djirruwang Aboriginal and Torres Strait Islander mental health program.....	6
Internship Program	7
NORTHERN TERRITORY.....	10
<i>Depression-specific programs</i>	10
Community general practitioner: Depression education for rural staff	10
Just Ask Project.....	10
Mental Health First Aid (MHFA)– Development of a manual for Indigenous people	11
<i>Social and Emotional Wellbeing programs</i>	12
The Mind your Mind Kit: Promoting positive mental health amongst young people.....	12
Mindframe media and mental health project- part of the national Mindframe media initiative...	13
Your Mental Health and Alcohol: Managing the Mix	14
PREVENTION PROGRAMS.....	16
AUSTRALIAN CAPITAL TERRITORY	16
<i>Depression-specific programs</i>	16
Aboriginal midwives access program.....	16
NEW SOUTH WALES	17
<i>Depression-specific programs</i>	17
Aboriginal Child and Maternal Health Team, Cambelltown.....	17
Talk good to Yaself/Blak N' Blues	17
<i>Social and Emotional Wellbeing programs</i>	18
Aboriginal Disability Network, NSW	18
Better Outcomes in Mental Health for Paediatric/Adolescent Aborigines in the Macarthur area	19
NORTHERN TERRITORY.....	21
<i>Depression-specific programs</i>	21
Sadness and heart disease	21
<i>Social and Emotional Wellbeing programs</i>	21
Ngaripirliga'ajirri program.....	21
QUEENSLAND	23
<i>Depression-specific programs</i>	23
Education for midwives, maternal child health nurses, rural nurses and focus groups for Indigenous women.....	23
<i>Social and Emotional Wellbeing programs</i>	24
Apunpima Family Wellbeing Project (pilot program)	24
MindMatters at Bwgcolman on Palm Island in Queensland.....	26
SOUTH AUSTRALIA.....	28
<i>Social and Emotional Wellbeing programs</i>	28
Aboriginal social and wellbeing brochures.....	28
Meningie: Social and emotional wellbeing Aboriginal communities	28
WESTERN AUSTRALIA.....	30
<i>Social and Emotional Wellbeing programs</i>	30
Best Start.....	30
Mentally healthy WA campaign	30

NATIONAL.....	33
<i>Depression-specific programs</i>	33
Resourceful adolescents program (RAP)	33
<i>Social and Emotional Wellbeing programs</i>	33
Community Matters.....	33
Deadly Vibe Magazine	34
Mental health promotion in high schools.....	36
Reconnect	37
TREATMENT PROGRAMS	39
AUSTRALIAN CAPITAL TERRITORY (ACT)	39
<i>Social and Emotional Wellbeing programs</i>	39
Muuji Regional Centre for Social and Emotional Wellbeing.....	39
Social and Emotional Wellbeing Team	40
CENTRAL AUSTRALIA	41
<i>Social and Emotional Wellbeing programs</i>	41
Central Australian Emotional and Social Wellbeing Regional Centre	41
NEW SOUTH WALES (NSW).....	42
<i>Depression-specific programs</i>	42
Early Health Assessments.....	42
<i>Social and Emotional Wellbeing programs</i>	42
Aboriginal Mental Health Unit	42
Bringing them Home, Social and Emotional Wellbeing Program	43
Bugalwena Service: Tweed Community Partnership	43
Social and Emotional Wellbeing	44
More Allied Health Services (MAHS)	44
More specialist outreach services (MSOAP)	44
Better Outcomes in Mental Health (BOiMH)	44
Better Outcomes in Mental Health.....	45
General practice clinic	46
Women's Healing Space Project	46
NORTHERN TERRITORY.....	48
<i>Social and Emotional Wellbeing programs</i>	48
Aboriginal Mental Health Worker Program: "Working both Ways"	48
Australian Integrated Mental Health Initiative (AIMHI) – Northern Territory	50
Emotional and Social Wellbeing Centre Danila Dilba	52
Pathways – Recovery Oriented Rehabilitation Program	52
QUEENSLAND	54
<i>Depression-specific programs</i>	54
The Social Health Program, WuChopperen and Medical Services.....	54
<i>Social and Emotional Wellbeing programs</i>	54
Australian Integrated Mental Health Initiative (AIMHI) – Far North Queensland.....	54
Indigenous Risk Impact Screen and Brief Intervention	56
Mater Child and Youth Mental Health Service	57
SOUTH AUSTRALIA.....	59
<i>Social and Emotional Wellbeing programs</i>	59
Aboriginal Youth Mental Health Partnership Project.....	59
Coordinated Aboriginal mental health care: a model for best practice.....	60
The Medical Specialist Outreach Assistance Program (MSOAP)	61
The South Australian Centre for Indigenous Social and Emotional Well Being (Nunkuwarrin Yunti)	62
Social and Emotional Wellbeing Counselling.....	63
'Story Reflecting' approach of Narrative Therapy	63
Swanport House Community Program	64
VICTORIA	65
<i>Social and Emotional Wellbeing programs</i>	65
Access to Allied Health Service (Better Outcomes in Mental Health Care initiative).....	65
Family Counselling Service	66
Emotional and Spiritual wellbeing	67
Koori Health/ Healing Service.....	67
Koori Mental Health Project	68
Mental Health Services.....	69
Wannik Nalu – Social and Emotional Well Being and Stolen Generation Support Service.....	69
Western Suburbs Indigenous Gathering Place Association.....	70

WESTERN AUSTRALIA	71
<i>Depression-specific programs</i>	71
Indigenous Psychological Services.....	71
SEWB centre and AHW training	72
<i>Social and Emotional Wellbeing programs</i>	73
Aboriginal community support service	73
Project planning group for an Aboriginal mental health support service	74
Building solid families program	74
General Practice Clinic	75
Indigenous Mental Health Worker.....	76
Peel South West Division of General Practice Mental Health Program	76
Pit Stop	77
Better Outcomes in Mental Health	77
Kids Help Line	78
SUICIDE	80
NORTHERN TERRITORY.....	80
Tangentyere Family Wellbeing Project	80
QUEENSLAND	82
Peer support system.....	82
VICTORIA	83
Step Project	83
WESTERN AUSTRALIA	85
Information and support pack for those bereaved by suicide or other sudden death.....	85
NATIONAL.....	86
CommunityLIFE Project.....	86
Suicide prevention training	87
Living Is For Everyone (LIFE): A framework for prevention of suicide and self-harm in Australia	88
Information resource 'Aboriginal people working together to prevent suicide and self harm'	89
Response Ability.....	90
Stayin' Strong radio program	91
"Toughin it out": survival skills for dealing with suicidal thoughts	92
RESEARCH.....	93
SOUTH AUSTRALIA.....	93
<i>Depression-specific programs</i>	93
Men, hearts and minds: Exploring the link between psychosocial stress, depression and coronary heart disease in Indigenous men from Central Australia	93
<i>Social and Emotional Wellbeing</i>	94
Better Medication Management for Aboriginal People with Mental Health Disorders and their Carers.....	94
REFERENCES	96

Introduction

This database of programs and projects was produced as part of a scoping study of depression among Aboriginal and Torres Strait Islander peoples.

The scoping study was commissioned by *beyondblue*, the national depression initiative, in response to the lack of detailed knowledge of the levels of mental health problems (particularly depression) among Indigenous peoples and of services addressing these problems. The Australian Indigenous Health*InfoNet*, the leading source of knowledge and information about the health and wellbeing of Indigenous peoples, was identified as a suitable group to undertake this scoping study.

The objective of the scoping study was to identify and collate information relating to the level and nature of depression among Indigenous peoples and to identify the services across Australia that are available to address these issues. This database addresses the latter part of this objective, providing information about programs and projects that aim to raise awareness about, prevent, treat and research depression and social and emotional wellbeing related problems among Indigenous peoples. Some information is also provided about projects that address suicide among Indigenous communities, as these programs have implications for projects addressing depression.

Methodology

The study involved the identification of innovative programs and projects addressing depression and related mental health issues among Australia's Indigenous peoples.

These were identified through multiple processes:

- examination of the literature (including grey literature) about programs and projects addressing social and emotional wellbeing, mental health, and/or depression among Indigenous peoples;
- contacting key people involved in prevention, treatment and/or research of depression among Indigenous peoples;
- making specific groups aware of the scoping study (including: Aboriginal community controlled health services, general practitioners through the Divisions of General Practice, health promotion workers, selected psychiatrists, a number of the Social and Emotional Well Being centres); and
- contacting State and Territory health authorities.

The aim was to collect the following information about relevant programs/projects: locality, phases, setting, organisation(s) involved, target group, evaluations, and recommendations.

In contacts with researchers, practitioners, and health workers, the three questions covered included the three core objectives of the study:

- What do you know about the level and nature of depression and related disorders among Australia's Indigenous peoples?
- What do you know of the level of awareness of depression among Indigenous peoples and their carers? This includes causes, treatment options, etc.
- Are you aware of/ Have you initiated programs or projects addressing depression among Indigenous peoples? This includes projects aimed at the prevention of depression and related disorders. Is there any information available on an evaluation of these projects and/or programs?

A short template was developed to enable people to provide information. An online link, <http://www.healthinfonet.ecu.edu.au/depression/>, was provided for completion of the template.

An attempt was made to contact all Aboriginal community controlled health services (ACCHS). A total of 176 ACCHSs were contacted via mail. The letter explained the objectives of the study and invited the ACCHS to participate in the scoping study. In this letter the webpage with the short template was included.

A total of 119 Divisions of General Practice were contacted via email, which included as an attachment a similar letter to that sent to the 176 ACCHSs. The link to the webpage with the short questionnaire was included in the email message.

As well, information about the study was distributed:

- as an article in *InTouch*, the newsletter of the Public Health Association of Australia (PHAA);
- approximately 150-200 members of the PHAA Aboriginal and Torres Strait Islander Health Special Interest Group received a similar email and letter combination as the Divisions of General Practice. A similar email and letter was sent also to the convenor of the PHAA Mental Health Special Interest Group, but it is uncertain if these were forwarded to group members as no formal response was received;
- as a short information piece on the 'news at a glance' page of the Queensland's Women's Health Network website;
- to approximately 280 members of the Australian Indigenous Health Promotion Network; and
- to the RACGP member network through an email, circulated by Ms Pauline Curtis.

The HealthInfoNet is aware that there is often a wealth of information at the grassroots level, which does not always make it to publications or websites. In particular, information on projects that are being tried in ACCHSs often stays within that Service, even though it may be useful to other people trying to achieve similar goals. Therefore, attempts were made to contact as many Social and Emotional Well Being Centres as possible. Most of these Social and Emotional Well Being Centres are associated with an ACCHS, so would probably have received a copy of the letter sent to all ACCHSs, but efforts were made to contact them directly via email and telephone. Addresses have changed over time, so it was difficult to contact some centres.

The Centres contacted include:

- Winnunga Nimmityjah Aboriginal Health Service Inc, Narrabundah, Australian Capital Territory;
- Sydney Regional Centre (Redfern Medical centre), Redfern, New South Wales;
- Central Australian Aboriginal Congress, Alice Springs, Northern Territory;
- Danila Dilba Health Service, Darwin, Northern Territory;
- Ngaanyatjarra Pitjantjatjara Yankunatjara (NPY) Women's Council Aboriginal Corporation, Alice Springs, Northern Territory;
- Aboriginal and Islander Community Health Service, Woolloongabba, Queensland;

- Regional Training Centre for Social and Emotional Well Being (Bidjerdii Aboriginal and Torres Strait Islander Corporation Community Health Service), Rockhampton, Queensland;
- Nunkuwarrin Yunti Inc., Adelaide, South Australia;
- Tasmanian Aboriginal Centre Inc., Hobart, Tasmania;
- Melbourne Regional Centre, VAACHO, Fitzroy, Victoria;
- Nguleegoo at Bega Garnbirringu Health Service, Kalgoorlie, Western Australia;
- Kimberley Aboriginal Medical Service, Broome, WA;
- Perth Regional Centre (Indigenous Psychological Services), Perth, Western Australia; and
- South West Aboriginal Medical Service, Bunbury, Western Australia

It was not possible to speak with people at all of these Centres, as some appeared to be short-staffed, and some do not appear to have any projects related specifically to depression.

A standardised summary of information was collated for each of the projects and programs identified.

Structure of this database

The database is structured into five sections; awareness, prevention, treatment, suicide, and research. Awareness related programs include those that aim to educate the Indigenous community and/or Indigenous health professionals about depression or related mental health issues. Programs designed to promote resilience and/or social and emotional wellbeing among Indigenous people were classed as preventive. Treatment programs include those that offer counselling, therapy and support for Indigenous people with depression or related social and emotional wellbeing problems. Programs that were targeted at suicide prevention, awareness or familial support were categorised as suicide programs. Research projects that are purely evaluative or observational and did not fit under the other sub-headings were included in a research section.

Within each of these sections, the programs and projects are grouped according to the State or Territory in which they are located and whether they are a depression-specific project or related more generally to social and emotional wellbeing.

These groupings are used to provide some insight into the level of service provision for Indigenous peoples between the States and Territories of Australia, and into the types of service provided (that is, awareness, prevention, treatment, etc.). This will allow an initial overview of where service provision is lacking, geographically and in which domains (awareness, prevention, treatment, etc.).

Under the State or Territory categorisation, programs are further classified as being either depression-specific or related more generally to social and emotional wellbeing. The scoping study set out to investigate depression among Indigenous peoples, but one of the outcomes of the study was that depression and other mental health issues are generally referred to and dealt with under the general heading of social and emotional wellbeing. Therefore, both depression and social and emotional wellbeing programs are included in the database and are categorised according to whether they are depression-specific or more general.

Some programs targeted at suicide awareness, prevention and familial support are also included in the database. It should be noted that information about suicide-related programs was not the focus of the scoping study, so the programs included in the database represent only a small subset of those that exist across Australia. They are included in the database because depression can be an antecedent for suicide, and prevention-oriented suicide programs often overlap with depression-oriented prevention programs. The suicide-related programs are included in a separate section and are also grouped by State and Territory.

Acknowledgements

The content of the database of programs and projects was for a large part developed with the help of the people working in the area of Indigenous health and wellbeing. We thank all those people who so kindly provided us with the information needed for the development of this database.

Of the many people who have assisted in the preparation of the database, special thanks are extended to the following people for providing us with contacts and information:

- Mary Guthrie, Coordinator Aboriginal and Torres Strait Islander Issues at Auseinet;
- Associate Professor Helen Milroy, Mental Health Services and Institute for Child Health Research; and
- Tom Brideson, Assistant Director of the Social Health Section of the Australian Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health.

Thanks are extended also to other members of the *HealthInfoNet* team for their support throughout the collection and development of the report

Programs to promote awareness of depression and mental health issues

New South Wales

Depression-specific programs

Project title	Postnatal depression in Aboriginal communities project
Project details	Year commenced: 1999, project ran for six months Location: NSW Funding: National Women's Health Program Service type: Awareness
Project description	Target group: Indigenous people Geographic details: Shoalhaven and Illawarra, NSW, regional Service: The project aimed to raise awareness about postnatal depression within the local Aboriginal communities by holding a training day for Aboriginal health workers and developing a poster and brochure. The training day was extremely successful. Workers felt that their understanding of postnatal depression had improved, and the issue was rated by all 13 participants as 'important' or 'extremely important' for their communities.
Outputs	The project produced a poster and brochure for postnatal depression.
Evaluation	Anecdotal evidence from the Aboriginal Health Workers that attended the training session indicated that they thoroughly enjoyed it and obtained a lot of new and useful information.
Organisation	Name: South Eastern Sydney and Illawarra Area Health Service Type: Government Service: Contact: Women's Health Coordinator: Theresa Hoynes, Ph: (02) 4297 1622, Fax: (02) 4296 8397 Website: www.sesiahs.health.nsw.gov.au
Source	www.sesiahs.health.nsw.gov.au

Project title	Workshop: Understanding depression for the individual and the family
Project details	Location: VIC Service type: Education and awareness
Project description	Target group: The workshops are provided for the Bringing Them Home and Stolen Generation workers. Koori Workers are also encouraged to attend. Geographic details: Fitzroy, Victoria, major city. Service: Victorian Aboriginal Controlled Health Organisation provides professional development courses for the Bringing them Home and Stolen Generation workers. Koori workers are also encouraged to attend. Workshops last for one day. Understanding Depression for the individual and the family was delivered at workshops across Victoria. The workshop includes information about;

	- Feeling blue vs. depression; - Classification of depression; - Symptoms of depression; - Body Mind connection; - Meditation; - Preventing depression; and - Treatment options. Participants are also provided with resources and information about depression and meditation that they can take away with them.
Evaluation	The program has not been evaluated.
Organisation	Name: Victorian Aboriginal Controlled Health Organisation (VACCHO) Type: Indigenous community controlled organisation. Service: VACCHO represent the collective of all Aboriginal community controlled health organisations around Victoria and ensure there is a strategic planning forum and a community controlled political voice to represent Indigenous people in their struggle for improved health status. Contact: Education and Training Officer Social and Emotional Wellbeing Unit: Barb Honeysett Email: barbh@vaccho.com.au
Source	Survey response

Social and Emotional Wellbeing programs

Project title	Djirruwang Aboriginal and Torres Strait Islander mental health program
Project details	Year commenced: 1993 Location: NSW Funding: Charles Sturt University Service type: Awareness and treatment
Project description	Target group: Aboriginal and Torres Strait Islander people wanting to work in the Indigenous mental health care setting Geographic details: Wagga Wagga, New South Wales, regional Service: Djirruwang Aboriginal and Torres Strait Mental Health Program is a university course specifically for Aboriginal and Torres Strait Islander people who wish to work in the area of Indigenous mental health. The Djirruwang program delivers a three-year Bachelor of Health Science (Mental Health) degree with exit points at degree, diploma and certificate levels. The topics covered within the degree cover a range of areas from generic skills in mental health to research, professional issues and various mental health related topics and issues. Clinical placements are also undertaken by students in the course. The rationale for this program is to create an effective and efficient mental health professional workforce. In 2004, there were 46 students from across Australia studying in the course. Since commencement 70 students have graduated; 34 with degrees, 35 with diplomas and one with a certificate.

Evaluation	The curriculum and course structure within Djirruwang was reviewed and re-written where appropriate in 2002. This process was undertaken by Aboriginal and non-Aboriginal people from the mental health industry. Informal student feedback for the course is also sought on a regular basis.
Organisation	Name: Charles Sturt University Type: Non-government Service: Research, training and education. Contact: Director Djirruwang Program: Tom Brideson Email: Tom.Brideson@Health.gov.au Contact: Course Coordinator: Jane Havelka, Ph: (02) 69 332 889, 0422 497 631 Email: jhavelka@csu.edu.au
Source	(Brideson and Kanowski, 2004)

Project title	Internship Program
Project details	Year commenced: 2004 Location: NSW Service type: Awareness and education.
Project description	Target group: Indigenous mental health tertiary students from communities across New South Wales. Geographic details: Wagga Wagga, NSW, regional. Service: The Aboriginal and Torres Strait Islander Internship program seeks to refine, trial and evaluate a model of mental health service delivery for Aboriginal and Torres Strait Islander children, young people and their families. Its primary aims are to: - Develop a model that increases expertise in the Aboriginal and Torres Strait Islander workforce for the provision of child and adolescent mental health services; - Engage in consultation with communities to determine priorities for promoting the social and emotional wellbeing of children and young people and identify the barriers to service access; - Increase the literacy of local mainstream mental health workers and other key professional groups, regarding the risk and protective factors for the social and emotional wellbeing of children and adolescents of Aboriginal and Torres Strait Islander backgrounds; - Work with local agencies and programs to promote activities that aim to reduce risk factors and enhance protective factors; - Conduct an evaluation of the training and practice model and disseminate resources and findings on the culturally appropriate delivery of mental health services to children and adolescents and their families, for wider implementation and further study. Towards these aims a supported, integrated training and professional development program for individuals from Aboriginal and Torres Strait Islander communities has been developed. The program aims to develop their expertise in child and adolescent mental health. The three year program involves; - Academic study through the accredited Djirruwang Aboriginal

	and Torres Strait Islander mental health at Charles Sturt University; - Completion of a clinical education supervision program conducted through the Department of Psychological Medicine (CHW); and - Employment as an Aboriginal and Torres Strait Islander Child and Adolescent mental health worker with professional support and supervision through the area health service. Consultation with Aboriginal health and education professionals was conducted to identify potential problems of the development of the internship program. A recurring theme during the consultation process was the importance of support and cultural awareness. Strategies implemented in the internship program to maintain support and cultural awareness include the provision of appropriate supervision, debriefing and mentoring on an ongoing basis from the coordinator at Child and Adolescent Mental Health Service and also the coordinator at Children's Hospital Westmead. A mentoring program has also been initiated so that interns can seek and gain support from more experienced Aboriginal staff within the New England Area Health Service.
Evaluation	Program evaluation is an ongoing and collaborative process that is guided by consultants in order to ensure the process is pertinent to the Aboriginal context. Over the course of the program feedback will be sought from interns, mainstream and Aboriginal service providers, families and the Aboriginal community, statistics and records. The evaluation process will consider the following areas; - Strengths and weaknesses of the internship program as a model of professional development; - Capacity of the Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Worker model of care to meet the identified needs of communities and reduce the barriers to service access; - Acceptability of the Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Worker model of care to users of the service; and Whether the model improves linkages between mental health and other sectors to promote the well-being of children and young people and their carers. Lessons learned to date include that: - Consistent support at the early 'adjustment' stages cannot be overstated. Most important is the access to supervisors and the development of a good, trusting relationship between students and supervisors; - Provision of a structured learning environment with clear objectives and clear lines of responsibility is very important; and - Recognition of the enthusiasm and commitment of both the services and the interns themselves plays an important part in the early success of the program.
Organisation	Name: The internship program is an initiative of New England Area Health Service and the Department of Psychological medicine at the Children's Hospital Westmead (CHW). Type: Both organisations are non-government.

	<i>New England Area Health Service</i> Service: Provides comprehensive health care services in rural and remote areas within NSW. <i>Children's Hospital at Westmead (CHW)</i> Service: The department of psychological medicine at CHW is a lead agency in the provision of family centred mental health services to children and young people. The department has an ongoing role in providing training and supervision to child and adolescent mental health services and mental health workers from rural and remote communities. Contact: CHW: Ph: (02) 9845 0000 Website: www.chw.edu.au
Source	(Bartik, 2005)

Northern Territory

Depression-specific programs

Project title	Community general practitioner: Depression education for rural staff
Project details	Year commenced: 2005 Location: NT Funding: Northern Territory Health Service type: Awareness and education
Project description	Target group: Indigenous staff working in the mental health field in the Northern Territory Geographic details: Remote areas Service: The aim of the program is to develop awareness of depression for staff in remote health clinics to improve awareness, detection and management of depression.
Evaluation	The program has not been evaluated.
Organisation	Name: Central Australia Remote Health Type: Non-government Contact: Dr. Steve Foster, Ph: (08) 8951 7810, 0401 114 155 Email: stevefoster@ozemail.com.au
Source	Survey response

Project title	Just Ask Project
Project details	Year commenced: 2001 Location: National Funding: Australian Government Department of Health and Ageing, Promotion and Prevention Branch and the Office of Rural Health and Palliative Care Service type: Awareness and prevention
Project description	Target group: Indigenous and non-Indigenous adults and children Geographic details: Lifeline resources are available nationally; major cities, regional and remote Service: Lifeline's Just ask is a broad, accessible national mental health service providing an information-based intervention for individuals, professionals, families and communities in rural and regional areas. Lifeline's Just ask provides you with relevant information, services, support groups, websites and tool kits regarding mental health concerns. Lifeline's Just ask is a national rural mental health information and referral service. In supporting the school community, Just ask provides a number of 'self-help' toolkits to inform and assist parents, teachers and students in dealing with a range of mental health and trauma related issues. Toolkits are available on the following topics: - Living with Children with ADHD;

	- Carers of People with Mental Illness; - Beating the Blues (depression); - Beating Panic Attacks; - Getting through the drought; - Helping your children cope with the after effects of the bushfires; - Emotional well-being toolkits for indigenous communities; - Help when you're feeling down (Indigenous specific resource for depression); and - Aboriginal Suicide Prevention Information. Expected outcomes of the program are improved awareness of mental health issues and access to services.
Outputs	Several toolkits are available that provide plain language information on topics including suicide and depression. The suicide toolkit is Indigenous specific, however the depression toolkit is targeted at everyone, though is still a very useful resource for Indigenous people.
Evaluation	The program has not been evaluated
Organisation	Name: Life Line Type: Non-government Service: Services provided by Lifeline include counselling and support, advocacy, training, education and resources. Contact: Lifeline, 131154 Email: justask@lifeline.org.au
Source	(Lifeline, 2004a, Lifeline, 2004b)

Project title	Mental Health First Aid (MHFA)– Development of a manual for Indigenous people
Project details	Year commenced: 2005 Location: NT Funding: Commonwealth Department of Health – Suicide Prevention Branch Service type: Awareness and education
Project description	Target group: The program is targeted at community members Geographic details: NA – MHFA manual for Indigenous people is still in a development phase. Once developed it will be able to be used nationally. Service: MHFA is a 12 hour course that aims to improve the mental health literacy of members of the Australian community. The course also provides peoples with skills and knowledge designed to help a person better manage a potential or developing mental health problem in him/herself or in a family member, or friend. The course does not teach people how to diagnose or treat a mental disorder. The course runs over four sessions of three hours each for a total of 12 hours. It covers helping people in mental health crisis situations and/or in the early stages of mental health problems. The course provides information about depression, anxiety disorders, psychosis and substance use disorder. The current project MHFA – development of a manual for Indigenous people, is working towards rewriting the MHFA manual from which the training course is based, to be culturally appropriate for Aboriginal people. At this stage the manual is in the development phase and Len Kanowski in conjunction with Allan Sambono are in the process of

	obtaining input from several other Aboriginal people with experience in mental health. The manual should be complete by the end of 2005. Funding permitting, the project also aims to: develop a week long MHFA instructor course for Aboriginal and Torres Strait Islander people; accredit Aboriginal and Torres Strait Islander MHFA instructors who will conduct the culturally adapted MHFA course in Aboriginal and Torres Strait Islander communities throughout Australia; conduct MHFA courses in Aboriginal and Torres Strait Islander communities nationally; develop culturally specific resources on anxiety, depression, substance use disorders and psychosis; and conduct evaluation and research in conjunction with Aboriginal communities.
Evaluation	The Indigenous specific MHFA course will be evaluated once the manual is complete and has been used with Aboriginal communities. The original MHFA course has been evaluated three times; 1. In an uncontrolled trial with the public in 2001; 2. Controlled trial of MHFA in the workplace in 2002; and 3. Controlled trial of MHFA with the public in a rural area in 2003. Common outcomes of the evaluations include better recognition of mental health disorders, decreased stigmatisation of mental illness, increased confidence in providing people with advice and assistance and improved mental health in the participants themselves.
Organisation	Name: Auseinet is managing the current project. The original MHFA manual was developed by the Centre for Mental Health Research. Type: Non-government Service: Promotion, prevention and early intervention of mental health. Contact: Bill Greaves Email: bill.greaves@flinders.edu.au Website: www.mhfa.com.au
Source	www.mhfa.com.au

Social and Emotional Wellbeing programs

Project title	The Mind your Mind Kit: Promoting positive mental health amongst young people
Project details	Year commenced: 2004 Location: NT Funding: Department of the Chief Minister and the Department of Health and Community Services Service type: Awareness and prevention
Project description	Target group: Indigenous and non-Indigenous youth Geographic details: The project was implemented across the Northern Territory in both regional and remote areas. Service: The Mind your Mind Kit provides a series of fact sheets aimed at building coping skills and raising awareness of mental health issues in young people. The fact sheets cover a number of areas relevant to young people and offer some suggestions for dealing with these issues. The fact sheets cover the following topics; - Promoting positive mental health amongst young people;

	- Stress and coping; - Pressures and expectations; - Relationships; - Positive image; - Bullying and harassment; - Suicide; - What to do if someone you know is having trouble coping; - Loss and grief; - About mental illness; - Information for parents and carers; and - Useful contact information.
Outputs	Fact-sheets for youth about resilience and mental illness.
Evaluation	The program will be evaluated next year (2006)
Organisation	Name: Department of the Chief Minister and the Department of Health and Community Services. Type: Both are government services. Contact: Office of Youth Affairs Department of the Chief Minister, Ph: 1800 652 736 Email: oya@nt.gov.au Website: www.youth.nt.gov.au
Source	Mind your Mind Fact-sheets available at www.youth.nt.gov.au

Project title	Mindframe media and mental health project- part of the national Mindframe media initiative
Project details	Year commenced: 2004 Location: National Funding: Australian Government Department of Health and Ageing Service type: Awareness
Project description	Target group: Media sources and outlets and mental health organisations. Geographic details: National; major cities and regional areas. Service: The project aims to build a collaborative relationship with the Australian media, other media sources and mental health systems to enable a more accurate and sensitive portrayal of suicide and mental health issues across all news media in Australia. Towards this aim the mindframe media and mental health project has produced a book 'Reporting Suicide and Mental Illness' and an accompanying website.
Evaluation	The awareness, attitudes towards, and use of the print resource 'Reporting Suicide and Mental Illness' and its companion website by mainstream and indigenous media organisations was evaluated in the last quarter of 2004. Follow-up phone calls to mainstream media organisations indicated that; - Over half of the journalists surveyed were familiar with the printed resource (53.3%); - 93.3% of the journalists surveyed did not attend the promotional visit at their organisation; - 13.3% were aware of the Mindframe website; - A small proportion had read the resource in detail; - All except one participant agreed that they would use the

	resources in the future if the need arose; - Of the journalists interviewed 37.5% agreed that the resource was very useful while 62.5% stated that the resource was moderately useful. Follow-up phone calls to Indigenous media organisations indicated that; - Half of the media professionals surveyed (50%) were familiar with the print resource and had read it in detail; - 75% had not attended the promotional visit conducted at their organisation; - 37.5% were aware of the website; - None of the journalists had used the resource to date, however none had had to report on suicide or mental illness since receiving the report. - All participants that they would use the resource in the future when the opportunity presented itself; All surveyed professionals agreed that the resource was very useful.
Organisation	Name: This project is coordinated by the Hunter Institute of Mental Health in partnership with Auseinet, SANE Australia and two Indigenous consultants. Type: Non-government Service: Hunter institute of mental health promote mental health and improve outcomes for people with mental illness, through education and training, health promotion, research and evaluation. Contact: Program Manager: Jaelea Skehan, Ph: (02) 49246727, Fax: (02) 49246724 Email: Jaelea.Skehan@hnehealth.nsw.gov.au
Source	(Hunter Institute of Mental Health, 2005)

Project title	Your Mental Health and Alcohol: Managing the Mix
Project details	Year commenced: 2004 Location: Nineteen projects are being delivered nationally Funding: Primarily funded by the Alcohol Education and Rehabilitation Foundation. Contributions are also made from the Department of Health and Ageing (Rural Health and Palliative Care and Drug Strategy Branches) and Veterans Affairs. Service type: Awareness and education; will have treatment implications in the long run
Project description	Target group: General practitioners Geographic details: The project has been distributed to 19 sites nationally and 33 divisions of general practice (DGP). The locations include Top End DGP, NSW Central Coast DGP, Adelaide DGP, Perth Central Coast and Osborne DGP, Central Sydney and Canterbury DGP, Mallee DGP, Illawarra DGP, Bendigo and District DGP and Murray Plains DGP, York Peninsula DGP, Westgate and Melbourne DGP, Townsville DGP, Pilbara DGP, NSW Outback DGP, Capricornia DGP, Central Bayside DGP, Eastern Ranges GP Association, Knox, Whitehorse and Inner Eastern Melbourne DGP, Eastern Goldfields Medical DGP, GP North DGP and Canning DGP. Major cities, regional and remote areas

	Service: <i>Your mental health and alcohol: managing the mix</i> aims to enhance the skills and capacity of general practitioners to treat people with co-morbid alcohol and common mental health problems. The project involves; - The development and dissemination of resources for GPs, practices and consumers/carers for use in waiting rooms and consultations; - The provision of Better Outcomes in Mental Health- approved education and training; and - The development of a resource kit consolidating and documenting resources, tools and models developed by these divisions. Objectives of the project include - To raise awareness of the prevalence and burden of disease associated with alcohol misuse and common mental health co-morbidities such as depression and anxiety in the general practice community; - To improve the knowledge, skills and capacity of the general practice sector in the prevention and management of these co-morbidities in primary care; - To build a critical mass of GPs and practice staff competent in the prevention and management of co-morbidities in primary care; - To enhance promote and develop a range of resources and tools for prevention and treatment in general practice and related settings; - To support GPs and Divisions to disseminate quality resources to consumers and carers; and - To build and/or improve a local coordinated, sustainable infrastructure and system for shared care.
Outputs	Resource kit for general practitioners.
Evaluation	An evaluation will be conducted by the Primary Mental Health Australian Resource Centre Based at the Department of General Practice, Flinders University.
Organisation	Name: Australian Divisions of General Practice Type: Government-community-general practice initiative Service: Divisions of General Practice are the key infrastructure for integrated, quality primary health care services delivered through general practice. Contact: Senior program officer, Australian Divisions of General Practice: Slade Parker, Ph: (02) 6228 0846 Email: scarter@adgp.com.au
Source	(Carter, 2004)

Prevention Programs

Australian Capital Territory

Depression-specific programs

Project title	Aboriginal midwives access program
Project details	Year commenced: 2000 Location: ACT Service type: Prevention and treatment
Project description	Target group: Indigenous mothers Geographic details: The Aboriginal midwives access program provides services to the Aboriginal people of the ACT and surrounding areas in NSW; major cities and regional areas. Service: The project aims to care for pregnant women before and after the birth of their child. Services include antenatal care, pathology, organising scans, appointments, social and emotional support and post-natal follow up for the first six to eight weeks after the baby is born. The program aims to achieve prevention or early detection of antenatal and post-natal depression.
Evaluation	The program has not been evaluated
Organisation	Name: Winnunga Nimmityjah Aboriginal Health Service Type: Indigenous controlled community health service Service: Winnunga Nimmityjah Aboriginal Health Services was established in 1998 as a primary health care service initiated and managed by the local Aboriginal community to provide a culturally safe holistic health service to the Aboriginal people of the Australian Capital Territory (ACT) and surrounding areas in New South Wales (NSW). Contact: Debbie Howroyd, Ph: (02) 6284 6222 Email: winmed7@winnunga.org.au
Source	Survey response

New South Wales

Depression-specific programs

Project title	Aboriginal Child and Maternal Health Team, Cambelltown
Project details	Year commenced: 1998 Location: NSW Funding: Sydney South West area Health Service Service type: Prevention
Project description	Target group: Indigenous children Geographic details: Sydney South West, New South Wales, regional. Service: Aboriginal child and maternal health team Cambelltown provides a home visiting health service targeting women who are pregnant. They address postnatal health issues including post-natal depression, stress, grief and loss through sustained home visiting. They aim is to provide early intervention for mothers who are pregnant, so as they can receive appropriate health care before and after the baby. The program aims to promote the whole wellbeing of the mother, child and other family members. Concerning issues are identified early and referrals are made to appropriate services or advocates. With sustained home visiting the client receives early intervention for a range of health issues including post-natal depression, family stress and depression.
Evaluation	The program was evaluated by CHETRE Liverpool. Outcomes of the evaluation show that the programs progress has been limited by staffing issues including: low staff numbers due to low funding; and high turnover due to short term funding agreements.
Organisation	Name: Sydney south west area health service Type: Government Service: Sydney South West Health looks after all public hospitals and healthcare facilities in central and south western Sydney from Balmain to Bowral. We provide healthcare to more than 1.3 million people over 17 local government areas. Contact: Nathan Sheriff, Ph: (02) 9605 8900 Email: sheriff@swsahs.nsw.gov.au
Source	www.sswahs.nsw.gov.au

Project title	Talk good to Yaself/Blak N' Blues
Project details	Year commenced: 2002 Location: NSW Funding: Commonwealth Department of Family and Community Services Service type: Prevention
Project description	Target group: Indigenous youth Geographic details: The resource is targeted at Indigenous youth in rural NSW Service: Talk good to Yaself/Blak N' Blues is a comic book resource aimed at demonstrating the effect of depression on young Indigenous people and strategies to adopt in order to cope with

	and overcome depression. The Streetwise resource development process includes full participation of the Indigenous communities concerned, and the target group, in all stages of development. Objectives of the project are: 1. To increase access to support services for young Indigenous people in rural NSW who suffer from depression; 2. To increase awareness of depression to make it more acceptable for young Indigenous people to seek help and recognise others in need; 3. To develop a resource that can be used by workers in the community with young Indigenous people. Expected outcomes are greater awareness of and ability to cope with depression among Indigenous youth.
Outputs	Comic book resource; Talk good to Yaself/Blak N' Blues
Evaluation	The project was externally evaluated. Outcomes of the evaluation indicated that Talk good to Yaself/Blak N' Blues had successfully achieved all of its objectives. Additional outcomes are that the resource has made a positive difference in the community it is intended to target. The project has been able to bring the community and the service providers together and has the tendency to increase Indigenous youth's awareness of such issues as depression in the long term. The comic resource has provided the target group with a useful resource, which is culturally sensitive and appropriate to the literacy level of the group.
Organisation	Name: Streetwise Communications Type: Non-government Service: Produce comic based publications to raise awareness within the Indigenous and non-Indigenous population about a range of issues. Contact: Lyn Southwell, Ph: (02) 8255 1182 Email: Lynne.southwell@facs.gov.au Website: www.streetwise.com.au
Source	Survey response (Khavarpour, 2003, Rice, 2002)

Social and Emotional Wellbeing programs

Project title	Aboriginal Disability Network, NSW
Project details	Year commenced: 2002 Location: NSW Funding: Westpac Foundation and the Rio Tinto Aboriginal Foundation Service type: Prevention
Project description	Target group: Indigenous people with a disability. Geographic details: The Aboriginal Disability Network visits Indigenous communities all over New South Wales: major cities, regional and remote. Service: In 2004 the Aboriginal Disability Network NSW visited more than 30 Aboriginal communities throughout NSW. Disabled individuals were provided with advocacy support through

	the Individual Advocacy Unit at People with Disabilities Australia and Aboriginal people with a disability and community members were consulted about the needs of people with a disability. The consultations highlighted the degree of unmet need and the lack of services available to Aboriginal people with disability throughout NSW. Support groups for Aboriginal and Torres Strait Islander people were also initiated. These groups involved Aboriginal and Torres Strait Islander People: - Telling their story; - Give each other support; - Creating a voice for positive change; and to - Speak for themselves. This is a preventive program as it provides advocacy and support for a population that are highly vulnerable to developing a mental illness such as depression.
Outputs	By the end of 2005 a major report discussing outcomes from the community consultations will be released.
Evaluation	The program is currently being evaluated by the Disability Studies and Research Centre
Organisation	Name: People with Disability (PWD) Australia Type: PWD is a non-profit, non-government organisation Service: PWD Australia Incorporated is a national peak disability rights and advocacy organisation. Its primary membership is made up of people with disability and organisations primarily constituted by people with disability. PWD also has a large associate membership of other individuals and organisations committed to the disability rights movement. Contact: Damien Griffis, Ph: (02) 93196622 Email: damiang@pwd.org.au
Source	Survey response

Project title	Better Outcomes in Mental Health for Paediatric/Adolescent Aborigines in the Macarthur area
Project details	Year commenced: 2005 Location: NSW Funding: Commonwealth department of Health and Ageing Service type: Prevention
Project description	Target group: Indigenous youth Geographic details: MacArthur, New South Wales Service: This project aims to provide advice to the Commonwealth on the needs of Paediatric/Adolescent Aborigines in the Macarthur region under the Better Outcomes in Mental Health Program and to seek additional funding to facilitate an increase in the level of intervention required by this population group in order to maximise a positive outcome. Evidence suggests that the forces driving the marginalisation of Aboriginal youth has its genesis in racism, historical oppression and dispossession that overtime has had a cumulative effect upon generations of Aboriginal people and the family structure. The fact that many Aboriginal parents and grandparents of today's Aboriginal

	youth were themselves raised without their traditional parenting models has seen this absence of nurturing and proper behaviour models, lead to an inability for many Aboriginal parents to resolve interpersonal conflicts with their children. Due to the complex nature of the issues affecting Aboriginal youth and after consultation with treating clinicians and psychologists, it was determined that for any in-roads to be gained from offering Aboriginal youths access to the Better Outcomes in Mental Health Program, research into the needs of Aboriginal youth in the MacArthur region must be conducted.
Evaluation	The program has not been evaluated.
Organisation	Name: Macarthur Division of General Practice Type: Non-government Service: Professional body of general practitioners in Macarthur. Contact: Jane Prain, Ph: (02) 46259522 Email: janeprain@macdivgp.com.au
Source	Survey response

Northern Territory

Depression-specific programs

Project title	Sadness and heart disease
Project details	Year commenced: 2005 Location: NT Funding: NHMRC and GPET Service type: Prevention
Project description	Target group: Indigenous adults and children Geographic details: Darwin, Northern Territory, major city Service: Sadness and heart disease is a research project aimed at assessing the acceptability and validity of a depression screening tool (the PHQ-9) for use with Aboriginal and Torres Strait Islander People with Ischaemic Heart Disease. The project will also generate prevalence data on depression rates in Indigenous Ischaemic Heart Disease patients.
Outputs	Not yet. Ultimately however, an acceptable depression screening tool for use with Indigenous people will be developed.
Evaluation	The program has not been evaluated.
Organisation	Name: Danila Dilba Health Service Type: Indigenous Community Controlled Health Service Service: Danila Dilba Health Service provides health services training in a primary care model, including clinical services, counselling services, men's and women's health services, AIDS/STD programs, drug & youth programs, and also provides education and training for aboriginal/TSI workers and students. Contact: Danielle Esler, Ph: (08) 8936 1797, 0439 985 383, Fax: (08) 8941 5464 Email: Danielle.esler@ntage.org
Source	Survey response

Social and Emotional Wellbeing programs

Project title	Ngaripirliga'ajirri program
Project details	Year commenced: 2002-2004 Location: NT Funding: <i>Beyondblue</i> , Tiwi Health Board, Charles Darwin University, Cooperative Research Centre for Aboriginal Health, the Northern Territory Department of Health and Community Services and the Australian Government Department of Health and Ageing Service type: Prevention
Project description	Target group: School children and their parents Geographic details: The program operates in three communities in the Northern Territory; Bathurst Island and Melville Island, remote areas. Service: Ngaripirliga'ajirri means 'helping each other to clear a path'. The Ngaripirliga'ajirri program provides school based parenting programs for children at risk. Children are referred to the program from their school, and attend the program over nine weeks

	with one parent or care-giver. The process for the program is to work with the children and parents initially in separate groups; and, then together in a combined group. A key aim of the program is to encourage assertive, non-aggressive parenting.
Evaluation	The program was evaluated by the Tiwi Health Board in 2003. To July 2003, 63 children and over 70 parents and caregivers had commenced participation in the program. Child participation levels were above 90% of sessions, while parental participation was substantial, if somewhat lower, with a mean of 66% of sessions attended. According to qualitative reports; - 80% of children showed a decline in problem behaviours at school during and after attendance in the program; - Of these, around 60% showed marked decline in problem behaviours; - For around 40% of children these gains were reportedly sustained at six months; - Parents of 60-80% of children reported improved communication with child; and - Reported school attendance improved for children participating in the program. - Quantitative data; a behaviour checklist completed by the teachers were administered. Results indicate; - Means scores for problem behaviour show a trend towards improvement from referral through to six month follow up; - School attendance improved; - Threats of suicide declined from 19% to 12%
Organisation	Name: Tiwi Health Board. Type: Government Contact: Ph: (08) 89801828 Email: info@tiwihealth.com.au Website: www.mirrijini.com
Source	www.beyondblue.org.au (Robinson, 2003)

Queensland

Depression-specific programs

Project title	Education for midwives, maternal child health nurses, rural nurses and focus groups for Indigenous women
Project details	Year commenced: 2001-2005 Location: QLD Note: this is a national initiative for the entire population, however the research being conducted in Queensland is Indigenous specific. Funding: Commonwealth and Queensland Governments Service type: Prevention
Project description	Target group: Midwives, maternal child health nurses, rural nurses and Indigenous women Geographic details: The project will be conducted among Indigenous communities in Queensland; major cities, regional and remote. Service: The national initiative broadly aims to help raise awareness about post-natal depression. The research operating in Queensland emphasises the peri-natal needs of Aboriginal and Torres Strait Islander women and the potential role of the mid wife in the prevention of postnatal depression. Specifically, the research is investigating the impact of culturally sensitive and culturally safe education about early recognition and management of post-natal depression to be delivered to Aboriginal and Torres Strait Islander women by local midwives, maternal child health nurses and rural nurses. Two distinct approaches will be undertaken; one will be to raise awareness and education of post-natal depression among mid-wives, child health nurses and rural health nurses who may need to screen women, or help those in rural or regional areas to access services; and two to conduct culturally sensitive and culturally safe focus groups through the auspices of an Aboriginal midwife to address the perinatal needs of Aboriginal and Torres Strait Islander women
Evaluation	The research outcomes are not yet available.
Organisation	Name: Beyond Blue Type: Not-for-profit organisation Service: <i>Beyondblue</i> is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. It is a bipartisan initiative of the Australian, state and territory governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness. <i>Beyondblue</i> works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise around depression. Website: www.beyondblue.org.au
Source	www.beyondblue.org.au

Social and Emotional Wellbeing programs

Project title	Apunpima Family Wellbeing Project (pilot program)
Project details	Year commenced: Commenced in 2001 for one year (April 2001 to May 2002) Location: QLD Funding: Apunpima Cape York Health Council Service type: Prevention
Project description	Target group: Adults and children Geographic details: The pilot projects were run in Hopevale and Wujul Wujul; remote communities Service: The family wellbeing program was developed by the Aboriginal Education, Employment and Development Branch Adelaide, in 1993 and is a nationally recognised empowerment program addressing the physical, mental, emotional and spiritual issues which impact on an Indigenous person's well being, family unity and community harmony. Emphasis is placed on the development of analytical and problem solving skills to address life challenges. The 'family wellbeing' program model is underpinned by recognition of: - The impact of past government policies and the denial of basic human rights and needs to generations of Aboriginal people and their communities; and - The experiences of many Aboriginal people and indeed other societies which have suffered cultural and other forms of dispossession, which shows that it is possible for people to develop the knowledge, skills and attitudes to enable them not only understand the past, but more importantly to take greater control and responsibility over issues affecting their lives now and in the future. For use with the adult population the Family Wellbeing program was adapted to incorporate a participatory action research (PAR) framework which was designed to support individuals and family groups to take greater control and responsibility of their situation. PAR has been defined as "inquiry by ordinary people acting as researchers to explore questions in their lives, recognise their resources, and produce knowledge, and take action to overcome inequalities, often in solidarity with external supporters. Adult and school based programs were implemented in both Wujal Wujal and Hopevale. This was the first time the project had been implemented with children, the program was modified and focused on three specific topics; leadership, basic human needs and relationships.
Evaluation	Evaluations were conducted at the end of the program in 2002. The adult and school programs were evaluated separately. Outcomes of the evaluations were very positive. For the adults there was evidence of a ripple effect from individuals addressing personal and immediate family issues to increasing harmony and capacity to address issues in the wider community. At a personal level the program enhanced participants' self worth, resilience, ability to reflect on the root cause of the problems, problem

	solving ability, as well as belief and hope that there situation can change. At a community level evidence is emerging of increasing capacity to address issues within the wider community. A range of community development processes have been initiated by program participants including: - Exploring options for creating family business strategies to utilise royalties obtained from mining companies, thereby enhancing education and employment opportunities; - Tackling poor school attendance rates and creating safe learning environments for children; - Planning for community After-School and Vacation-Care programs for children at risk. When adapted for schools, the ‘family wellbeing’ program was also very successful. The program has never before been run in a school context or with such a young age group. However, as with the adult program, the school component clearly established its potential as a tool for personal empowerment and community engagement. The program was seen as a ‘good fit’ for school children, relevant and much needed. Outcomes included increased analytical and reflective skills and positive behaviour changes. An additional finding was that for empowerment-style interventions to be effective, they need to be part of broader community strategies that address priority areas at both structural and personal levels. Lessons learned during the project were that: - Family wellbeing should be a part of broader structural amendment; - Program facilitator should be community based. In the present programs facilitation occurred on a fly in/fly out basis; - Extremely positive feedback was received from the adult participants indicating that the program was relevant to their needs. This is extremely important for any program implementation or development. - The program must be able to accommodate for different people with different experiences. Recommendations - Integration of the Family Wellbeing program into existing community and school structures, specifically the ‘River of Life’ strategy’ for the community and into the school curriculum; - Consistent and sustained programming; - Community based facilitators; and - Whole of community input into program implementation and management.
Organisation	Name: Apunpima Cape York Health Council (government) and University of Queensland (non-government) Contact: Komla Tsey Email: komla.tsey@jcu.edu.au
Source	(Tsey, et al., 2003a, Tsey, et al., 2003b)

Project title	MindMatters at Bwgcolman on Palm Island in Queensland
Project details	Year commenced: 2001 Location: QLD Service type: Prevention
Project description	Target group: Indigenous secondary school students Geographic details: Palm Island, Queensland, remote Service: The MindMatters program includes enhancing resilience, dealing with bullying and harassment, understanding mental illness and loss and grief. To supplement these resources, staff is offered curriculum materials, professional development and funding and ongoing support. The program can be tailored to the needs of different schools, at Bwgcolman the programs that were implemented included; a behaviour management plan; a 'Coping with Hard Times' curriculum unit that covered issues including suicide issues, grief and loss; and a whole school approach to bullying.
Evaluation	Reflections on the outcomes of this project were published in the article by Sheehan, Ridge and Marshall (2002): 'This was a great project!': reflections on a 'successful' mental health promotion project in a remote Indigenous school. Outcomes reported in the article include; - The program resources were culturally adapted to the community; - The coping with hard time curriculum was completed and considered a success by those involved; - Significant progress was made with the behaviour management plan; - More health was being taught in the school; - Professional development of staff also included cultural information, for example not to scold students for lateness due to the less of a construction of time as a commodity within Indigenous culture and the importance of family- in view of that sometimes family circumstances may make a child late; - The nurturing of trusting and more supportive relationship with students was also seen as a key issue; and - The school adopted 'Gottcha Cards' to reward good behaviours such as looking after the school environment and completing class work. It was reported to the team that while initially reluctant to receive reward- viewing It as shameful individual attention, students became keen to be rewarded in this way. Recommendations: - The prior planning of projects fully take into account the history of coercive and abusive relations with Aboriginal people in Australia; - Greater awareness of the cultural limitations of centrally developed mental health promotion materials; - Greater emphasis on local control in projects for cultural minorities; - The use of qualitative, action research to evaluate Indigenous mental health projects rather than evaluation paradigms with fixed expectations and outcomes; and - Tackling the problem of multiple-funded projects in Indigenous schools that focus attention on single health topics, working against broader interpretations and actions to address spiritual wellbeing and mental health promotion.

Organisation	Name: MindMatters. Managed by the Australian Principals Associations Professional Development Council (APAPDC) Type: Non-government Service: Provides a comprehensive school based approach to enhance the social and emotional wellbeing of secondary school students. Contact: Project Managers: Susan Boucher, Ph: (08) 8245 9800 Contact: Project Manager: Helen Smith, Ph: (08) 9207 9653 Contact: Indigenous Project Support Officer: Annette Miller, Ph: (08) 8245 9816 Website: www.curriculum.edu.au/mindmatters
Source	(Sheehan, et al., 2002)

South Australia

Social and Emotional Wellbeing programs

Project title	Aboriginal social and wellbeing brochures
Project details	Location: SA Funding: South Australia Department of Health Service type: Prevention and awareness
Project description	Target group: Indigenous adults Geographic details: Murray Mallee, South Australia, regional Service: Two Aboriginal social and wellbeing brochures were developed and launched to the community. The brochures are titled; - What's wrong with me – Am I going Warrangi? and - 10 things WE can do to improve mental health and wellbeing in our community.
Outputs	Two brochures for the Indigenous community.
Evaluation	The program has not been evaluated.
Organisation	Name: Murray Mallee Community Health Service Type: Government Service: The Murray Malley Community Health Service provides a number of different programs for the community. The vision of this group is to create opportunities for the enrichment of the community. Contact: Community Health Service, Ph: (08) 8535 6800, Fax: (08) 8535 6808 Contact: Director Viv Hazel: Email: hazel.viv@saugov.sa.gov.au Contact: Associate Health and Wellbeing Programs Manager: Janet Chambers Email: chambers.janet@saugov.sa.gov.au
Source	www.mbsmh.sa.gov.au/community_health

Project title	Meningie: Social and emotional wellbeing Aboriginal communities
Project details	Year commenced: The project was held between February and July 2002 Location: SA Funding: 3Rs funding from the South Australian Government was available Service type: Prevention
Project description	Target group: Indigenous adults Geographic details: Meningie, South Australia, regional Service: A women's night and a men's camp were organised to talk about gender specific issues for women and men and to promote wellbeing. The aim of the project was to empower Aboriginal community members and increase their emotional resilience by discussing issues that impact on their wellbeing. Empowerment and resilience were promoted within the women and men's group by: increasing knowledge and raising awareness of issues within the community;

	promoting self-esteem, personal skills and coping abilities; building upon social supports; identifying possible community action; and enabling individuals to take more control over themselves and the communities in which they live. The women's nights involved sharing an evening meal before starting group discussions about what it means to be an Indigenous woman in the 21st century. The discussions were facilitated by an Aboriginal health worker and discussions focused on racism in their local communities, the broader community and within certain institutions. The women drew strength from each other's stories about mutual support, family wellbeing, and 'building their spirit' to withstand racism and other problems. The men's day included four workshops with male facilitators about manhood, diabetes, prostate cancer, information, support and men's health generally. A range of issues were discussed from health care to men's roles values and beliefs. What worked well for the women in this program was that they enjoyed/appreciated the opportunity to meet in a large facilitated group, connect with each other and share their stories of adversity and triumph. What worked well for the men was the relaxed environment and organised nature of the presentations. For both the women and the men the event facilitators left their positions after the initial implementation of the program. As the programs initial success was closely tied to the relationship between the program facilitators and the program's participants, the program lost momentum when the facilitators left.
Evaluation	The program was not evaluated.
Organisation	Name: Meningie Hospital and Community Health Service Type: Government Service: Meningie hospital and community health service provides a wide range of health services including primary care, education and health promotion. Contact: Aboriginal Health Worker: Sandy Wilson, Ph: (08) 8575 2777, Fax: (08) 8575 1515 Email: MeningieCHS@sa.gov.au
Source	(Hills Mallee Southern Regional Health Service, 2002)

Western Australia

Social and Emotional Wellbeing programs

Project title	Best Start
Project details	Location: WA Funding: Department for Community Development and the Department of Health and Ageing Service type: Prevention
Project description	Target group: The program is targeted at children between the ages of 0 and 5, their mothers and extended families. Geographic details: Best Start is operating at 15 urban and rural sites across Western Australia. Service: Best Start aims to engage parents and extended families of children between the ages of 0 and 5 to ensure the cultural, health and social needs of their children are met and their preparation and transition to school is improved. The service recognises Aboriginal child rearing practices and builds on the cultural strengths within families to enhance parenting skills. Activities offered include playgroups, nutritional and health education programs, immunisation clinics and mobile health clinics, cultural camps and activities for children, parents and grandparents, women's support groups, family tracing services, assisting with reading and language skills, integration into pre-primary programs, mentoring and role modelling by mature Aboriginal mothers and workshops on safety in the home, behaviour management, nutrition, hygiene and motor skills development in young children. Expected outcomes of the programs are improved parenting, improved social and emotional wellbeing of the child and improved transition into schooling.
Evaluation	The program has not been evaluated.
Organisation	Name: Department of Community Development Type: Government Service: The Department of Community Development (DCD) aims to improve the social and emotional wellbeing of all Western Australians. Contact: DCD central office, Ph: (08) 9222 2555, Fax: (08) 9222 2776 Website: www.community.wa.gov.au
Source	www.community.wa.gov.au

Project title	Mentally healthy WA campaign
Project details	Year commenced: 2005-2008 Location: WA Funding: Health way, WA country health services and Lottery West Service type: Prevention
Project description	Target group: The project is targeted at three coastal, two mining and three farming communities in Western Australia; Albany, Esperance,

	Geraldton, Kalgoorlie, Karratha, Northam, York and Toodyay. Geographic details: WA, regional Service: Mentally Healthy WA is a community based mental health promotion campaign. The project aims to improve mental health in six demonstration sites in regional Western Australia. This will be achieved by increasing individual resilience and community cohesion. A consortium of Healthway, WA Country Health Services, Lotterywest and the Centre for Behavioural Research in Cancer Control, Curtin University will implement a community based mental health promotion campaign in the communities mentioned above. The intervention will be based around the A-B-C guidelines for positive mental health: Act-Belong-Commit. This program will involve a community-based social marketing strategy to encourage community members to be more mentally, physically and socially active; join clubs and organisations; and increase their level of commitment. The Aboriginal Council of WA will fund an Indigenous Project Officer for the Mentally Healthy WA Campaign. The role of the Indigenous Project Officer will be to assist the campaign team in Perth and in six rural towns to develop, implement and evaluate Indigenous participation in a range of mental health promotion events and activities. Objectives of the program are; 1. Implement a range of interventions in six regional centres in WA to influence people's understanding of mental health, awareness of their own mental health, and the desirability of being proactive about one's own and others' mental health. 2. Increase individual's participation in individual and community activities to increase mental health and reduce vulnerability to mental health problems. The interventions will be related to the theme: 'Act-Belong-Commit' 3. Increase the understanding of employers, and other persons in authority, of the importance of how they deal with those in their care, and increase the use of positive rather than coercive practices amongst parents, teachers, supervisors/managers, coaches etc. 4. Build cohesion in communities by fostering links between organisations around a unifying theme promoting positive mental health. 5. Build links between those in the community dealing with mental health problems and those in the community with the capacity to strengthen mental health. 6. Study and document how best to develop and implement partnerships related to mental health promotion across government departments and local organisations. 7. Help communities reduce the incidence of mental health problems such as depression, alcohol and drug abuse, juvenile and adolescent delinquency, and suicide. The project intends to reframe people's perception of mental health
--	---

	from an illness perspective to one where people think about how they can actively protect and strengthen their own and others mental health. The project will also study and document ways to develop and implement partnerships and build cohesion by fostering links between individuals and organisations. Mentally Healthy WA will help communities to reduce the long term outcomes of mental health problems including suicide alcohol and drug abuse and juvenile delinquency.
Evaluation	The program has not yet been evaluated.
Organisation	Name: Research for the project is being undertaken out of Curtin University of Technology Type: Non-government Service: Research, training and education. Contact: Project Manager: Ray James, Ph: (08) 9266 4648, Fax: (08) 9266 1642 Email: ray.james@curtin.edu.au Website: www.mentallyhealthywa.org.au
Source	www.mentallyhealthywa.org.au

National

Depression-specific programs

Project title	Resourceful adolescents program (RAP)
Project details	Year commenced: 1996 Location: National Service type: Prevention
Project description	Target group: Indigenous and non-Indigenous young people and their parents Geographic details: RAP has been used in a number of major cities and regional areas across Australia. Service: The Resourceful Adolescents Program (RAP) is an evidence based resilience building program to prevent depression in adolescents. RAP-A is an 11 session program designed to be run in regular class periods with 12-15 year olds. RAP-P is a three session parent program. RAP-A and RAP-P resources were recently adapted for Indigenous students and parents. This resource has been well received and is currently undergoing evaluation in NSW.
Evaluation	Indigenous specific resources are currently being evaluated.
Organisation	Name: University of Queensland Type: Non-government Service: Education, training and research. Contact: Coordinator of Training and Program Development: Astrid Wurfl, Ph: (07) 3864 4956 Website: www.rap.qut.edu.au
Source	RAP newsletter and www.rap.qut.edu.au

Social and Emotional Wellbeing programs

Project title	Community Matters
Project details	Year commenced: 2005 Location: National Service type: Prevention
Project description	Target group: Secondary school students, their families and communities Geographic details: Community Matters is a national project and has been implemented at many different sites across the country. Service: Community matters shifts the traditional MindMatters focus from mental health to more holistic social and emotional wellbeing, exploring the interrelationship between community, culture and identity and resilience. It addresses how schools, in partnership with their diverse communities can promote the wellbeing needs of all their students. Strategies provided within Community Matters to promote social and emotional wellbeing include; - Promoting health; - Promoting school connectedness;

	- Promoting learning in schools by providing teachers with information about culturally appropriate learning styles for Indigenous students; - Promoting culture and identity within schools; - Promoting diversity; - Information about protective factors; and - Provision of all of the other MindMatters resources that are available including loss and grief, bullying and harassment, resilience and mental illness. By promoting social and emotional wellbeing Community Matters is essentially a preventative program. Examples of Community Matters among Indigenous communities include implementation of the program at Iwantja Indulkana Anangu School and at Woodville High School. Iwantja Indulkana Anangu School uses Community Matters to promote school and community relationships. Woodville High School uses Community Matters to support Anangu students who are from remote communities and are boarding at the school. The Anangu students live at the Wiltja Residence during school terms and head home to their communities for holidays. Both the school and the residence operate in a holistic manner. The residence is culturally supportive and educationally focuses, utilising a targeted recreation program as the vehicle to support the program's educational goals.
Outputs	Community Matters have produced a booklet, DVD and DVD booklet to support the implementation of this program and its strategies.
Evaluation	The program has not yet been evaluated
Organisation	Name: MindMatters; managed by the Australian Principals Associations Professional Development Council (APAPDC) Service: MindMatters is a national mental health promotion tool that is implemented in communities and secondary schools across Australia. Contact: Community Matters Project Officer: Linnell Barelli Contact: Indigenous Project Support Officer, Annette Miller Website: www.curriculum.edu.au/mindmatters
Source	www.curriculum.edu.au/mindmatters

Project title	Deadly Vibe Magazine
Project details	Location: National Service type: Prevention and awareness
Project description	Target group: Indigenous youth Geographic details: Deadly Vibe is a resource used nationally in major cities, regional and remote areas. Service: Deadly Vibe is a magazine for Indigenous students that aims to enhance their academic and social outcomes of schooling, including literacy and numeracy learning, self-esteem and self-concept, regular school attendance and retention, career and employment opportunities, and healthy lifestyles. The articles covered within the magazine are diverse and include health related information including depression. Deadly vibe is a preventative resource for depression as it works towards promoting an individuals resilience hence decreasing their vulnerability to depression or related declines in social and emotional wellbeing.

Outputs	Magazine for Indigenous youth
Evaluation	Deadly Vibe magazine has been evaluated twice; once in a report prepared by the Commonwealth Department of Education, Science and Training titled <i>A research report on an Assessment of Programme Component Activities</i> which examined the literacy and numeracy benefits of Deadly Vibe; and second by Dr Nola Purdie at the Australian Council of Educational Research titled <i>Engaging Indigenous Students at School: An Evaluation of the Deadly Vibe Magazine</i> which examined the impact of the magazine ‘totally’. In the Assessment of Programme Component Activities Report the evaluation found that Deadly Vibe magazine contributed positively and significantly to Aboriginal literacy and numeracy. Key strengths of the magazine were identified as: - The aspirational tenor and positive featuring of Indigenous role models; - The quality format and high production value; - The high interest level of the subject matter; - The ability to span age levels (upper primary to adult) and command interest equally from both sexes of reader; and - Interactive components of the magazine (contests, puzzles and so on). General outcomes of <i>Engaging Indigenous Students at School</i> found; - That both teachers and student’s strongly supported the efficacy of the magazine in terms of its positive impact on students’ attitudes, knowledge, and achievement in the areas of literacy, numeracy, attendance and retention, career aspirations, health and Indigenous culture; - The positive impact applies to both Indigenous and non-Indigenous students, but more particularly to Indigenous students; - Deadly Vibe filled a void in Indigenous focused educational literature; and that - 92% of students reported enjoying reading the magazine and looked forward to its continuation. Education specific outcomes as reported by students: - 85% of students learnt new things; - 71% became more interested in reading; - 76% are more aware of career options; - 68% have been inspired to complete secondary schooling; - 43% are encouraged to come to school more often; - 68% are more aware of the risks drinking alcohol; 73% are more aware of the dangers of taking drugs such as marijuana and cocaine; and 72% are more aware of the dangers of sniffing glue, petrol and aerosols; and - - 87% have learned more about their culture. Education specific outcomes as reported by teachers; - 77% of teachers report that Deadly Vibe has had a positive impact on students’ interest in reading as well as their literacy outcomes; - 69% of teachers think the magazine has had a positive impact of student’s numeracy outcomes; - 86% of the people featured in the magazine have had a positive

	influence on student's attitudes and behaviours; - 83% of teachers reported that Deadly Vibe is a useful teaching tool. Overall Deadly Vibe was found to be a unique resource for students and teachers, and to be highly successful in its current format.
Organisation	Name: Vibe Australia Pty Ltd Type: Private Service: Vibe is a dynamic Aboriginal media, communications and events management agency situated in Darlinghurst Sydney. They specialise in the implementation, production and dissemination of targeted, culturally sensitive communication products and services for Aboriginal and Torres Strait Islander communities. All of the products and events encourage and support the Aboriginal and Torres Strait Islander community, particularly the young, to reach their full potential. Contact: Deadly Vibe Editor: Gavin Jones, Ph: (02) 9361 0140, Fax: (02) 9361 5850 Email: gavin@vibe.com.au Website: www.health.vibe.com.au
Source	(Purdie, Ellis and Stone, 2004)

Project title	Mental health promotion in high schools
Project details	Location: National Service type: Prevention
Project description	Target group: Secondary school students Geographic details: MindMatters has been implemented in major cities, regional and remote areas. Service: MindMatters is designed to promote resilience among secondary school students. MindMatters provides schools with resources on bullying, promoting resilience, grief and loss and coping. The programs are designed to be incorporated into the schools curriculum at all year levels, thus it is a comprehensive method of intervention. Two new positions were created in 2005 to strengthen the Aboriginal and Torres Strait Islander focus of MindMatters; a Community Matters project officer and an Indigenous project support officer. These two people are working on a national level to: - Develop and maintain partnerships between MindMatters and health; - Develop resources within the MindMatters suite of resources that reflect cultural inclusiveness; - Maintain and develop further the profile the profile of MindMatters across Australian school communities; - Maintain and further develop the cultural inclusiveness of MindMatters training and development; and - Ensure the cultural inclusiveness of new MindMatters developments. MindMatters has been used in a number of schools with high cultural diversity, including Indigenous students. School reports and an evaluation at Bwgcolman on Palm Island in Queensland indicate that MindMatters has been implemented with success in these schools.

Outputs	Many resources are put out by MindMatters including Culturally Inclusive Guiding Principles for the programs use with Indigenous students. Other resources include manuals, dvds, posters and information for schools.
Evaluation	MindMatters is evaluated every six months, these evaluations are available on their website www.curriculum.edu.au/mindmatters One particular evaluation focuses on the uses of MindMatters with Indigenous students in Palm Island, Queensland. Information surrounding this evaluation is available under the 'Prevention' 'Queensland' section of this data base and is called MindMatters Bwgcolman.
Organisation	Name: Mind Matters, Managed by the Australian Principals Associations Professional Development Council (APAPDC). Type: non-government. Service: MindMatters is a national mental health promotion tool that is implemented in secondary schools across Australia. Contact: Project Manager: Susan Boucher, Ph: (08) 8245 9800 Project Manager: Helen Smith, Ph: (03) 9207 9653 Contact: Indigenous Project Support Officer: Annette Miller, Ph: (08) 8245 9816 Website: www.curriculum.edu.au/mindmatters
Source	www.curriculum.edu.au/mindmatters

Project title	Reconnect
Project details	Year commenced: 1999 Location: National Funding: Australian Government Department of Family and Community Services Service type: Prevention
Project description	Target group: The project is targeted at youth at risk of homelessness. Geographic details: Reconnect is a national initiative that has been implemented in sites across the country. Service: Reconnect is a national early intervention program aimed at reducing youth homelessness. It seeks to reconnect young people (aged 12-18 years) who are homeless or at risk of homelessness, with their families, education, employment and community. Reconnect breaks the cycle of homelessness, which can begin at an early age, by providing early intervention support through counselling, mediation and practical support to the whole family. Reconnect services also implement services to specifically target the individual needs of the clients such as specialised mental health services. There are currently 98 Reconnect services operating nationally. Among these several are Indigenous specific including (among others): - Boonjaga Munggurra Eurobodalla Aboriginal Reconnect; - Waltja Remote Community Reconnect; - Reconnect Murray Mallee; and - Barnardos Mudgee Reconnect.

Evaluation	The evaluation was designed to provide insight into: - The outcomes for young people and families using the program and the extent to which outcomes are sustained over time; - The extent to which Reconnect has contributed to an improvement in community capacity for early intervention in youth homelessness; - The effectiveness of strategies used by Reconnect services in working with young people, families and communities; and - The effectiveness of the program's management. Principle sources of data for the evaluation were: two longitudinal studies that investigated respectively client outcomes and community capacity building outcomes; program data on young people using Reconnect services; assessments of the effectiveness of individual Reconnect services; a report on 'good practice' emerging from the program; and two case study reports which examined the way six Reconnect services worked collaboratively with other service providers. The principle overall findings of the evaluation was that Reconnect intervention resulted in significant positive outcomes for young people and families. Specifically reconnect has been notable successful in improving stability in young people's living situations. Reconnect intervention has a major effect in achieving family reconciliation by increasing the capacity of families to manage conflict and improve communication. Specific outcomes for young people and their families included; - Improvement in the stability of young people's living situation; - Improvement in young people's ability to manage conflict; - Improvements in communication within families; - Improvements in young people's attitudes to school; and - Improvements in engagement with education and employment. The full report can be viewed at: http://www.facs.gov.au/internet/facsinternet.nsf/youth/programs-reconnect_looking_at_future.htm
Organisation	Name: Department of Family and Community Services Type: Government Service: The Department of Family and Community Services (FaCS) is part of the Australian Government's family and community services portfolio and is responsible for about a quarter of the government's budgetary outlays. The portfolio is responsible for a broad range of social policies and support affecting Australian society and the living standards of Australian families. In 2004, the Department also assumed responsibility for gender issues with the Office of Women moving to FaCS. Website: www.facs.gov.au
Source	(Ryan, 2003)

Treatment Programs

Australian Capital Territory (ACT)

Social and Emotional Wellbeing programs

Project title	Muuji Regional Centre for Social and Emotional Wellbeing
Project details	Year commenced: 2000 Location: ACT Funding: OATSIH Service type: Treatment
	Target group: Social and emotional wellbeing workers Geographic details: Canberra, ACT, major city Service: Muuji Regional Centre aims to provide support to the social and emotional wellbeing (SEWB) workforce. This organisation recognises that Aboriginal SEWB workers are often not only working with the issues that have resulted from the Stolen Generation and loss of culture, but are living with it as well. Thus Muuji aims to develop structures to support professional development, and to strengthen networks with other Aboriginal and mainstream service providers, which are ultimately fundamental to the effective delivery of services to the community. Activities undertaken by Muuji include; facilitating health worker networks and forums; strengthening linkages with mainstream service providers; developing information systems that have the potential to identify social and emotional wellbeing in the region; support Muuji to remain responsive to the needs of the community; and coordinating and evaluating professional development. <i>Outcomes</i> Muuji continues to provide a service to the SEWB workforce and communities of the three service areas. Training and professional development has been offered, and the Muuji has been involved in the development of the Aboriginal Health Worker Competency Standards. This has included negotiations with Registered Training Organisations (RTO's) to deliver quality nationally recognised training. Partnerships with appropriate services have been established to deliver professional debriefing and supervision to health workers. A number of staff has been trained in applied suicide prevention training, and Muuji has assisted in keeping skills current and coordinating workshops in the region.
Outputs	A promotional pamphlet has been developed and Muuji is currently looking at developing a website and a quarterly newsletter.
Evaluation	The program has not been evaluated
Organisation	Name: Muuji Regional Centre for Social and Emotional Wellbeing is a consortium of three Aboriginal Community Controlled Medical/Health Services: Winnunga Nimmityjah Aboriginal Health Service (Canberra), Katungul Aboriginal Corporation and Community Medical Service (Narooma- South Coast) and Riverina Medical and Dental Aboriginal Corporation (Wagga Wagga- NSW). Muuji is based at Winnunga Nimmityjah in Canberra, with project

	officers based at each site. Type: All organisations are Indigenous Community Controlled Health Services. Contact: Jodie Fisher, Ph: (02) 62846222 Email: winrego@winnunga.org.au Website: www.winnunga.org.au
Source	Survey response www.winnunga.org.au

Project title	Social and Emotional Wellbeing Team
Project details	Year commenced: 1998 Location: ACT Funding: The social and emotional wellbeing team is funded under the Bringing them Home Program Service type: Treatment and prevention
Project description	Target group: Indigenous youth and adults Geographic details: Canberra, Australian Capital Territory, major city Service: The social and emotional wellbeing team provides support and counselling for social and emotional issues, advocacy, referral to appropriate agencies, community education and support programs including a women's support and art group, substance use programs and applied suicide intervention skills training.
Evaluation	The program has not been evaluated.
Organisation	Name: Winnunga Nimmityjah Aboriginal health Service Type: Indigenous Community Controlled Health Service Service: Provides a primary health care service that aims to provide a culturally safe holistic health service to the Aboriginal people of the Australian Capital Territory. Contact: Victoria Tjakamarra, Ph: 62627225, 0412345121 Email: winpol@winnunga.org.au Website: www.winnunga.org.au
Source	www.winnunga.org.au

Central Australia

Social and Emotional Wellbeing programs

Project title	Central Australian Emotional and Social Wellbeing Regional Centre
Project details	Year commenced: 1998 Location: Services are provided across central Australia Funding: South Australian Government Department of Human Services and the Commonwealth Office of Aboriginal and Torres Strait Islander Health Service type: Treatment
Project description	Target group: Indigenous adults and youth Geographic details: Central Australia, regional and remote centres Service: The Central Australian Aboriginal Congress primarily works with people in Alice Springs and the NP Women's Council travels extensively across Central Australia. The NPY Women's Council Project employs a social worker, a senior Anangu woman and two traditional healers (Ngangkari). The focus of the project is to establish strong links between the Ngangkari and mainstream services to promote the use of traditional healing. The ngangkari specialise in problems associated with mental health. They treat problems holistically; family and community involvement is an integral part of their approach to bring about harmony. The program also provides relevant and effective training for Anangu people who work in the area of mental health. The project aims to; 1. Promote and support traditional healing practices; and 2. Develop training around mental health issues for Anangu workers that is relevant, effective and culturally appropriate, while also ensuring that non-Indigenous mental health staff working with Anangu are well informed about the role of traditional healing.
Evaluation	The program has not been evaluated to date.
Organisation(s)	Name: NPY Women's Council. Type: Indigenous controlled community health service Service: The NPY Women's Council delivers health, cultural and community services to more than 6000 men, women and children. It ensures the services are culturally appropriate and directed by Anangu people. Contact: Ph: (08) 89505452 Email: tjanpi@npywc.org Name: Central Australian Aboriginal Congress Type: Indigenous controlled organisation. Service: The Congress has 8 branches to service the wide range of primary health care programs Contact: (08) 8951 4400 Website: www.cuzcongress.com.au
Source	www.waru.org/organisations/npywc/npy_wellbeing.php

New South Wales (NSW)

Depression-specific programs

Project title	Early Health Assessments
Project details	Year commenced: 2002 Location: NSW Service type: Treatment and Prevention
Project description	Target group: Indigenous adults Geographic details: Mid North Coast of Australia, New South Wales, major cities and regional areas Service: Partnership for Aboriginal Care provides early health assessments including a K10 depression rating, and referral monitoring and support.
Evaluation	The project has not been evaluated.
Organisation	Name: Partnership for Aboriginal Care Type: Non-government Service: The organisation aims to improve the health of Aboriginal people residing on the mid-North coast of Australia. Contact: Brett Johnson, Ph: 0429607185 Email: bjohnson@mncacct.org.au
Source	Survey response.

Social and Emotional Wellbeing programs

Project title	Aboriginal Mental Health Unit
Project details	Year commenced: 1994 Location: NSW Funding: Commonwealth Government Service type: Primarily treatment though they also provide advocacy and awareness service.
Project description	Target group: Indigenous youth and adults Geographic details: Central Sydney, New South Wales, major city Service: Central Sydney Area Mental Health Service in partnership with the Aboriginal Medical Service in the suburb of Redfern has developed an integrated mental health service for Aboriginal people living in the inner suburbs of Sydney. The Aboriginal Mental Health Unit (AMHU) was established in 1994 with a grant from the Commonwealth Government and is staffed by nursing and medical staff. The service aims to support Aboriginal people and specialised Aboriginal services. The Unit also works with mainstream non-Aboriginal services to improve the health outcomes of Aboriginal people in the broader health system. Many Aboriginal people with mental health problems do not use existing mental health services and may not receive culturally appropriate treatment from mainstream services The Aboriginal Mental Health Unit provides referral and linkage to services providing care for people with both long and short term mental illness. They facilitate monitoring and review of mental health treatment programs as well as offering individual/family support and liaison with other health agencies.

Evaluation	The project has not been evaluated.
Organisation	Name: Central Sydney Area Mental Health Service Type: Non-Government Contact: Jean Forbes, Ph: (612)9515 9000, Fax: (612) 9515 001 Email: amhu@email.cs.nsw.gov.au
Source	www.cs.nsw.gov.au/mhealth/aboriginal/aboriginal.htm

Project title	Bringing them Home, Social and Emotional Wellbeing Program
Project details	Year commenced: 1992 Location: NSW Funding: Office of Aboriginal and Torres Strait Islander Health Service type: Treatment
Project description	Target group: Indigenous people with a mental illness Geographic details: Bourke, New South Wales, regional Service: The Bringing them Home, Social and Emotional Wellbeing Program employs an Aboriginal health worker who; - Provides support to persons with mental health issues; - Acts as a liaison between individuals and service providers; - Provides referral support; and - Provide link-up support, reconnecting families.
Evaluation	The program is currently being evaluated by an independent consultant.
Organisation	Name: Bourke Aboriginal Health Services Type: Indigenous Community Controlled Health Organisation. Service: Bourke Aboriginal Health Service provides a range of programs and services to the Indigenous community in Bourke including a general practitioner clinic, health promotion and education, hearing health clinics, community nursing and health programs, chronic disease programs and women's, men's, child and family health programs. Contact: Michel McGee, Ph: (02) 68723088 Email: michel.mcgee@bahs.com.au
Source	Survey response

Project title	Bugalwena Service: Tweed Community Partnership
Project details	Year commenced: 1995 Location: NSW Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Tweed Heads, New South Wales, regional Service: Bugalwena is run by volunteers and professionals and provides a crisis counselling service (telephone), education, advocacy and emergency support. The programs implemented by Bugalwena are responsive to the communities needs. Objectives of Bugalwena include: - Increase the access and equity of Aboriginal and Torres Strait Islander peoples to mainstream health and other services;

	- To sustain and protect Aboriginal and Torres Strait Islander culture and community pride with respect to traditions and spirituality; - To contribute positively to breakdown of social barriers within our community; - To decrease the high incidence of mental health and stress related illness within the community and increase overall wellbeing; - To promote and provide community education regarding health and related issues to increase self-direction, independence and empowerment; and To decrease the incidence of family violence, sexual assault and drug and alcohol issues within family groups.
Evaluation	This project has not been evaluated.
Organisation	Name: Northern Rivers Area Health Service Type: Non-government Service: Aims to promote healthy living and provide high quality accessible health care. Contact: Ph: (02) 6620 2100, Fax: (02) 6621 7088 Website: www.nrahs.nsw.gov.au
Source	www.nrahs.nsw.gov.au

Project title	Social and Emotional Wellbeing
Project details	Year commenced: 2005 Location: NSW Funding: Department of Health and Ageing Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Casino, New South Wales, regional Service: The project aims to provide a culturally appropriate counselling and support service to Aboriginal families and individuals affected by mental illness. The project will also provide advocacy support and education awareness programs.
Evaluation	The program has not been evaluated to date.
Organisation	Name: Darah Gibinj Aboriginal Medical Service Type: Aboriginal Community Controlled Health Organisation Service: Primary health care services, physical and social and emotional wellbeing Contact: Debra Rhodes, Ph: (02) 66623514 Email: drhodes@casinoams.com
Source	Survey response

Project title	More Allied Health Services (MAHS) More specialist outreach services (MSOAP) Better Outcomes in Mental Health (BOiMH)
Project details	Year commenced: 2002 Location: NSW Funding: Commonwealth Department of Health and Ageing and the Mid North Coast (NSW) Service type: Division of General Practice
Project description	Target group: Indigenous children and adults Geographic details: New South Wales, regional

	Service: MAHS - psychologist and social worker service MSOAP - visiting psychiatrist service BOiMH - psychologist service The aim of the project is to provide Aboriginal and Torres Strait Islander people in the mid North Coast of NSW with better access to culturally appropriate mental health services. The Mid North Coast (NSW) Division of General Practice Ltd. has had a very strong active partnership arrangement with the Durri AMS, Bulgarr Ngaru AMS, Galambila Aboriginal health clinic, Darrima Maara Aboriginal health clinic, and MNC Partnership in Aboriginal care since 1998. Through these formal partnerships, the division has extended Commonwealth funded health programs (MAHS, MSOAP, BOiMH) to provide direct mental health services within dedicated Aboriginal controlled health services. Outcomes of the project to date include; - Improved access to psychologist and social worker services to four Aboriginal health services on the Mid North Coast; - Development of a model to introduce MSOAP Psychiatry clinic at one of the Aboriginal controlled community health services (soon to be implemented); - Facilitated introduction of dedicated Indigenous psychology services to communities affected by grief and trauma; and - Improved coordination of culturally appropriate mental health care for the Aboriginal and Torres Strait Islander community through delivery of specialised services via Aboriginal controlled community health services.
Evaluation	Evaluations of the projects are ongoing. The evaluation is being conducted by service providers from the Mid North Coast Division of General Practice. The most recent evaluation indicated the outcomes of the project that are described above.
Organisation	Name: Mid North Coast Division of General Practice Type: Non-government Service: Directing body of general practitioners in the area. Contact: Peter Spence, Ph: (02) 66515774 Email: pspence@mncdgp.org.au
Source	Survey response

Project title	Better Outcomes in Mental Health
Project details	Year commenced: 2003 Location: NSW Funding: Department of Health and Ageing Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Riverina, New South Wales, regional area Service: The project aims to improve the mental health status of patients who utilise the local Aboriginal Medical Service presenting with mental health issues, predominantly depression and/or anxiety. A clinical psychologist provides free mental health support to the general practitioners who refer patients attending local Aboriginal

	Medical Service. The psychologist works as part of a multi-disciplinary team that includes the GP, the Aboriginal health worker and other professionals as needed. The project also provides transport for patients that would otherwise not be able to attend the service. Patients can access the psychologist for up to six sessions of structured therapeutic support.
Evaluation	The evaluation is ongoing. As a part of the evaluation methodology patient satisfaction surveys are assessed. To date, patient responses have been very positive.
Organisation	Name: Riverina Division of General Practice and Primary Health Type: Non-government Service: Oversee medical services and primary health care programs and projects for individuals in Riverina Division, NSW. Contact: Shanelle Sloan, Ph: (02) 69233100 Email: s.sloan@rdgp.com.au Website: www.rdgp.com.au
Source	Survey response

Project title	General practice clinic
Project details	Year commenced: 1986 Location: NSW Service type: Treatment
Project description	Target group: No specific target group Geographic details: Walgett, New South Wales, regional Service: Walgett Aboriginal Medical Service, in addition to medical consultations, provides short interventions for mental health related issues
Evaluation	The program has not been evaluated
Organisation	Name: Walgett Aboriginal Medical Service Type: Indigenous Community Controlled Health Service Service: General practitioner medical consultations Contact: Mental Health Worker: Trevor Simpson, Ph: 0408 489 005; Walgett Medical Service, Ph: (02) 68281611, Fax: (02) 6828 1201 Email: wams.pathology@bigpond.com
Source	Survey response

Project title	Women's Healing Space Project
Project details	Location: NSW Funding: South Western Sydney Area Health Service Mental health NGOs Partnership Program Service type: Treatment
Project description	Target group: Aboriginal women Geographic details: Liverpool, New South Wales, regional Service: The aim of the Women's Healing Space Project was to use a community arts process with Aboriginal women to design and create a space at Liverpool Women's Health Centre that is culturally and spiritually affirming and can operate as a healing space for women who seek support at the centre. There is a strong cultural significance given to place and a different sense of space for many Aboriginal people. Through feedback the centre found that many women when seeking support preferred to sit

	in the backyard rather than in a counselling room. In response to this feedback the Women's Healing Space Project was initiated. The space is intended for: - Individuals who seek counselling/support and have a yarn; - Individuals who want to sit and seek quiet solace in a calming and enriching environment; and Groups involved in community education/ discussions around a range of health issues including mental health.
Evaluation	The program has not been evaluated.
Organisation	Name: Liverpool Women's Health Centre Type: Non-government Service: Run by women for women. Provides a range of free or low cost medical reproductive and sexual health services, a range of complementary therapies including naturopathy, chiropractic and massage. The centre also provides individual counselling, therapeutic groups, and health promotion/ education and information, community development, support and referral. Contact: Wendy Pomeroy, Susan Grant, Del Leslie or Margaret Hickie, Ph: (02) 9601 3555
Source	(Pomeroy, et al., nd)

Northern Territory

Social and Emotional Wellbeing programs

Project title	Aboriginal Mental Health Worker Program: “Working both Ways”
Project details	Year commenced: 2001 Location: NT Funding: Initial funding was provided by the Australian Government under the More Allied Health Services Program. Additional funding was also provided by <i>beyondblue</i> and the Alcohol and Education Foundation Service type: Treatment
Project description	Target group: Program is targeted at Aboriginal health workers in the Top End. Participating communities include Angurugu, Galiwin’ku, Numbulwar, Nguiu, Borroloola and Kalano Geographic details: Top End communities, Northern Territory, regional and remote areas Service: The Aboriginal Mental Health Worker Program: “Working Both Ways” provides support to Aboriginal mental health workers to work beside GPs in their own communities. Objectives - To develop the role of the Aboriginal Mental Health Worker as a member of a community-based mental health team in participating communities; - To provide ongoing support, training and mentoring to Aboriginal mental health workers in remote communities; - To provide more effective mental health care practice through two-way learning- that is, through the application of the local cultural knowledge and expertise of Aboriginal Mental Health Workers in conjunction with the professional medical knowledge of general practitioners; - To improve the level and quality of mental health care services accessed by members of participating communities; and To form an effective partnership between contributing organisations in the delivery and support of mental health care services in remote Indigenous communities.
Evaluation	Evaluation of the Aboriginal Mental Health Worker Program was conducted by the Charles Darwin University and was funded by <i>beyondblue</i>. The evaluation aimed to examine the work of the AMHWs and the degree to which they are successfully integrated into clinical practice into each of the communities, with a view to identifying the constraints on development of their role. It focuses on the development of infrastructure, provision of support, coordination between providers and development of basic practices in mental health care and mental health promotion. It identifies those factors which support or appear to detract from the sustainability of the program.

	The evaluation found: • The Role of AMHWs varies widely across the participating communities in the Northern Territory. Roles include participation in primary health care, assisting general practitioners and registered nurses with management and treatment of clients, engaging in follow-up of clients due for medications, crisis situations, responding to attempted to suicide and acute episodes of other manifestations of distress, advocacy, welfare, counselling, health promotion and education. • In health centres where the role of the AMHWs is most effectively established, GPs and RNs report that they provide a valuable service to other health care practitioners, explaining cultural or relationship matters, assisting in management of difficult clients or in resolving often complex matters of client welfare. Other Findings; • There is a need for clear definition of the AMHW role and expectations surrounding this role; • There is a need for ongoing training and support of AMHWs. Recommendations • A mental health practice strategy concerning care plans, reviews, monitoring, assessment protocols, record keeping and case conferencing should be developed for the AMHW program to provide objectives for mental health practice which mental health services will strive to meet; • Formal training in mental health assessment, planning and review, accompanied by a standard protocol for recording of consultation information in clients' records, should be provided for GPs and RNs; • Support and training in basic practices of record keeping, monitoring and consultation activity will be made available to AMHWs; • The development of evidence-based care plans and assessment protocols for the AMHW program should specify elements of service such as counselling, inquiry and mental health promotion, with appropriate recording of these elements of consultation activity; and • Inter-organisational cooperation to provide additional support for the AMHWs.
Organisation	Name: Top End Division of General Practice Type: Non-government Service: Provide support to General Practitioners (GPs) in their everyday work as a means to improving the overall health care of individuals in the Top End. Contact: Mental Health Program Manager: Sandy McConachy, Ph: 8982 1000 Website: www.tedgp.asn.au
Source	(Robinson and Harris, 2005)

Project title	Australian Integrated Mental Health Initiative (AIMHI) – Northern Territory.
Project details	Year commenced: 2003 Location: NT Funding: Northern Territory Department of Health and Community Services, National Health and Medical Research Council, Co-operative Research Centre for Aboriginal Health and the Alcohol Education and Rehabilitation Fund Service type: Treatment and prevention
Project description	Target group: Indigenous people experiencing chronic mental illness Geographic details: The program covers all of the Northern Territory, including regional and remote areas and major cities. Service: AIMHI is a five year project being trialled in five states. Two of these, Northern Territory and North Queensland, are targeted specifically at Indigenous people with mental illness. The overarching goal of AIMHI is to improve mental health outcomes for individuals with chronic mental illness. Strategies to reach this outcome were informed by extensive consultation, a survey of service providers and analysis of relevant data. The project has consulted extensively with Aboriginal and Torres Strait Islander organisations and has been guided by an Indigenous Reference Group. AIMHI Northern Territory aims to introduce multi-level changes such as best practice guidelines in primary care, targeted and universal prevention and health promotion strategies, and training for remote service providers and Indigenous mental health workers- including advocacy for workforce development issues. The first year of the project (2003-2004) was committed to establishing baseline measures of mental illness prevalence and relapse among the Indigenous population in the Northern Territory. This was achieved through consultation, a survey of service providers and analysis of relevant data. A second phase of the project involved the development of a health promotion and prevention program. There have been no trials of mental health promotion and prevention programs in the NT. Indigenous population thus guidelines for this strategy are based on information derived from consultations with the community and strategies that are known to be effective among non-Indigenous people. This has led to the following approach to health promotion: - Indigenous engagement in development of the project. Two research officers help guide the project. They are assisted by a number of Aboriginal participants at a reference group, a steering committee and at working party levels; - Use of Indigenous artwork, photographs of Indigenous people and community settings; - Stories illustrate aspects of mental health, treatment and services, and tell the message via spoken words and pictures; - The narrators of the stories are often senior family members and

	carers – Aunties, grandmothers and Aboriginal Mental Health Workers – although young clients tell some of their own stories as well; - The stories highlight the strengths and resilience of individuals with mental illness and their families and carers and focus on family rather than individual goals; - The stories incorporate traditional healers and traditional approaches to mental illness and traditional relationships- and recognise that Indigenous communities are heterogenous, and that traditions are changing with time. The message tries to take into account these changes, and to attempt to speak in language and concepts, which encompasses traditional and current values; - The stories can be translated into local languages and delivered via video and flip charts; and - The stories target client’s carers, and service providers. The development of resources in line with the mental health promotion plan has been initiated through a partnership with the Top End Division of General Practice. Resources in development include flip charts, pamphlets and brief animated computerised stories. A second initiative of the AIMHI project is the implementation of a relapse prevention trial in September 2005. The trial is being run by Menzies School of Health Research and involves the assessment of a new treatment for chronic mental illness among Indigenous people that includes a motivational interview with a care plan and education. The treatment will be given by a psychiatrist and an Indigenous research officer and the trial will compare two groups of clients- a control group which is receiving ‘treatment as usual’, and the group which receives the new treatment. Measures of social functioning and symptoms of mental illness will be administered at baseline and every six months for two years.
Outputs	Health promotion resources including flip charts, pamphlets and brief animated computerised stories have been developed and distributed. These resources include: ‘Grow strong poster’ and ‘Grow not so strong poster’; Flip Chart: ‘5 minute therapy no worries!; Flip Chart: ‘Yakka worries’ (expanded and alternated version of 5 minute therapy); Information Sheets: psychosis, mania and depression; Flip Chart: Mental problem story; and Information sheet: AIMHI poster talking about the project inviting community participation.
Evaluation	Each strategy of the AIMHI project is being evaluated as it goes.
Organisation	Name: Northern Territory Department of Health and Community Services Type: Government Contact: Chief Investigator: Tricia Nagel Email: Trish.Nagel@nt.gov.au Contact: Indigenous Research Officer: Ms Carolyn Thompson Email: Carolyn.Thompson@nt.gov.au
Source	(Nagel, 2004)

Project title	Emotional and Social Wellbeing Centre Danila Dilba
Project details	Year commenced: 1998 Location: NT Funding: Office of Aboriginal and Torres Strait Islander Health Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Darwin, Northern Territory, major city Service: The Social and Emotional Wellbeing Centre provides the following services: - Provision of counselling and therapeutic programs to Indigenous people; - Healing programs for the stolen generation; - Provision of support and debriefing to Indigenous workers in the area of emotional and social wellbeing; - Collection of data on emotional and social wellbeing; and - Development and delivery of training in the area of emotional and social wellbeing for individuals, families and groups in the community.
Evaluation	The program was evaluated by the CRC. Achievements of the program include (Note: It is unclear if these achievements are outcomes of the evaluation); • Improved wellbeing in individuals, couples, family and parts of the community; • Manger won the Northern Territory award; and The service was awarded a special national acknowledgement for work done in the area of prevention of child sexual abuse.
Organisation	Name: Danila Dilba Health Service Type: Indigenous Community Controlled Health Service Service: Health services for the Indigenous community Contact: Rosalie Highford, Ph: 8936 1777 Email: rosalie.highford@daniladilba.org.au
Source	Survey Response

Project title	Pathways – Recovery Oriented Rehabilitation Program
Project Details	Year commenced: 2001 Location: NT Funding: Northern Territory Government Service type: Treatment
Project description	Target group: The program is targeted at sufferers of chronic and recurrent mental illness. Approximately half of the program participants are Indigenous. Service: The pathways program provides recovery focused rehabilitation programs to individuals with a mental health issues. Individuals are assisted to develop individualised recovery programs utilising the existing community resource base to effect community reintegration. An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment and education opportunities. Pathways work collaboratively with Central Australian Community Mental Health Services, who provide crisis and clinical services, with

	over 90% of clients being co-case managed. The referral process has been streamlined and a close working relationship has been established. The program also works closely and collaboratively with other community agencies to ensure a range of services and opportunities are accessed. A close relationship with the local TAFE has also been established with participants undertaking courses in computing, childcare, English, maths and literacy.
Evaluation	Over the past 12 months, significant outcomes of the project have included that 13 (out of 22) participants have achieved paid work in the open employment sector. Four of these individuals now have full-time paid work and nine are part-time. Two of the consumers in full time work has previously been on the Disability Support Pension for at least 15 years and have a diagnosis of schizophrenia.
Organisation	Name: Mental Health Association of Central Australia Type: Not-for-profit, community based organisation. Service: Provides a recovery focused rehabilitation service for individuals and families affected by mental health problems or mental illness. Contact: Program Coordinator: Megan Rackley, Ph: (08) 89523311 Email: mrackley@iinet.net.au
Source	(Auseinet, 2005)

Queensland

Depression-specific programs

Project title	The Social Health Program, WuChopperen and Medical Services
Project details	Year commenced: 1996 Location: QLD Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Cairns, Queensland, major city Service: The social health program focuses on emotional, social and cultural issues of wellbeing within the holistic primary health care model. The team works from a generic counselling model that is unique to the Cairns region. Under the generic heading of family therapy, a multidisciplinary team of doctors, social workers and Aboriginal counsellors work together as co-therapists. The model combines traditional cultural counselling, structured counselling that advocates for the clients rights and direct advice in combination with narrative and family systems therapy. The counselling framework proposes that counselling should include: ideas acknowledging and dealing with past injustices; strategies to help clients break unwanted behavioural patterns challenge dominant negative perceptions of themselves and their people. The internalisation of despair should also be addressed to enable people to develop hope for themselves as Aboriginal and Torres Strait Islander people. Overall counselling should aim to help people gain a greater sense of control over their own lives and futures. The social health program has counselled individuals who have presented with a wide range of problems including domestic violence, sexual abuse, stress, suicide, suicidal ideation, anxiety, depression, alcohol and drug addiction, marital problems, family and relationship problems and parenting issues.
Evaluation	The program has not been evaluated
Organisation	Name: WuChopperen Health Service Type: Indigenous Community Controlled Health Service Service: WuChopperen provides a range of services including primary health care, counselling and health promotion activities. Contact: Rainforest centre: Social Health, Ph: (07) 40801036, Fax: (07) 4032 4963 Email: inquiries@wuchopperen.com
Source	(WuChopperen Social Health Team, 2002)

Social and Emotional Wellbeing programs

Project title	Australian Integrated Mental Health Initiative (AIMHI) – Far North Queensland
Project details	Year commenced: 2003 Location: QLD

	Funding: Queensland Health, Queensland Royal Flying Doctor Service and WuChopperen Health Service Service Type: Treatment and prevention
Project description	Target Group: Indigenous people experiencing chronic mental illness Geographic details: Far North Queensland, regional and remote areas Service: The overall aim of the AIMHI Indigenous stream is to establish and demonstrate the benefits of service and support structures that meet the broad needs of people with chronic and recurring mental disorders. Six priority research areas that have been selected to meet this aim include: - Mental health outcomes; - Improving clinical services; - Strengthening families and communities; - Mental health and promotion and literacy; - Indigenous workforce development; and - Information management. <i>Mental Health Outcomes:</i> In order for effective and efficient planning, monitoring and evaluation of mental health services and programs, it is necessary to identify and implement mental health outcome measures. In collaboration with the Mental Health Unit, Corporate Office, AIMHI will modify and assess the validity and reliability of existing mental health outcome measures. <i>Improving Clinical Services:</i> An audit has been conducted of mental health services and practices for remote North Queensland communities. The data provide a snapshot of the strengths and needs in key clinical areas including diagnosis, medication, referrals, charts and records, staffing levels, development and training needs, mental health promotion materials and community input. These data will guide the development of an intervention package to address priority needs in clinical mental health services and serve as a baseline for process and impact evaluation. <i>Strengthening Families and Communities:</i> While health services play a key role in some aspects of managing mental illness, clients often need support and assistance from families and communities to meet their everyday needs. This project is based in Hopevale and involves a series of scoping and semi-structured interviews and chart audits to bring together the stories, needs and views of clients, carers and service providers. These will be used to develop a model for coordinated community care and support through a Hopevale-based Working Group. <i>Information Management:</i> To date, there has been no mechanism for the Ferret database to assist in the early detection, management and monitoring of mental illness. The project team is working with CHIRRP towards successful inclusion of mental health into the Ferret system. This will include trigger questions to help detect problems at an early stage, mental health care plans for those with a mental illness and outcome measurements for epidemiological and evaluation purposes. This integration is likely to have enormous benefits to clients in receiving more coordinated care addressing both their physical and mental health needs by primary care providers.

	<i>Health Promotion & Mental Health Literacy and Workforce Development:</i> People with mental illness are at higher risk of a range of physical illnesses, for example, diabetes, injuries, alcohol and substance abuse problems. In addition, many carers and service providers feel that if more appropriate information were available to the community, there would be more acceptance and involvement in the support of people with mental illness. It is highly likely that as information from the above projects becomes available, clear needs in the areas of health promotion, mental health literacy and workforce training and development will emerge. AIMHI will begin to focus on these important components in 2004. <i>Indigenous Workforce Development:</i> Commencing in 2005.
Evaluation	AIMHI is a research project. Outcomes of this project will be available at the end of the five year funding period.
Organisation	Name: North Queensland Health Qualities Promotion Unit, School of Population Health, University of Queensland. Type: Non-government Service: Research institute Contact: Chief Investigator: Ernest Hunter, Ph: (07) 3365 5008 Email: aimhi.enquiries@somc.uq.edu.au
Source	(University of Queensland, 2005)

Project title	Indigenous Risk Impact Screen and Brief Intervention
Project details	Year commenced: 2004 Location: QLD Funding: Queensland Government through the Alcohol Tobacco and Other Drugs Services and the Centre for Drug and Alcohol Studies Service type: Treatment and awareness
Project description	Target group: Indigenous children and adults Geographic details: The risk screen will be appropriate for a large range of geographic locations Service: Currently no culturally appropriate risk screen meets the specific needs of Aboriginal & Torres Strait Islander communities in Queensland. Assessments are not systematically administered and risks (in terms of drug use, environmental hazards, and mental health) are often not addressed adequately. As a result adequate treatment is rarely provided nor is it sourced. The Screening Tool and Brief Intervention has been initially developed in response to a number of recommendations from both national and state reports where alcohol and other drugs are the cause and symptom for health and environmental factors affecting the lives of Aboriginal & Torres Strait Islander peoples. The risk screen seeks to; - Provide timely advice to clients and family about the extent and nature of the substance misuse and possible interventions and treatment pathways; - Enable both Aboriginal and Torres Strait Islander and mainstream substance misuse and health agencies to better target their response to client needs by establishing collaborative networks

	that will ensure better use of resources; - Provide all Aboriginal and Torres Strait Islander Community Workers with support by establishing and building collaborative networks that will assist in addressing the alcohol and other drug issues that affect the Aboriginal and Torres Strait Islander community; - Ensure sustainability of the tool by its validation and implementation into alcohol and drug training programs across academic institutions. Treatment outcomes for Indigenous people are expected to improve as a result of an improved methodology for assessing the extent and nature of drug use problems. This will also have implications for mental health as serious complications may be prevented by an increase in treatment success.
Evaluation	The risk screen is still in a developmental phase and is currently being validated.
Organisation	Name: Alcohol Tobacco and Other Drugs Service, Queensland Alcohol and Drug Research and Education Centre, University of Queensland. Type: Government Service: Alcohol, Tobacco and Other Drug Services is the Unit within the Public Health Services in Queensland Health dedicated towards the treatment and prevention of alcohol, tobacco and other drug problems in the State of Queensland, Australia. Contact: Research Fellow: Coralie Ober, Ph: (07) 3346 4710, Fax: (07) 3365 5509 Email: C.Ober@health.qld.gov.au, atodswb@health.qld.gov.au Website: www.health.qld.gov.au/atods/default.asp
Source	www.health.qld.gov.au/atods/default.asp

Project title	Mater Child and Youth Mental Health Service
Project details	Location: QLD Service type: Treatment
Project description	Target group: Young people under the age of 18 Geographic details: Mater child and youth mental health service is located at a hospital and three community clinics around Queensland; Mater hospital, Greenslopes clinic, Yeronga clinic and Inala clinic – regional areas. Service: Mater child and youth mental health service offers free counselling and support for young people under the age of 18 that are experiencing tough or worrying times. In addition to counselling services that are provided include assessments, family meetings, groups for young people and someone that can talk to young people's teachers and parents if they find it hard to do this. The Indigenous consultant provides secondary clinic support to the community clinics, day programs, ADAWS and the inpatient unit. The position also involves staff cultural training and provides an educational and promotional component for the Indigenous community within the service catchment area. Mental health is the main focus of the community development strategy.
Evaluation	This program has not been evaluated.

Organisation	Name: Mater Child and Youth Mental Health Service Type: non-government Service: Counselling, assessment and support for young people Contact: Indigenous Consultant: Jennifer Thompson, Ph: 3804 8315 Email: Jennifer.Thompson@mater.org.au Website: http://kidsinmind.org.au
Source	Survey response http://kidsinmind.org.au

South Australia

Social and Emotional Wellbeing programs

Project title	Aboriginal Youth Mental Health Partnership Project
Project details	Year commenced: 2000 Location: SA Funding: Department of Human Services Service type: Treatment
Project description	Target Group: Young Aboriginal people who are involved or may become involved in the juvenile justice system and for whom concerns exist regarding their mental health and/or emotional well being Geographic details: Port Adelaide, South Australia, major city Service: The Aboriginal youth mental health partnership project aims to increase the capacity of the metropolitan Aboriginal youth team to respond to Aboriginal young people with special needs relating to mental health and emotional wellbeing. To reach this aim the program's objectives are; - To increase the level of access by Aboriginal young people and their families to mental health and related services; - To improve access to and appropriateness of Child and Adolescent Mental Health Services for Aboriginal people; and - To identify unmet needs and emerging trends and to provide information that can inform service developments in related areas.
Evaluation	An evaluation of the Aboriginal youth mental health partnership project was conducted in 2003. The primary purpose of the evaluation was to assess the overall effectiveness of the project in achieving its objectives and desired outcomes for clients and service development, and to identify key learning's from the projects development and implementation. The evaluation found that the projects objectives and associated outcomes have been successfully achieved in respect to increasing the capacity of MAYT staff to respond to young people referred to their service with serious mental health problems and for CAMHS services to become more accessible to Aboriginal children, young people and their families. Recommendations The evaluation recommended that the next phase of the project should focus on the employment of Aboriginal mental health workers in the project to work within Aboriginal services and CAMHS and that there be a great emphasis on a transfer of learning from the project to other CAMHS workers to ensure there is a wider involvement across the organisation in the delivery of mental health services to Aboriginal families. Also recommended was; - Expanded focus to young people who are at risk socially and emotionally; - Continue to focus on youth that are at risk of entering the juvenile justice system;

	- Continue to develop networks and links with the local community; - Establish a local operational management group from key stakeholders to oversee the planning and development of new objectives and strategies in conjunction with the current advisory group; - Explore opportunities for further collaboration between CAMHS and Aboriginal services within the Western Region that provide opportunities for reciprocal learning and workforce development through co work and training and development.
Organisation	Name: Children, youth and women's health service: Women and children's hospital Type: Government Service: The primary purpose of the children, youth and women's health service is to promote, maintain and restore the health of women, children and young people Contact: Chair Board of Directors: Hon. Carolyn Pickles or Chief Executive: Ms Heather Gray, Ph: (08) 8161 6003 Fax: (08) 8161 6112 Email: execassist@wch.sa.gov.au
Source	(Dobson, 2003)

Project title	Coordinated Aboriginal mental health care: a model for best practice
Project details	Year commenced: 2005 Location: Eyre Peninsula, SA Funding: Flinders University, Cooperative Research Centre for Aboriginal Health and Clinical Research Excellence in Aboriginal Health Research. Service type: Treatment
Project description	Target group: Mental health care providers in the Eyre Peninsula Geographic details: Eyre Peninsula, South Australia, regional Service: The coordinated Aboriginal mental health care project works with a wide range of health, social and human service providers that are involved in the care or support of Aboriginal people in the Eyre Peninsula region who have mental health problems (including alcohol and other drug use problems). This includes managers and workers from Aboriginal community controlled and mainstream organisations at community and Eyre Peninsula regional level and Adelaide, such as mental health services, community health, Drug and Alcohol services SA, police, corrections, housing, public advocate, Royal Flying Doctor Service, SA Ambulance, Division of GPs, visiting psychiatrists, support groups, Child Youth and Family Services, government policy makers and more. The overall aim of the project is to improve inter-agency collaboration and communication. Strategies implemented by the present program to facilitate this aim include; - Bringing together workers from different agencies for training in response to shared needs (e.g. emergency mental health, alcohol

	and drugs); - Advocating for Aboriginal community input into the Review of Mental Health Legislation in SA, providing health promotion resources; and Lobbying for improved out of hours telephone help.
Evaluation	The present project is an action oriented research project thus is being continuously monitored and assessed by staff at Flinders University.
Organisation	Name: The project is being run by Flinders University and Aboriginal Health Service Providers in the Eyre Peninsula Region. Flinders University Type: Non-government Service: Education, training, research and program implementation. Contact: Senior Research Fellow: Dr. Inge Kowanko Email: inge.kowanko@flinders.edu.au Website: www.flinders.edu.au Health Service Providers Includes Jackie Ah Kit (Port Lincoln Aboriginal Health Service). Colleen Prideaux (Ceduna- Koonibba Aboriginal Health Service), and David Mills (Eyre Peninsula Division of General Practice). Type: The Aboriginal Health Services are Indigenous Community Controlled health organisations and the Division of General Practice is a non-government organisation
Source	(Kowanko, 2005)

Project title	The Medical Specialist Outreach Assistance Program (MSOAP)
Project details	Year commenced: 2001 Location: SA Funding: Commonwealth Department of Health and Ageing under the Rural Health Strategy Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Oodnadatta, Anangu Pitjantjatjara, Marla and Mintabie, South Australia, regional and remote Service: MSOAP funds psychiatrists to travel to rural and remote communities to provide consultation-liaison services that emphasize the up-skilling of local general practitioners (GPs) and other health care workers. Although most of the visiting psychiatrists provide adult services, child psychiatrists now visit four regional centres.
Evaluation	An article written by Nigel Cord-Udy published in Rural and Remote Psychiatry (2004, 12)2, p 161 provides an update on MSOAP in the rural and remote communities in SA. The findings presented in this article suggest that under MSOAP child and Indigenous services in SA have improved considerably. Specifically psychiatrists now provide visiting services to four (soon to be seven) Aboriginal communities and at least ten towns with substantial Indigenous populations. Also psychiatrists now consult in four Aboriginal controlled health centres and are increasingly working with AHWs in an attempt to deliver more culturally appropriate services.

	Cultural awareness training has also been provided for the psychiatrists by MSOAP to improve their effectiveness within the Indigenous communities.
Organisation	Name: The Fundholder for the SA MSOAP is the Rural Doctors Workforce Agency Type: Non-government Contact: Chief Executive Officer: Leigh Carpenter Email: Leigh.Carpenter@ruraldoc.com.au Contact: MSOAP Manager: Elizabeth Todd Email: Elizabeth.Todd@ruraldoc.com.au Website: www.ruraldoc.com.au
Source	(Cord-Udy, 2004)

Project title	The South Australian Centre for Indigenous Social and Emotional Well Being (Nunkuwarrin Yunti)
Project details	Year commenced: 1996 Location: SA Service type: Treatment and education
Project description	Target group: - Geographic details: Nunkuwarrin Yunti, South Australia, regional Service: The SA Regional centre was established to focus on the broad issues of Indigenous social and emotional well being and clinical mental health. The centres core responsibilities are: - Development and delivery of education and training in the area of SEWB and Mental Health; - Ensuring that mental health and social and emotional wellbeing education and training meets the criteria for accreditation in the higher education sectors; - Providing support to Aboriginal health workers in SA; - Develop and promote inter-sectoral linkages and operate as a mental health and social and emotional wellbeing resource centre for the Aboriginal community; - Develop and maintain mental health and social and emotional well being information systems; and - Conduct ongoing evaluation of the centre's activities. Activities that are included within these responsibilities are; - The diploma of narrative approaches for Aboriginal people; - Participation in conferences and forums; - The coordination of counsellor peer support workshops involving the Bringing Them Home counsellors; and - The production of a state services CD Rom and quarterly newsletter. To develop the diploma in narrative therapy Nunkuwarrin Yunti has worked in partnership with the Dulwich centre- who provides research, training and counselling in narrative therapy. Narrative therapy is a people-focused approach to counselling and community work where problems are viewed as separate from people. This diploma is designed for Aboriginal health workers, Aboriginal police officers and non-Aboriginal people working in Aboriginal agencies. Students learn counselling skills that are relevant to Aboriginal culture and beliefs.

Evaluation	The program has not been evaluated.
Outputs	• CD Rom; and • A quarterly newsletter
Organisation	Name: Nunkuwarrin Yunti Type: Indigenous Community Controlled Health Organisation. Service: Provide primary health care to Indigenous people. Contact: Chairperson: Mr Basil Summer, Ph: (08) 8223 4204, Fax: (08) 8232 6685 Contact: Michael McCabe, Ph: (08) 8223 5217. Email: michaelm@nunku.org.au Website: www.nunku.org.au
Source	www.nunku.org.au

Project title	Social and Emotional Wellbeing Counselling
Project details	Location: SA Funding: Commonwealth Department of Health and Ageing through the Office for Aboriginal and Torres Strait Islander Health Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Port Lincoln and Eyre Region in South Australia, regional Service: Social and emotional wellbeing counselling is one of the services offered by Port Lincoln Aboriginal Health Service. Outreach is provided as needed.
Evaluation	The program has not been evaluated.
Organisation	Name: Port Lincoln Aboriginal health Service Type: Indigenous controlled community health service. Service: Primary health care services. Contact: Ph: (08) 8683 0126 Email: reception@plahs.org.au Website: www.plahs.org.au
Source	www.plahs.org.au

Project title	‘Story Reflecting’ approach of Narrative Therapy
Project details	Year commenced: 1994 Location: SA
Project description	Target group: Indigenous people. Specifically those who have lost a relative in custody. Service: ‘Story Reflecting’ is a form of narrative therapy. Narrative therapy is an approach to counselling and community work. It centres people as the experts in their own lives and views problems as separate from people. Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. The word ‘narrative’ refers to the emphasis that is placed upon the stories of people’s lives and the differences that can be made through particular telling and retelling of these stories. It is a way of working that is interested in history, the broader context that is affecting people’s lives and the ethics or politics of therapy.

	Narrative therapy is particularly effective for working with Indigenous clients as it is a holistic approach that enables social and cultural influences on health and behaviour to be acknowledged and discussed. Tim Agius has been using 'story reflecting' with Aboriginal communities in South Australia (Agius and Hamer, 2003); particularly targeting individuals or families who have lost a relative in custody.
Evaluation	The program has not been evaluated.
Organisation	Name: Dulwich Centre Type: Non-government Service: Provide counselling, training and networking in narrative therapy. Contact: Michael White, Ph: (08) 8223 3966, Fax: (08) 8232 4441 Email: dulwich@senet.com
Source	(Agius and Hamer, 2003)

Project title	Swanport House Community Program
Project details	Year commenced: 2005 Location: SA Funding: South Australian Government Service type: Treatment
Project description	Target group: Indigenous and non-Indigenous adults. Geographic details: Murray Bridge, South Australia, regional Service: Swanport house community program provides a rehabilitation and recovery support service for people with mental health issues. The program offers; - Social and recreational opportunities; - Employment and housing information; - Outings, barbecues and social events; and - Monthly newsletters with contributions from service users peer group support.
Evaluation	The program commenced this year and has not as yet been evaluated.
Organisation	Name: Murray Mallee Community Health Service Type: Government Service: The Murray Malley Community Health Service provides a number of different programs for the community. The vision of this group is to create opportunities for the enrichment of the community. Contact: Director: Viv Hazel, Ph: (08) 8535 6800, Fax: (08) 8535 6808 Email: hazel.viv@saugov.sa.gov.au Contact: Associate Health and Wellbeing Programs Manager: Janet Chambers Email: chambers.janet@saugov.sa.gov.au Website: www.mbsmh.sa.gov.au
Source	www.mbsmh.sa.gov.au

Victoria

Social and Emotional Wellbeing programs

Project title	Access to Allied Health Service (Better Outcomes in Mental Health Care initiative)
Project details	Year commenced: 2003 Location: Better Outcomes in Mental Health Care is a national initiative, however the present program is specialised to the Dandenong district in Victoria Funding: Department of Health and Ageing (Federal) Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Dandenong district, Victoria, regional Service: Through the Division's Access to Allied Health program, a portion of funding has been allocated to support a two day per week visiting psychologist to Bunurong Aboriginal Health service. The psychologists are paid by the Division (as program funds holder) but through an inter-agency service agreement, they are accountable on a day to day basis to the health service manager. Two psychologists are engaged, each working one day per week. The psychologists see health service clients referred by GPs, other workers within the service and self-referred clients. The service has been provided for over two years and has gained acceptance among the local Aboriginal community. The service has been developed to be flexible and responsive to the diverse and complex needs of the client group. It has become an integral part of the Health Service Spiritual and Emotional Wellbeing Program and works closely with the range of services provided within the health centre and liaises with other external service providers.
Evaluation	An early evaluation was conducted by Melbourne University Centre for Program Evaluation as part of a broader evaluation of the first year of the Division's Access to Allied Health Service Program. Ongoing evaluation is undertaken through this division. The evaluation highlighted the acceptance of the service within the community. De-identified client data kept by the psychologists indicates a broad range of presenting conditions including, family violence, drug and/or alcohol abuse and depression. More females have attended the service than male. Clients have utilised the service for anything between a single session to ongoing attendance.
Organisation	Name: Dandenong District Division of General Practice Type: Non-government Contact: Graeme Fletcher, Ph: (03) 97067311 Email: g.fletcher@ddgp.com.au
Source	Survey response

Project title	Family Counselling Service
Project details	Year commenced: 2003 Location: Victoria Service type: Treatment
Project description	Target group: Indigenous and non-Indigenous children and adults Geographic details: Fitzroy, Victoria, major city Service: The family counselling service has seven major programs including; - Adult mental health; - Home based outreach support; - Carer/Consumer group; - Drug and alcohol unit; - Family counselling and social support alcohol and drug service; - Youth and adolescent mental health; and - The Aboriginal kid's mental health project. The adult mental health project includes psychiatric assessment, treatment, counselling, outreach and a stolen generations program. The home based outreach program provides mental health services to the Aboriginal community across the state including home based outreach support and case management. The carer/consumer group program provides support for families who are caring for someone with a mental illness, respite services and outreach support. The drug and alcohol unit supports clients with social and welfare issues; performs assessment and referrals to rehabilitation and recovery centres; and continues ongoing case management. The family counselling and social support alcohol and drug service provides family counselling to families and clients; harm minimisation associated with substance use; supporting families and carers; assisting family skills and family relationships; providing advocacy and referrals with family members; social and welfare assistance, referral and support; linkages and networks with mental health services; and networks with rehabilitation and recovery centres. The adolescent mental health unit employs an adolescent psychologist and works to support adolescents in a number of ways including: outreach; liaising with mainstream and aboriginal organisations; counselling; visiting schools; keeping in regular contact with clients; drug and alcohol open day; and organising programs including Dulap Binninang Meeting Place, CPR training, Talkin' up program and school bike challenge program. Finally the Aboriginal kid's mental health program provides assessments, psychiatric, psychological, paediatric, educational, speech and language services.
Evaluation	The program has not been evaluated.
Organisation	Name: Victorian Aboriginal health service (VAHS) Type: Indigenous controlled community health service. Service: VAHS provides a range of physical and mental health services for the Aboriginal community. Contact: Manager of the Family Counselling Service: Lance James, Ph: (03) 94 033 300 Email: ljames@vahs.org.au Website: www.vahs.org.au
Source	Survey response and www.vahs.org.au

Project title	Emotional and Spiritual wellbeing
Project details	Location: VIC Funding: OATSIH Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Warnambool, Victoria, remote Service: The project aims to provide mainstream mental health services and support for the community whilst emotional wellbeing is an issue in their life. The program covers the area of mental health and has multiple roles in the community including; - Connecting with the community; - Assessment; - Referral to other agencies; and - Ongoing follow up and support. Services are provided from the community centre and also within clients' homes.
Evaluation	The program is evaluated via quarterly reports and community and staff feedback. Any negative feedback, if appropriate, is used to improve service delivery to the community. Findings of the evaluation include; - That the prevalence of major mental illness in the community is seriously impacted upon by welfare issues and an increase of drug use particularly in the younger population; - There is also a high incidence of mood disorders that have been untreated and as a result have impacted on the person's ability to get on with their life; and Community members have reported receiving little support from mainstream psychiatric services.
Organisation	Name: Gunditjmara Aboriginal cooperative Type: Indigenous controlled community health service Service: Provides a culturally sensitive health service to the local community through education, promotion and support for families and individuals. It also aims to provide cross cultural information to mainstream and community health care providers Contact: CEO: Rod Jackson, Ph: (03) 556 433 Email: rodjackson@gunditjamara.org.au
Source	Survey response

Project title	Koori Health/ Healing Service
Project details	Year commenced: To commence early in 2006 Location: VIC Funding: Department of Human Services Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Gippsland, Victoria, regional Service: Gippsland Lakes Community Health Service recently received a grant from the Department of Human Services to auspice a healing service for the local communities in Wellington and East Gippsland shire areas. It is intended to employ 2-3 Indigenous people to help coordinate the local Indigenous and non-Indigenous

	service providers. There will be a primary focus of domestic violence but as the healing service has not yet employed the workers there is still scope to focus on other areas that are having a negative impact on these communities.
Evaluation	The program has not been evaluated
Organisation	Name: Gippsland Lakes Community Health Type: Indigenous Community Controlled Health Service Contact: Peter Ryan, Ph: 0417 174 040 Email: peter@glch.org.au
Source	Survey response

Project title	Koori Mental Health Project
Project details	Location: VIC Funding: Royal Children's Hospital Melbourne Service type: Treatment
Project description	Target group: Koori kids, young people and their families Geographic details: Melbourne, Victoria, major city Service: The aims of the Koori Mental Health Project are to: - Improve accessibility to Royal Children's Hospital Mental Health Service (RCHMHS) for Koori families; - Familiarise RCHMHS staff with the issues facing Koori kids and their families; - Facilitate a working partnership between the local Koori organisations and services and RCHMHS; and - Create a culturally safe environment within RCHMHS for Koori families. A Koori mental health project worker is available for: - Secondary consultation to RCHMHS case managers when working with Koori Families; - Guidance in working with Koori kids and their families in a culturally sensitive way; - Cross cultural education within RCHMHS; and - Discussion with Koori workers and Koori organisations and services about potential referrals.
Evaluation	The program has not been evaluated
Organisation	Name: Royal Children's Hospital Mental Health Service (RCHMHS) Type: Non-government Service: Primary mental health care. Contact: Koori Mental Health Liaison Officer: Michelle Smith, Ph: (03) 9345 6011 Email: Michelle.Smith@rch.org.au Website: www.rch.org.au
Source	www.rch.org.au

Project title	Mental Health Services
Project details	Location: VIC Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Melbourne, Victoria, major city Service: The mental health services provided by the Victorian Aboriginal Health Service include: - Koori Kids: providing mental health care for Koori children and their families; and - An adult mental health care unit.
Outputs	Brochure containing information about how to access the Koori Kids services and what families can expect when they attend.
Evaluation	The program has not been evaluated.
Organisation	Name: Victorian Aboriginal Health Service Type: Indigenous Community Controlled Health Service. Service: Provide primary care - physical and mental health services. Contact: Koori Mental Health Worker: Shawana Andrews, Ph: (03) 0419 3000, Fax: (03) 9419 1208 Email: vahs@kooriweb.org Website: www.vahs.org.au
Source	www.vahs.org.au

Project title	Wannik Nalu – Social and Emotional Well Being and Stolen Generation Support Service
Project details	Year commenced: 1999 Location: VIC Funding: Office of Aboriginal and Torres Strait Islander Health Services and Department of Human Services Victoria Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Gippsland, Victoria, regional Service: Wannik Nalu is a psychiatric disability support and rehabilitation service funded under the Department of Human Services: Victoria and Office of Aboriginal and Torres Strait Islander Health Services to promote and facilitate Indigenous people's entry into Mental Health Services. Workers provide referral and support to Indigenous community members throughout Gippsland to a range of services in assisting social well-being, such as housing, family violence support, centre against sexual assault, centrelink, drug and alcohol rehabilitation etc. Wannik Nalu also provides Indigenous focused mental health first aid training. Community members are taught to identify individuals at risk of suicide or mental illness onset and how to react to assist these individuals. Access to Stolen Generation related services is also provided by Wannik Nalu through partnership arrangements with Link-up Victoria and the Culturan Heritage Trust.
Evaluation	The program has not been evaluated
Organisation	Name: Ramahyuck District Aboriginal Corporation Type: Indigenous controlled community health service

	Contact: Hilton Gruis, Ph: 0400 100 347 Email: wn@ramahyuck.org
Source	Survey response

Project title	Western Suburbs Indigenous Gathering Place Association
Project details	Year commenced: 2002 Location: VIC Service type: Treatment and Prevention
Project description	Target group: Indigenous children and adults Geographic details: Western suburbs of Melbourne, Victoria, major city Service: The gathering place hosts a wide range of services including; - Reconnect (Youth homelessness intervention); - Women's Wellbeing - Parenting Program; - Planned Activities Group; - HACC and Care Management Assessment; - Cultural Program; - Family Violence Local Action Group; - Carers Group; and - Local Aboriginal Education Consultative Group (LAECG). Medical and allied health and counselling services are also provided; - General Practitioner attends two and a half days a week; - Pap-smear screens by appointment; - Diabetes educator attends fortnightly; - Podiatrists- dates and times advertised; - Physiotherapist, attends fortnightly; - Family counselling every Thursday; - Drug and alcohol counselling every Wednesday; and - Financial and problem gambling by appointment. Other services include; - Aboriginal housing board; - Centrelink; and - Victoria police.
Evaluation	The program has not been evaluated
Organisation	Name: Western Australia Indigenous Gathering Place Association Type: Indigenous controlled community health service Service: The gathering place aims to meet the social and cultural needs of the community. Contact: Colleen Marion, Ph: (03) 9318 7855, Fax: (03) 9318 7866 Email: gplace@bigpond.net.au
Source	Brochure

Western Australia

Depression-specific programs

Project title	Indigenous Psychological Services
Project details	Year commenced: 1999 Location: WA Funding: Private Organisation Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Burswood, Perth, Western Australia, major city Service: The Indigenous Psychological Services (IPS) mission statement is: <i>"to provide the highest quality, culturally appropriate, mental health service to Indigenous (Australian) people, that directly affects their social and emotional well being. This will be achieved through the provisions of training, community based interventions, clinical, psychological assessment and research services."</i> As described in the mission statement above Indigenous Psychological Services provide training, community based interventions, clinical, psychological assessment and research services. Specific projects include; - 'Working with Depressed and Suicidal Aboriginal People' a three day interactive workshop on working with suicidal and depressed Aboriginal clients. The workshop has been presented extensively throughout Western Australia and interstate, to overwhelming support from local Indigenous people working in the field of mental health; - Development of the Westerman Aboriginal Symptom Checklist-Y. This measure was developed as part of Dr Westerman's PhD to identify young Aboriginal people at risk of depression, anxiety and suicidal thoughts; - Suicide prevention training in Aboriginal communities. Indigenous psychological services provide training to a variety of rural and remote communities throughout the state; and - The development of a suicide prevention program for at risk 13-17 year old Aboriginal people. The main aim of the project is to develop and pilot a culturally appropriate early intervention program for a group of Aboriginal youth identified as being at risk of depression and suicidal behaviours.
Evaluation	Participant feedback from suicide prevention training in the West Kimberley indicates very positive results for the program. Outcomes of the evaluation include that participants found the program easy to understand, confidence boosting, very useful and informative and highly enjoyable. Many of the participants stated that they had attended several suicide prevention training courses and that this was the best one to date.
Organisation	Name: Indigenous Psychological Services Type: Private Contact: Organisation founder: Tracey Westerman, Ph: (08)

	93622036, Fax: (08) 93625546 Email: ips@ips.iinet.net.au Website: www.ips.org.au
Source	www.ips.org.au

Project title	SEWB centre and AHW training
Project details	Location: Kimberley, WA Funding: Department of Health and Ageing and the Office of Aboriginal and Torres Strait Islander Health Service type: Treatment
Project description	Target group: Indigenous children and adults, and training for AHWs Geographic details: Kimberley, Western Australia, regional Service: KAMSC programs consist of service elements which are pooled among the ACCHSs to improve efficiency, maintain specialised expertise or to address issues of regional coordination and policy. KAMSC cooperative services include: - Accounting administration and human resource management support; - Policy support, representation and advocacy at a regional, state and national level; - Public health program development and coordination - Centralised purchasing of pharmaceuticals, medical and other supplies; - A registered training organisation for Aboriginal Health Worker (AHW) training (KAMSC School of Health Studies) - A regional centre for social and emotional wellbeing and a health promotion unit; and - Computer system support/information technology.
Evaluation	The organisation is evaluated through community feedback. In response to community feedback the KAMSC Committee are briefed by the KAMSC SEWB Coordinator and they send service reports to the Office of Aboriginal and Torres Strait Islander Health who provide funding.
Organisation	Name: Kimberley Aboriginal Medical Services Council (KAMSC) Type: Aboriginal controlled community health service (ACCHS) Service: SEWB Centre Four programs are run under the SEWB centre including; - Develop curricular and deliver training; - Develop infrastructure and provide clinical support to health workers and all staff and committees; - Develop models for intersectoral linkages and inter-agency cooperation; and - Develop information systems to clarify the level of need in the region and to test the efficacy of existing services and existing/proposed training. Four specialised projects that are also funded and delivered under the SEWB centre are; - Youth advocate program; - Building solid families; - Women's Bush Camp Project; and - Men's Bush Camp Project.

	AHW Training AHW training (certificate four) is conducted under the KAMSC school of health studies. Within this program introduction to counselling for the AHW students is provided. This counselling course has elements of depression and suicide education and training. Training in depression and suicide is important as it enables the health workers within the Aboriginal medical service's to identify signs of distress and get the person support through Doctors, family, friends and counsellors. Contact: D. Bissett Email: mhp@kamsc.org.au Website: www.kamsc.org.au
Source	Survey response

Social and Emotional Wellbeing programs

Project title	Aboriginal community support service
Project details	Location: WA Funding: Aboriginal and Torres Strait Islander Commission Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Two locations in East Perth, Western Australia, major city; One location in Rockingham, Western Australia, regional Service: The Aboriginal community support service (ACSS) was developed specifically to address the needs of the Indigenous people who have serious mental health problems. The service aims to meet the needs of people who have been disenfranchised by their illness and ethnicity. The philosophy of the service is to work with people in an environment of their choice, rather than having an expectation that clients will attend appointments at a designated office. The approach is a holistic one supporting the whole person in his or her own environment. The agency has three teams in operation; 1. The east Perth ACSS team provides a community based non-clinical psychosocial in-reach service to the Aboriginal community to assist clients with mental illness to develop and maintain skills that will allow them to improve their personal and community skills. 2. East Perth based Intensive Disability Support Service for Aboriginal people suffering from long-term, serious mental health illness, and who may be post-correctional or post-institutional. 3. A Rockingham service provides a community based psychosocial in-reach service to the Aboriginal community located in the South West Metropolitan corridor, providing support to clients with substance misuse problems, associated with a psychiatric disability. This support aims to improve the mental and physical health of the client, their social circumstances and functioning.
Evaluation	The program has not been evaluated.

Organisation	Name: Derbarl Yerrigan Health Service Type: Indigenous Community Controlled Health Service Service: Primary health care. Contact: President: Walter McGuire Jnr Contact: CEO: Vanessa Davies, Ph: (08) 9241 3888, Fax: (08) 9421 3884
Source	(Stott, 2002)

Project title	Project planning group for an Aboriginal mental health support service
Project details	Year commenced: Planning phase 2004-2007 Location: WA Funding: Office of Mental Health Service type: Treatment and awareness
Project description	Target group: Indigenous children and adults Geographic details: N/A Service: The planning committee comprises of Indigenous and non-Indigenous professionals from all health regions, police and support services staff from throughout Western Australia. The group meets regularly to consult and exchange professional and cultural wisdom to develop a model of service delivery for the implementation of a state wide, culturally appropriate mental health support service for Aboriginal people. The aim of the process is to support Aboriginal people in accessing mainstream mental health services and to support mental health services in better meeting the needs of Aboriginal people. It is hoped that although the service will be located in Perth it will provide a comprehensive state-wide role in mental health. The philosophy of the new service aims to be culturally appropriate for Aboriginal people offering a flexible service to all age groups and operating from a family centred approach.
Evaluation	The program has not been evaluated
Organisation	Name: Office of Mental Health Type: Government Contact: Senior Project Officer: Serena Ryan, Ph: (08) 9347 6864 Email: Serena.ryan@health.wa.gov.au
Source	www.mental.health.wa.gov.au

Project title	Building solid families program
Project details	Year commenced: 2000 Location: WA Funding: State and Commonwealth Governments and the Aboriginal and Torres Strait Islander Commission Service type: Treatment and awareness
Project description	Target group: Addresses family issues and as a result has benefits for both adults and children Geographic details: The project is operating in towns and regional centres State wide. Including services in the

	Kimberley, Pilbara, Midwest/Gascoyne, Central Midlands, Goldfields, Great Southern and the Perth Metropolitan area. Service: The aims of the Building Solid Families Program are to; - Increase access to comprehensive, culturally secure information and support services associated with family reunion or link-up for Aboriginal and Torres Strait Islander people affected by family separation; - Establish a service network which provides training for an increased number of well trained Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander staff to deliver culturally secure information and support services for mental health, social and emotional wellbeing; and - Reduce the incidence of mental illness, mental disorder, mental health problems and trauma that may be associated with the effects of family separation. There are three key output areas of the Building Solid Families Program 1. Client information, referral and management services to support family tracing, information, and/or reunion (Link-up); 2. Confidential and effective mental health, social and emotional wellbeing, counselling and support services; and 3. Public information, education and awareness campaigns regarding services and support for Aboriginal and Torres Strait Islander people affected by family separation.
Evaluation	Has been planned, however has not been conducted yet.
Organisation	Name: Western Australian Department of Health, Office of Aboriginal Health Type: Government Contact: Program Manager: Maureen O'Meara, Ph: (08) 9222 2483 Email: maureen.o'meara@health.wa.gov.au
Source	www.health.wa.gov.au

Project title	General Practice Clinic
Project details	Location: WA Service type: Treatment
Project description	Target group: Indigenous adults Geographic details: Carnarvon, Western Australia, regional Service: The project aims to deliver good psychosocial care to its Indigenous clients. Remote clinics are also provided.
Evaluation	The program has not been evaluated
Organisation	Name: General practice clinic Type: Non-government Service: Primary health care. Contact: Lili Costello Email: lilicostello@westnet.com.au
Source	Survey response

Project title	Indigenous Mental Health Worker
Project details	Location: WA Service type: Treatment
Project description	Target group: Indigenous children and adults Geographic details: Broome and Kununurra (Kimberley), Western Australia, regional areas Note: similar positions are to be created in Tom Price, Port Headland and Newman. Service: Indigenous Mental Health Worker Positions were created to provide a culturally secure mental health service for Aboriginal people thus increasing the services accessibility to its clients. The Indigenous mental health workers are crucial members of the clinical team working in partnership with other clinicians across the age range. In addition to their direct clinical role, they act as a conduit to local Indigenous communities and stakeholder organisations. They also act as 'cultural-interpreters' and provide cultural supervision for service staff.
Evaluation	The program has not been evaluated.
Organisation	Name: North West Mental Health Service Type: Government Contact: Dr. David Cutts, Ph: (08) 91923322 Email: david.cutts@health.wa.gov.au
Source	(Health Reform Implementation Taskforce, 2005)

Project title	Peel South West Division of General Practice Mental Health Program
Project details	Year commenced: A youth suicide prevention program began operation in 1997. The program has since grown to take a three pronged approach to service delivery in mental health. Location: WA Funding: Australian Government Department of Health and Ageing Service type: Treatment, prevention and awareness
Project description	Target group: Health professionals and community members in the Peel South West Region Geographic details: Peel South West, Western Australia, both rural and remote areas Service: The focus of the Peel South West Division of General Practice Mental health Program is to take a three pronged approach to service delivery in mental health. First; to support General Practice to continue to serve the community from a professionally robust and healthy base. Second; to work with the community to improve health through forming partnerships with other organisations and third; to work to improve the wellbeing of general practitioners and their families as well as that of practice and division staff. Initiatives incorporated in the Peel South West Division of General Practice Mental Health Program are 'Better Outcomes in Mental health Care' and 'More Allied Health Services Program'. Within the MAHS initiative an Aboriginal health program is provided. Also provided under the auspices of the mental health program is a Youth

	health program that provides seminars in the awareness and prevention of mental illness.
Evaluation	The program has not been evaluated
Organisation	Name: Peel South West Division of General Practice Type: Non-government Contact: Ph: (08) 9581 3352, Fax: (08) 9586 1080 Email: office@gpdownsouth.com.au Website: www.gpdownsouth.com.au
Source	(Fraser, 2004)

Project title	Pit Stop
Project details	Year commenced: 2002 Location: WA Service type: Treatment
Project description	Target group: Indigenous men Geographic details: The program has travelled to locations across the state including major cities, regional and remote areas. Service: Pit Stop is a mobile inspection station that travels all over Western Australia to Aboriginal communities and events that attract men. The overarching concept for this initiative is to provide Aboriginal men with a comprehensive physical and emotional assessment. To attract men to this project the 'pit stop' analogy was implemented and men are encouraged to put their bodies over the 'pits' to determine their road worthiness. Following a thorough examination participants are provided with a work order that indicates the level of service required. In order to assess mental health a shock absorber questionnaire was included into the Pit Stop framework which assess' participants ability to deal with the bumpy terrain in their life.
Evaluation	The program has not been evaluated
Organisation	Name: Gascoyne Public Health Unit Type: Contact: Program creator: Elsa Alston and Chris Hall, Ph: (08)9941 0560, Fax: (08) 9941 0563
Source	(Alston and Hall, 2001)

Project title	Better Outcomes in Mental Health
Project details	Year commenced: 2001 Location: National Funding: Federal Government Service type: Treatment
Project description	Target Group: Targeted at general practitioners but the effects will have implications for the wider community. Geographic details: The initiative has been implemented in regional and remote areas across the country. Service: The aim of the Better Outcomes in Mental Health Care Initiative is to support general practitioners in improving the quality of care provided through general practice to Australians

	with a mental health illness by providing mental health education and training for general practitioners (GPs) and more support for them from allied health professionals and psychiatrists. To ensure access to Indigenous communities, Indigenous health workers were included as practitioners able to deliver mental health services. <i>Objectives</i> - Incentive payments for GP's to reward and encourage effective management of mental health problems by GPs through assessment, care planning and review; - Education and training for GPs to familiarise them with the initiative and to increase the number of GPs skilled in counselling; - Medicare benefits schedule items for GP focussed psychological strategies (previously referred to as GP counselling): to provide Medicare Benefits Schedule rebates for focused psychological strategies and evidence based treatments provided by appropriately trained GPs; - Access to allied health services: to enable GPs to access psychological and other allied health services to support their patients with mental health problems; and Medicare benefits schedule item for psychiatrist case conferencing: to provide Medicare Benefits Schedule rebates where psychiatrists participate in case conferencing on the patient's behalf and to provide consultancy assistance to GPs in emergency situations.
Evaluation	A comprehensive national evaluation by Kohn et al. (2005) found that the BOiMH initiatives were successfully delivering mental health care to consumers many of whom had not accessed mental health care previously. The ability of divisions to tailor projects to the local environment was an important aspect of the programs success.
Organisation	Name: Royal Australian College of General Practitioners Type: Government Service: Professional body of general practitioners. Contact: Enquiries can be directed to the General Practice Mental Health Standards Collaboration Secretariat, Ph: (03) 8699 0554 Email: gpmhsc@racgp.org.au Website: www.racgp.org.au
Source	(Kohn, et al., 2005)

Project title	Kids Help Line
Project details	Year commenced: 1991 Location: Kids Helpline is based in Queensland, yet is a National project. Funding: Optus, State and Federal funding, donations and fundraising Service type: Treatment
Project description	Target group: Indigenous and non-Indigenous children and youth between the ages of five and eighteen Geographic details: N/A Service: Kids Help Line is a free, confidential and anonymous 24 hour counselling service specifically for people

	between the ages of five and eighteen. Objectives of this service are to: • Provide a professional counselling service accessible to all Australian children; • Empower the caller by assisting them to form opinions for themselves; • Help children identify and understand the consequences of a particular course of action; • Facilitate more productive relationships with parents, teachers and care givers; • Fill the gaps in existing services; • Provide information on support services on the caller's local area; • Advocate on behalf of children and young people where their interests are ignored or unrepresented; and • To care and to listen. Although this is not an Indigenous specific initiative it is a resource that is heavily used by Indigenous children. Between the 1st of July 2002 and the 30th June 2005 Indigenous children and youth made 3.6% of the calls to kids help line – a proportion that is considerably higher than the proportion of people in Australian of Indigenous background.
Evaluation	An evaluation of kids help line was conducted by Reid in 2000 to examine its reach, service response and service accessibility. Outcomes of the evaluation found that with regard to awareness, the level of awareness of Kids Help Line, including awareness of its role in suicide prevention, was very high among young people and most were prepared to use the service if they needed help. Youth's expectations of the counsellors were that the counsellors would listen, clarify problems, persuade callers not to suicide, assist with problem solving, and provide an objective perspective. Participant satisfaction was measured through a call back survey. Overall callers were very satisfied and reported positive and helpful experiences.
Organisation	Name: Kids Help Line Type: Non-government Service: Kids Help Line is a free, confidential and anonymous 24 hour telephone counselling service specifically for people between the ages of five and eighteen Contact: Counselling line – 1800 55 1800 Contact: Queensland office: Ph: (07) 3369 1588, Fax: (07) 3367 1266 Email: admin@kidshelp.com.au Website: www.kidshelp.com.au
Source	(Reid, 2001)

Suicide

Northern Territory

Project title	Tangentyere Family Wellbeing Project
Project details	Year commenced: The project commenced in March 1998 and concluded in April 1999 Location: NT Funding: Commonwealth Government: National Youth Suicide Prevention Strategy's Program for Parents Service type: Prevention
Project description	Target group: Indigenous adults and young people Geographic details: Alice Springs, Northern Territory, regional Service: The overarching aim of the project was suicide prevention among Indigenous youth. The basic philosophy underlying the Family Wellbeing program is the notion that all humans have basic physical, emotional, mental and spiritual needs, the denial of any of which may result in behavioural problems. Family Wellbeing uses a range of learning techniques that assist participants to develop the skills required to ensure that their basic needs are met. Participants develop their ability to work their way out of unhealthy relationships (and other situations they consider unhealthy for themselves and those around them), and to form healthier relationships. The objective of the Tangentyere Family Wellbeing project was to provide a primary and secondary intervention program addressing suicide behaviour among Indigenous youth in Alice Springs and the surrounding region. The project planned to meet this objective by running a family wellbeing train the trainer course targeted at health professionals, family members of suicide or attempted suicide victims, young people who wanted to develop skills to support themselves as well as their peers. The course progressed in four stages, each of which involved ten four hour seminars. The four stages of the course are foundations in counselling, counselling skills, changing the patterns and opening the heart.
Evaluation	The project was evaluated by Menzies School of Health Research. Overall, the findings of the evaluation showed convincingly that participants in the program had used Family Wellbeing principles and skills to bring about modest but significant changes in their emotional and social health. Specific areas in which participants applied Family Wellbeing expertise included; - Greater awareness of the needs of young people, and increased capacity to support them to meet these needs; - Conflict resolution within the family and work environment; - Greater reflection on the past, and consequent ability to make some sense of the present; - Enhanced ability to deal with loss and grief; - Assertiveness and confidence to better negotiate gender

	relationships; - Resolution of issues relating to religious and cultural identity; and Greater awareness and appreciation of one's own strengths and the ability to use these strengths to make better choices in life. Recommendations (general) - Target more men; - Explore the possibility of expanding the program to deal with the issues of young people. Particularly issues related to parenting and how parenting styles influence young peoples social and emotional health; - Need for strategies to be implemented to ensure facilitators complete their training , and that there are opportunities for them to run courses for other people; - Given that there is a lack of information about how to develop and evaluate public health programs aimed at empowering individuals there is a major need for a follow up study of a cross section of Family Wellbeing participants over a 5-10 year period; and - Integrate the Family Wellbeing program into other social and emotional health programs so as to avoid duplication and to maximise resources.
Organisation	Name: The program was run by a coalition of agencies including Tangentyere Council, the Alice Spring Aboriginal Housing and Community Development Agency, Central Australian Aboriginal Congress, Central Australian Aboriginal Child Care Agency, Alice Springs Youth Accommodation and Support Service, Central Australian Aboriginal Legal Aid and Territory Health Services' Family Youth and Children's Services, and Mental Health Services.
Source	(Tsey and Every, 2000)

Queensland

Project title	Peer support system
Project details	Year commenced: 2001 Location: QLD Funding: Department of Corrective Services Service type: Prevention
Project description	Target group: Indigenous and non-Indigenous inmates within Queensland's correctional facilities Geographic details: N/A Service: The program is for Indigenous prisoners who require personal support to cope with issues relating to incarceration. The program is offered at Townsville Correctional Centre and Lotus Glen Correctional Centre in Mareeba. The department also provides opportunities for peer support to non-Indigenous prisoners, particularly young offenders, who may be at risk within all correctional centres. Participants in the program are trained to provide support and immediate referral to professional staff about fellow inmates who may be at risk of self-harm, suicide or who have other issues of concern. Training is conducted over a six week period and includes suicide awareness, reading body language, cultural awareness and the importance of being leaders and role models.
Evaluation	The program has not been evaluated.
Organisation	Name: Department of Corrective Services Type: Government Service: The Department of Corrective Services is striving continuously for more effective and innovative programs and services, fair and humane treatment of offenders and a strong commitment to equity and cultural diversity. Contact: Advisor Workplace Practices, Ph: (07) 93405 6292 Website: www.dcs.qld.gov.au
Source	www.dcs.qld.gov.au

Victoria

Project title	Step Project
Project details	Year commenced: 1999 - 2001 Location: VIC Funding: Commonwealth Department of Health and Aged Care: National Youth Suicide Prevention Strategy Service type: Prevention
Project description	Target group: Aboriginal young people, same sex attracted young people and refugee young people Service: The Step projects aims included; - Reduce community discrimination and promote understanding and acceptance of diversity with a focus on the target groups; - Promote an integrated and holistic approach in the prevention of youth suicide with a focus on the identified target groups; - Promote professional competence in working with the identified target groups to promote mental health and well being and reduce the risk of suicide; and - Promote sustainability of the impact on Step. The project began by conducting focus groups with the target groups to identify their needs. The results of the focus groups were then used to inform the development of materials and strategies for workers to promote the mental health of these young people. Stakeholders whom were identified as being involved with the target groups were also sought. Key stakeholders formed three advisory reference groups to assist in the development of the training materials. The intention of such collaborative interaction has been to support sustainability of the impact of STEP beyond the projects funding. Once the community consultations had been conducted training for mental health promotion workers' regarding suicide prevention for each of the specific groups was provided and resource materials were developed.
Outputs	A resource manual for working with Aboriginal young people, same sex attracted young people and refugee young people. A poster to promote community understanding of same sex attracted young people was also developed.
Evaluation	The project was evaluated by McLeod Nelson and Associates. They reported that the project provided training for mental health promotion workers across all regions in Victoria. This was a significant achievement and 39 training sessions were provided to over 750 workers. No formal training was undertaken with workers who deal with Aboriginal young people, although there was considerable contact with professionals who worked with the target group on a regular basis. The training was developed and delivered using a community development approach that promoted collaboration and consultation across sectors and across the identified risk populations. The three working groups, together with the Project Officer, have worked in

	consultation with key stakeholders to complete a needs assessment then develop the pilot training. A resource manual that is based on the experience of working with key workers and young people from the identified communities has been developed. Also developed was a poster to promote community understanding of same sex attracted young people.
Organisation	Name: Child Adolescent Mental Health Service Type: Non-government Service: Promotes positive mental health among Victorian young people. Contact: Step Project Coordinator: Christine Farnan Website: www.youthmentalhealth.org
Source	(Victorian Child and Adolescent Mental Health Promotion Officers and Farnan, 2001)

Western Australia

Project title	Information and support pack for those bereaved by suicide or other sudden death
Project details	Year commenced: 2001 Location: WA Funding: Department of Health and Aged Care and the Ministerial Council of Suicide Prevention. Service type: Awareness and prevention
Project description	Target group: Indigenous people bereaved by suicide or sudden death Geographic details: N/A. The resource is applicable for individuals in all geographic regions. Service: The information and support pack includes information about grieving the Aboriginal way, strategies for coping, indicators that one is not coping, suicidal ideation and contact numbers of services for those who feel that they are not coping.
Outputs	Support pack for individuals bereaved by suicide.
Evaluation	The resource has not been evaluated.
Organisation	Name: Telethon Institute of Child Health Research and the Ministerial Council of Suicide Prevention. <i>Telethon Health Institute</i> Type: Non-government Service: Aims to promote and improve the health and well-being of all children through the unique application of multidisciplinary research. Email: www.ichr.uwa.edu.au <i>Ministerial Council of Suicide Prevention</i> Type: Non-government Service: Aims to increase access to and availability of suicide prevention information for professionals, researchers and community members. Website: www.mcsp.org.au
Source	(Clark, Hillman and Ministerial Council for Suicide Prevention, 2001)

National

Project title	CommunityLIFE Project
Project details	Location: National Funding: Australian Government Department of Health and Ageing Service type: Prevention
Project description	Target group: Communities Geographic details: This is a national project that is implemented in a wide range of communities across Australia; major cities and regional. Service: CommunityLIFE aims to assist communities to develop their own solutions for preventing suicide. CommunityLIFE provides direction on programs that are based on sound principles and safe practices and advocates that these be used in conjunction with strengths and resources that already exist within communities. CommunityLIFE is also about building a network that helps communities to share their experiences. The project is being undertaken in two phases. Phase one involved: - Launch of the initiative by the then minister for Health and Ageing, Senator Kay Patterson, at the suicide prevention Australia conference in June 2003; - Establishment of the CommunityLIFE website, featuring <i>resources for communities engaged in suicide prevention</i> activities and a searchable database of Australian government funded projects; - Publication of a <i>literature review</i> on community capacity building and good practice community suicide prevention; - A <i>resource document</i> for communities wishing to engage in safe and effective approaches to community suicide prevention, currently being finalised for publication; - The national dissemination of an <i>information and support pack</i> for those bereaved by suicide and other sudden death; and - Production and dissemination of a range of <i>promotional materials</i> with branding of the initiative established. Activities to be undertaken in phase two include; - Development of a <i>training package for community leaders</i> based on 'A Framework for Effective Community Suicide Prevention' developed in phase one; - Training for community leaders across two pilot sites from a range of local organisations and services, including local government officers, health professionals, welfare workers, Centrelink officers, and police to ensure local implementation of safe and effective community suicide prevention services/activities; - Engagement of the Australian Local Government Association to increase the focus on suicide prevention in local government and to scope current local government activity in the area and identify gaps; - Enhancement of the communications strategy for the initiative, including the dissemination of information and best practice via

	the internet, CommunityLIFE publications and other relevant means; - Production of additional <i>resources as required to encourage community implementation and supplement the training program</i>; and - Further work in the area of bereavement and postvention, including the evaluation of the existing national bereavement kit, the scoping of other current government and non-government postvention activity and the development of a strategy for future national work. A number of Indigenous specific projects have been funded under the CommunityLIFE initiative. The website also provides culturally appropriate fact sheets, a reading list for Aboriginal and Torres Strait Islander suicide prevention, a resource guide and a directory of suicide prevention projects that have already been implemented among Indigenous communities.
Outputs	CommunityLIFE has developed a range of different resources each of which is italicised in the project description above.
Evaluation	The program has not been evaluated.
Organisation	Name: The Australian Government Department of Health and Ageing contracted the Centre for Developmental Health to assume overall responsibility of the program. The project is managed within individual states by the Centre for Developmental Health (Perth), Auseinet (Adelaide) and Suicide Prevention Australia (Sydney). Contact: Project Manager: Jenny Cugley Email: JennyC@ichr.uwa.edu.au Website: www.community-life.org.au
Source	www.community-life.org.au

Project title	Suicide prevention training
Project details	Year commenced: Early 1990s Location: National Funding: Commonwealth Department of Health and Woodside Energy Service type: Prevention and awareness
Project description	Target group: Any adult that is interested in increasing their understanding of suicidal behaviour and suicide prevention. Geographic details: This is a national project, gatekeeper training travels to sites all over Australia; major cities, regional and remote. Service: Gatekeeper training aims to provide individuals with knowledge and skills to deal with suicidal behaviour and to promote suicide prevention. The program is organised by the Ministerial Council for Suicide Prevention (MCSP). MCSP provide three separate training workshops; 1. <i>Suicide prevention gatekeeper training workshop</i> The suicide prevention gatekeeper training workshop proceeds for two days and provides participants with a range of skills and knowledge that will improve their ability and confidence to work with suicidal people. Primarily participants will learn how to identify and

	respond to people who are at risk of suicide. Participants receive extensive resource material as well as the opportunity to develop local strategies to address suicide. It is anticipated that those attending the workshops are competent in basic communication skills. A half-day refresher is also available for people who have previously completed the Gatekeeper. 2. <i>Advanced skills workshop</i> The advanced skills workshop is a one day course that targets professionals, who have completed the Gatekeeper Workshop and/or who work extensively with people at risk of self-harm or suicide. Topics covered by the workshop include refreshing understanding of suicide and advanced risk assessment skills, ethical issues, case studies and the therapeutic relationship with clients at risk. Some pre-workshop reading is required for this course. 3. <i>Train the trainer</i> Train the trainer is offered at the request of agency or region and is aimed at delivery of the Suicide Prevention Gatekeeper Workshop. The principle objective of the program is that those trained will provide training in suicide intervention and prevention in their own communities, thereby supporting the inter-agency collaboration and networking.
Evaluation	The program has not been evaluated.
Organisation	Name: Ministerial Council for Suicide Prevention Type: Non-government Service: MCSP is an inter-departmental and inter-sectoral committee that aims to reduce the incidence of suicide and the prevalence of self-harming behaviours by; 1. Developing, maintaining and disseminating information about, and a broad awareness of, the status and needs of (young) people at risk of suicide; 2. Supporting other positive mental health strategies; and 3. Advising and influencing decision makers to provide an appropriate range of strategies and high standard services to prevent suicide. Contact: General enquiries, Ph: (08) 9426 7118, Fax: (08) 9489 7700 Website: www.mcsp.org.au
Source	www.mcsp.org.au

Project title	Living Is For Everyone (LIFE): A framework for prevention of suicide and self-harm in Australia
Project details	Year commenced: 2005 Location: National Funding: Australian Government Department on Health and Ageing and the Indigenous Strategies Working Group Service type: Suicide prevention
Project description	Target group: LIFE is targeted at the entire population with a specific emphasis on Aboriginal and Torres Strait Islander People. Geographic details: LIFE is a national project; the resources produced will be applicable for all regions. Service: Life aims to provide culturally appropriate written material on suicide prevention for Aboriginal and Torres Strait

	Islander People. The publications focus on a range of issues including: loss and grief, post-traumatic stress disorder, mental illness and mental disorders, issues for men, principles for effective suicide prevention, postvention and a culturally appropriate adaptation of the Mental Health First Aid Instructor package.
Evaluation	The program has not been evaluated.
Organisation	Name: Auseinet Type: Non-government Service: Auseinet works with governments and organisations across many sectors to support change in Australia's mental health policy and practice. They develop, collect and disseminate information on promotion, prevention and early intervention approaches to mental health, and establish and maintain networks of people and organisations committed to this approach. Contact: Project officer Aboriginal and Torres Strait Islander Issues: Bill Greaves, Ph: (08) 8201 7670 Website: www.auseinet.flinders.edu.au
Source	www.livingisforeveryone.com.au

Project title	Information resource 'Aboriginal people working together to prevent suicide and self harm'
Project details	Year commenced: 2005 Location: National Funding: The resource was produced by the ministerial council for suicide prevention whom are funded by the Department of Health and Woodside Energy Service type: Suicide prevention
Project description	Target group: The resource is targeted at Aboriginal people concerned about or supporting someone who is at risk of suicide. Geographic details: The resource is applicable for individuals in any geographic region. Service: The resource provides information about suicide: • things to look out for; • thoughts and feelings; • how you can help; • supporting people; • looking after each other; • who we are and why we're important to our community; and • contact details of services that can provide support and information.
Output	Information resource for the prevention of suicide and self-harm among Indigenous people.
Evaluation	The program has not been evaluated
Organisation	Name: Ministerial Council for Suicide Prevention (MCSP) Type: Non-government Service: MCSP is an inter-departmental and inter-sectoral committee that aims to reduce the incidence of suicide and the prevalence of self-harming behaviours by; - Developing, maintaining and disseminating information about,

	and a broad awareness of, the status and needs of (young) people at risk of suicide; - Supporting other positive mental health strategies; and - Advising and influencing decision makers to provide an appropriate range of strategies and high standard services to prevent suicide. Contact: General enquiries, Ph: (08) 9426 7118, Fax: (08) 9489 7700 Website: www.mcsp.org.au
Source	(Ministerial Council for Suicide Prevention, 2005)

Project title	Response Ability
Project details	Location: National project Funding: Australian Government Department of Health and Ageing Service type: Prevention
Project description	Target group: Secondary school teachers and journalists Geographic details: National project targeted at secondary school teachers and journalists Service: Response Ability seeks to facilitate the integration of mental health promotion, prevention and early intervention and suicide prevention issues into undergraduate curriculum for secondary school teachers and journalism students. The education component of Response Ability is a complimentary initiative to the MindMatters suite of initiatives and the journalism component is aligned with the Mindframe National Media Initiative. Indigenous specific information is incorporated into both the teacher and journalism streams of the projects. Specifically Response Ability incorporates information about Indigenous suicide and mental health and information for journalists about reporting Indigenous suicide or mental illness.
Outputs	CD-Rom based resources, newsletters, occasional papers, and a workshop for journalism students
Evaluation	Response Ability is evaluated through monitoring of resource and website use and feedback from journalism lectures and students. Results of the evaluation for the Journalism initiative indicate that; - The materials are currently used by 29 of the 31 campuses that offer journalism programs; and - Use of the Response Ability website doubled between January-June 2004 to July-December 2004; Additional achievements/activities of the journalism program include; - The development of a Response Ability advisory group; - Development and distribution of newsletters in August and October; - Workshop for journalism students at the University of Canberra; and - Development of a supplementary CD-Rom to add depth and currency to the existing multi-media resources. Results of the evaluation for education indicate that; - 71% of university campuses are known to be using the materials; Additional achievements/activities of the journalism program include;

	- A CD-Rom has been developed and distributed; - The project team plans to further embed the use of the resource materials by: - Coordinating the publication of an occasional paper on mental health and student wellbeing; - Being involved in the MindMatters conference and holding a pre-conference workshop; and - Visiting universities who do not currently use the resources. Hunter Institute of Mental Health launched the first issues of Education Connect, Occasional Paper about Social and Emotional Wellbeing in Education in March 2005 and a second edition in August 2005.
Organisation	Name: Hunter Institute of Mental Health Type: Government Service: To promote mental health and improve outcomes for people with mental illness, through education and training, health promotion, research and evaluation. Our team will provide professional, flexible, evidence-based services by working in partnership with individuals, organisations and communities. <i>Teacher Education</i> Contact: Senior Project Officer: Gavin Hazel, Ph: (02) 492 6663 Email: Gavin.Hazel@hnehealth.nsw.gov.au Contact: Program Manager: Karen Vincent, Ph: (02) 492 6722 Email: Karen.Vincent@hnehealth.nsw.gov.au <i>Journalism Education</i> Contact: Project Officer: Sonia Greenhalgh, Ph: (02) 4924 6779 Email: Sonia.Greenhalgh@hnehealth.nsw.gov.au Contact: Program Manager: Jaelea Skehan, Ph: (02) 4924 6727 Email: Jaelea.Skehan@hnehealth.nsw.gov.au Website: www.responseability.org
Source	www.responseability.org

Project title	Stayin' Strong radio program
Project details	Location: The program can be heard nationally via the National Indigenous Radio Service Funding: Commonwealth Service type: Suicide prevention
Project description	Target group: Indigenous children and adults Geographic details: The radio station is based in Brisbane however the program is broadcasted nationally; major cities, regional and remote. Service: Staying Strong is a two year, 24 hour a day strategy targeting suicide prevention in Indigenous communities nationwide. The project combines regular radio messages on air nationally with community input, to facilitate greater networks between service providers and local Indigenous communities. The on air segments provide a range of information on issues such as health, suicide prevention, alcohol and illicit drug abuse, youth issues and education. There are also messages from sporting stars, artists, elders as well as information on service providers who can help in a range of ways.

Outputs	Each month highlights from the project are compiled on a CD that is available from BIMA. A monthly project newsletter is also produced. The newsletter documents some of the issues covered in Stayin' Strong, provides information on upcoming events that relate to the project, and lists the details of service providers profiled in the Stayin' Strong broadcasts.
Evaluation	Feedback on the Stayin' Strong project is gathered through a range of methods, including feedback via telephone, written feedback and online feedback. Feedback is also actively gathered from service providers, organisations and individuals as part of the process of researching and gathering stories. These feedback methods are strongly promoted in all printed, audio and online material associated with the project. To date, this feedback has been largely positive, and has formed the basis of the projects six monthly evaluations (the first of which was in March 2003). The result of this evaluation has been to revise some of the content and style of the broadcasts to ensure a wide target audience is reached nationally. Focus groups are planned for the coming months.
Organisation	Name: Brisbane Indigenous Media Association (BIMA) Type: Indigenous controlled. Service: 24 hour radio broadcast Contact: BIMA: Ph: (07) 3892 0100, Fax: (07) 3892 0101 Website: www.989fm.com.au/stayingstring/
Source	www.989fm.com.au/stayingstring/

Project title	“Toughin it out”: survival skills for dealing with suicidal thoughts
Project details	Year commenced: 1999 Location: National resource Service type: Prevention
Project description	Target group: Indigenous youth Geographic details: The resource can be used in any location Service: <i>Toughin it out. Survival skills for dealing with suicidal thoughts</i> is a pamphlet that provides plain language information about suicide and strategies for dealing with suicidal thoughts. The pamphlet was designed to be used as a clinical tool for people with depression and suicidal thoughts in both the urban Indigenous setting of Cairns and the remote setting of Northern Territory. It has also been used as a preventative educational resource with youth in schools and adults among the Indigenous community. The pamphlet has now been used in a range of areas nationally and has also had exposure internationally.
Output	“Toughin it out. Survival skills for dealing with suicidal thoughts” pamphlet.
Evaluation	The pamphlet has been evaluated through qualitative feedback from service providers and consumers that have used the pamphlet.
Organisation	Name: Kirinaran Publishing Type: Private Service: Publication of a suicide prevention resource. Contact: Resource Creator: Dr. Simon Bridges, Ph: (07) 40512755 Email: bridgeside@ozemail.com.au , toughin.it.out@kirinaran.com Website: www.kirinaran.com
Source	Survey response

Research

South Australia

Depression-specific programs

Project title	Men, hearts and minds: Exploring the link between psychosocial stress, depression and coronary heart disease in Indigenous men from Central Australia
Project details	Year commenced: 2004 (will be completed in 2006) Location: Central Australia Funding: National Heart Foundation Service type: Research
Project description	Target group: Indigenous men Geographic details: The research is being conducted in Alice Springs which is an urban town that has several surrounding rural Indigenous communities. Service: The present research explores the ways in which 'stress' and depression impact on the risk, cause, progression, outcomes and thus prevention of heart disease among Indigenous men. The primary aims of the project are to; - Develop a valid, reliable and useable measurement toll for determining an individuals 'psychosocial stress'; - Explore the biomedical pathways through which psychosocial stress may impact of cardiovascular heart disease; - Explore the contribution of psychosocial stress to the burden of cardiovascular heart disease among Indigenous men; and - Inform preventative activities for cardiovascular disease in Indigenous populations. - Advantages of this project for Indigenous mental health are in the development of a reliable and valid measure to assess depression and psychological distress. Also the project ultimately aims to help prevent cardiovascular heart disease which is a leading cause of death among Indigenous men. Prevention of this disease may also contribute to improved social and emotional wellbeing among Indigenous communities as grief and loss associated with death of loved ones will be minimised.
Evaluation	N/A
Organisation	Name: Menzies School of Health Research (MSHR) Type: Non-government Service: MSHR is recognised as a national leader in Indigenous, tropical and remote health research, and as an innovative centre for public health training and research education. Based in Darwin, MSHR are uniquely positioned to conduct research combining laboratory, clinical, public health and community based lifestyle studies to tackle complex health problems facing northern and central Australia, and neighbouring countries to Australia's north. Contact: Project Manager: Alex Brown Website: www.menzies.edu.com.au
Source	www.menzies.edu.com.au

Social and Emotional Wellbeing

Project title	Better Medication Management for Aboriginal People with Mental Health Disorders and their Carers
Project details	Year commenced: 2001 Location: SA Funding: Commonwealth Department of Health and Ageing: Quality use of medicines evaluation program Service type: Research project
Project description	Target group: Aboriginal people with a mental illness, their carers, families and service providers Geographic details: The project/research was conducted in seven major cities, regional and remote regions across South Australia. Service: Better medication management for Aboriginal people with mental health disorders and their carers aimed to: - Explore the particular needs, experiences and contexts of Aboriginal people diagnosed with a mental health disorder, their carers and other family members, focusing on issues relating to management of medications; - Recommend strategies to improve quality use of medicines by this group, informed by the findings; and - Implement and evaluate selected recommendations. A participatory action research approach that employed a literature review of literature and key documents; a state-wide survey of service providers; semi-structured interviews with clients, carers, community leaders and health and other relevant professionals; a review of most recent South Australian hospital separation statistics; and reflection on interventions made in response to findings during the project. The review of literature showed that there is very little information available regarding medication management in relation to Aboriginal people with a mental illness. Over 130 people took part in interviews and focus groups. This qualitative information provided a rich insight into the direct experiences and views of Aboriginal people with mental health disorders, their carers and health workers in relation to medication use and associated issues. The data revealed many instances of unsafe medication use among Aboriginal people with mental health problems and their carers, compounded by alcohol and substance misuse, lack of professional support, and lack of access to appropriate services. The data also highlighted the stressors on Aboriginal health services and workforce. 114 service providers took part in a purposive survey to explore their knowledge, understanding and roles in medication management for Aboriginal mental health. The survey revealed an alarming lack of training about mental health, drug and alcohol and safe use of medicines. The need for accessible, relevant, regular and accredited training courses, and culturally appropriate information and resources were highlighted.

	South Australia separation statistics for the five years from 1995-2000 were reviewed. In that time there were 8794 hospital separation records of Aboriginal people normally resident in South Australia who had a primary or other diagnosis of mental health disorder. Based on the data 32 recommendations in five domains have been put forward. These broadly include improvements to services to improve their accessibility and cultural appropriateness; coordination of care between general health and mental health services and across all other health related systems, i.e. drug and alcohol, justice, Aboriginal services and social support; education, funding and support for Aboriginal carers; workforce development and education; and community development through advocacy, support and education across a range of domains.
Evaluation	NA
Organisation	Name: Flinders University School of Nursing and Midwifery and Aboriginal Council for Alcohol and Drugs. <i>Flinders University School of Nursing and Midwifery</i> Type: Non-Government Service: Research, training and education Contact: Charlotte de Crespigny Email: charlottedecrespigny@flinders.edu.au <i>Aboriginal Council for Alcohol and Drugs (ACAD)</i> Type: Indigenous Service: Aims to ensure the development of effective programs to reduce harm related to substance misuse in Aboriginal communities, in such a way as to: - Promote and foster pride, dignity, identity and achievement in Aboriginal society, and advocate and actively pursue the philosophy and principles of Aboriginal spiritual, cultural, social, economic and political re-empowerment, self-determination and self-management. ACAD carry out this mission principally as an information and advisory centre for the Aboriginal community, the wider community and to relevant professionals and institutions, on substance misuse issues. Contact: ACAD Director: Scott Wilson, Ph: (08) 8362 0395 Email: adac@adac.org.au
Source	(Bartik, 2005)

References

- Agius T, Hamer J (2003) Thoughts on narrative therapy: contributions to Indigenous mental health. *Auseinetter*;18(2):8-9
- Alston E, Hall C (2001) *Pit stop: gentlemen check your engines!* Paper presented at the 6th National Rural Health Conference. 4-7 March 2001, Canberra
- Auseinet (2005) Pathways: recovery oriented rehabilitation program, NT. *Auseinetter*;23:42
- Bartik W, & Dixon, A. (2005) *Aboriginal and Torres Strait Islander mental health training opportunities in the bush*. Paper presented at the 8th National Rural Health Conference. Central to health: sustaining wellbeing in remote and rural Australia. Alice Springs
- Brideson T, Kanowski L (2004) The struggle for systematic 'adulthood' for Aboriginal mental health in the mainstream: the Djirrawang Aboriginal and Torres Strait Islander Mental Health Program. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/bridesonkanowski.pdf>
- Carter S (2004) National project launch - Your mental health and alcohol: Managing the mix. *PARC Update*;14.
- Clark SJ, Hillman SD, Ministerial Council for Suicide Prevention (2001) Grieving Aboriginal way. In: TVW Telethon Institute for child Health Research, ed. *Information and support pack for those bereaved by suicide or other sudden death*. Perth: Ministerial Council for Suicide Prevention, TVW Telethon Institute for Child Health Research:12-16
- Cord-Udy N (2004) The Medical Specialist Outreach Assistance Programme in South Australia at 2 years. *Australasian Psychiatry*;12(2):161-165
- Dobson I (2003) *Aboriginal youth mental health partnership project: Evaluation report*.: CAMHS Western Region.
- Fraser J (2004) *Peel South West Division of General Practice mental health program*. Retrieved 12 September 2005 from <http://www.parc.net.au/PARCUUpdateMay04.htm#twelve>
- Health Reform Implementation Taskforce (2005) *Mental Health Strategy 2004-2007*. Retrieved 13 September 2005 from <http://www.mental.health.wa.gov.au/one/document/97/August05.pdf>
- Hills Mallee Southern Regional Health Service (2002) *Mental health promotion story book*.: Hills Mallee Southern Regional Health Service Inc; Department of Human Services; Government of South Australia.
- Hunter Institute of Mental Health (2005) *Mindframe media and mental health project update - June 2005*. Newcastle, NSW: Hunter Institute of Mental Health
- Khavarpour FA (2003) *Evaluation of 'Talk good to yaself/black n' blues': resources for young Indigenous people on depression in rural NSW*. Sydney: Streetwise Communications Ltd
- Kohn G, Morley B, Pirkis J, Blashki G, Burgess P (2005) *Evaluating the access to allied health services component of the better outcomes in mental health care initiative: fourth interim evaluation report*.: Program Evaluation Unit, University of Melbourne
- Kowanko I (2005) *Coordinated care goal Aboriginal mental health care: a model for best practice*.: Newsletter for the Office for Aboriginal and Torres Strait Islander Health.
- Lifeline (2004a) *Help when you're feeling down [pamphlet]*. Lifeline
- Lifeline (2004b) *Aboriginal suicide prevention information [pamphlet]*. Lifeline
- Ministerial Council for Suicide Prevention (2005) *Aboriginal people working together to prevent suicide and self harm [booklet]*. Perth: Ministerial Council for Suicide Prevention
- Nagel T (2004) *AIMHI NT: mental health and primary care in the Top End*. (Discussion paper 2) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University
- Pomeroy W, Grant S, Leslie D, Hickie M (nd) *Creating an Aboriginal women's healing space to build mental health and wellbeing*. Liverpool Women's Health Centre
- Purdie N, Ellis L, Stone A (2004) *Deadly vibe: engaging Indigenous students at school: an evaluation of the Deadly Vibe magazine*. Camberwell, Victoria: Learning Processes and Contexts Research Program
- Reid W (2001) Awareness and use of the Kids Help Line service. *Youth Suicide Prevention Bulletin*;5:18-19

- Rice J (2002) *Young men and depression in rural NSW*. Sydney: Streetwise Communications Ltd.
- Robinson G, Harris A (2005) *Aboriginal mental health worker program: final evaluation report*. Casuarina, NT: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University
- Robinson GT, B. (2003) *Ngaripirliga'ajirri: evaluation of an early intervention program on the Tiwi islands, interim report*. Darwin: Charles Darwin University
- Ryan P (2003) *I'm looking at the future: evaluation report of Reconnect*. Australian Government Department of Family and Community Services.
- Sheehan M, Ridge D, Marshall B (2002) 'This was a great project!': reflections on a 'successful' mental health promotion project in a remote Indigenous school. *Health Promotion Journal of Australia*;13(3):201-204
- Stott J (2002) *Aboriginal Community Support Service*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth
- Tsey K, Every A (2000) *Evaluation of an Aboriginal Empowerment Program*. (Occasional Paper Series, Issue 1.): Cooperative Research Centre for Aboriginal & Tropical Health
- Tsey K, Deemal A, Whiteside M, Gibson T (2003a) *"We learnt how to be a good leader, help live a good life: an evaluation in two Cape Yorks primary schools*. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health
- Tsey K, Deemal A, Whiteside M, Gibson T (2003b) *"It's an eye-opener for people to see you can change things": an evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York communities*. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health
- University of Queensland (2005) *AIMhi: Indigenous stream*. Retrieved 31 August 2005 from <http://www.uq.edu.au/health/index.html?page=20333>
- Victorian Child and Adolescent Mental Health Promotion Officers, Farnan C (2001) *STEP manual: an educational resource for those working with Indigenous, refugee and same sex attracted young people*. Melbourne: STEP Project, National Youth Suicide Prevention Strategy
- WuChopperen Social Health Team (2002) Beautiful location, dedicated staff: Wuchopperen Social Health. *HealthMatters*;7:1-2

Indigenous mental health bibliography

Natalie Weissfner

November 2005

Perth

Australian Indigenous Health*InfoNet*

This project was funded by



Contents

Introduction	1
Methodology	1
Databases searched	1
Keywords used	2
Structure	3
Acknowledgements	3
Bibliography	4
Depression	4
Postnatal depression	5
Anxiety	6
Social and emotional wellbeing	7
Traditional understandings and healings	13
Suicide and self-harm	15
Deaths in custody	21
Grief, loss and trauma	23
Stolen generation	26
Prisoner mental health	28
Substance use (in relation to Indigenous mental health)	30
Mental health policies and strategies	31
Mental health services and programs	36
Counselling and treatment	45
Mental health workforce	49
Mental health – other	51
Mental health promotion resources	60

Introduction

This bibliography of Indigenous mental health literature was produced as part of a scoping study of depression among Aboriginal and Torres Strait Islander peoples.

The scoping study was commissioned by *beyondblue*, the national depression initiative, in response to the prevailing lack of detailed knowledge of the levels of mental health problems (particularly depression) among Indigenous peoples and of services addressing these problems. The Australian Indigenous Health*InfoNet*, the leading source of knowledge and information about the health and wellbeing of Indigenous peoples, was identified as a suitable group to undertake this scoping study.

The objective of the scoping study was to identify and collate information relating to the level and nature of depression among Indigenous peoples. Fundamental to this objective was the need to produce a bibliography identifying literature, both published and unpublished, in the area of Indigenous depression and other relevant aspects.

Methodology

Literature encompassing the social, emotional, and political contexts of Indigenous depression and mental health in general were identified and included in the bibliography. Emphasis was placed on searching for both published and the unpublished 'grey' literature between 1990 and 2005.¹ Key literature published prior to 1990 was also included.

Databases searched

Electronic databases were primary source of literature identification. Systematic searches were performed for the following databases:

- Academic Research Library (ProQuest)
- Australian Digital Theses Program
- Blackwell Synergy
- CINAHL (Nursing and Allied Health)
- Cochrane Library
- Current Contents (ISI)
- ERIC
- Expanded Academic ASAP
- Health and Medical Complete (Proquest)
- Journal @Ovid Full Text (Health)
- Informit databases²

¹ The grey literature is defined as 'that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers' (New York Academy of Medicine (2002) *What is grey literature?* Retrieved 16 July 2004 from <http://www.nyam.org/library/greywhat.shtml>). The nature of grey literature means that librarians, and others, have difficulty identifying and collecting relevant materials, and making them accessible.

² Informit databases include: AMI (Australian Medical Index); APAIS (Australian Public Affairs Information Service); ATSI (Aboriginal and Torres Strait Islander Index); AIATSIS – Indigenous Studies Bibliography;

- Ingenta
- Kinetica (National Library of Australia)
- Medline
- Proquest Dissertations and Theses
- ProQuest Social Science Journals
- PsycARTICLES
- PsycINFO
- PubMed

Google and Google Scholar search engines were also used to identify both published and unpublished 'grey' literature.

Keywords used

Keyword searches were performed for each database and boolean expressions were utilised to expedite the process. Database thesauri and indexes were also reviewed to ensure that correct keywords were being used for each specific database.

The population parameter was combined with individual keywords and/or combinations of keywords listed below in order to generate results.

Population of interest: Aboriginal, Indigenous, Australia

Keywords: alcohol; anxiety; counselling; criminal justice; deaths in custody; depression; diagnosis; disempowerment; drug use; emotional health; grief; healing; health promotion; helplessness; intervention; mental health; mental health policy; mental health projects; mental health programs; mental health services; mental health strategy; mental illness; postnatal depression; powerlessness, prison; prisoners; psychology; psychiatry; risk factors; self harm; self injury; spirituality; stolen generation; stress; substance abuse; suicide; therapy; traditional beliefs; traditional healing; trauma; treatment; wellbeing.

Every effort was made to identify and collect all relevant literature, but is it almost certain that some relevant items may have been missed. This relates particularly to items in the general literature that may include substantial information of relevance to Indigenous depression and/or related areas and items in the 'grey' literature, such as conference papers. As this scoping study will lead into an ongoing collection of information about depression and/or related areas among Indigenous peoples, the HealthInfoNet would be most grateful for information about missing items.

CINCH-ATSIS - Australian Criminology Database – Aboriginal and Torres Strait Islander Subset; CINCH-Health - Health Issues in Criminal Justice; DRUG - Drug Database; FAMILY-ATSIS - Australian Family & Society Abstracts Database – Aboriginal and Torres Strait Islander Subset; H & S - Health and Society database; Indigenous Australia; MAIS-ATSIS - Multicultural Australia and Immigration Studies – Aboriginal and Torres Strait Islander Subset; Meditext; RURAL – Rural and Remote Health Database; and Sociological Abstracts

Structure

The bibliography is structured so that sections begin with the focal point of the scoping study – literature specific to depression among Indigenous peoples – and follow through to more general Indigenous mental health literature.

References are arranged in alphabetical order according to surnames of authors. Literature comprising more than one subject area is duplicated under the appropriate subheadings.

Following the sections containing literature specific to depression (including postnatal depression) and anxiety among Indigenous peoples, literature encompassing a holistic view of Indigenous mental health are listed under the subheading of social and emotional wellbeing.

Literature discussing traditional understandings of mental health and traditional healings are provided in the next section.

Literature examining Indigenous suicide and self-harm follow, including a sub-section on deaths in custody. This is followed by a section citing literature focusing on issues surrounding grief, loss and trauma as they relate to mental health, such as the stolen generation.

Literature which includes information on the mental health status of Indigenous prisoners precedes a section on substance use, as it relates to mental health.

Both general and Indigenous specific mental health policies and strategies are followed by sections outlining literature which discusses Indigenous related mental health services, projects and programs; counselling and treatments; and the mental health workforce.

Literature which could not easily be categorised into any of the above subject areas are cited under the section ‘mental health – other’. This is followed by a section listing currently available Indigenous related mental health promotion resource material.

Acknowledgements

I would like to thank Kathy Little, Education, Psychology and E-Reference Librarian at Edith Cowan University for her helpful advice on keywords and search strategies.

Bibliography

Depression

Australian Institute of Health and Welfare (1999) *National health priority areas report: mental health: a report focusing on depression 1998*. (AIHW catalogue no. PHE 11) Canberra: Commonwealth Department of Health and Aged Care, Australian Institute of Health and Welfare

beyondblue (2003) *beyondblue: the national depression initiative: depression information*. *Aboriginal and Islander Health Worker Journal*;27(1):26-28

Bullen C (2001) *Accounting for distress: an analysis of congruence between Indigenous framings of misery, and mainstream constructions of depression as presented in mental health media*. Unpublished Bachelor of Psychology thesis, Murdoch University, Perth

Cawte J (1986) Aboriginal recovery from depression: eleven clinical types. *Aboriginal and Islander Health Worker Journal*;10(2):38-53

Cawte J (1988) The devil's dozen: 13 Aboriginal depressions. *Aboriginal Health Worker*;12(2):19-28

Commonwealth Department of Health and Aged Care (2001) *Aboriginal and Torres Strait Islander people: national action plan for depression*. Canberra: Mental Health and Special Programs Branch:23-27

Hunter E (1993) Aboriginal mental health awareness: an overview, part II. *Aboriginal and Islander Health Worker Journal*;17(1):8-10

Kamien M (1977) Concealed illnesses: part IV, Psychological and behavioural disorders. *Aboriginal Health Worker*;1(4):4-9

Khavarpour FA (2003) *Evaluation of 'Talk good to yaself/black n' blues': resources for young Indigenous people on depression in rural NSW*. Sydney: Streetwise Communications Ltd

Morice RD (1977) Know your speech community: grief and depression. *Aboriginal and Islander Health Worker Journal*;1(2):22-27

Morice R (1981) Depression before the whiteman. *Aboriginal Health Worker*;5(3):32-38

Plever S (1999) *Cross cultural research on mood disorders in an Aboriginal and Torres Strait Islander sample*. Unpublished Master of Clinical Psychology thesis, University of Queensland, Brisbane

Vicary D, Westerman TG (2004) 'That's just the way he is': some implications of Aboriginal mental health beliefs. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 January 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/vicarywesterman.pdf>

Westerman TG (2002) *The Westerman Aboriginal Symptom Checklist: a measure to identify Aboriginal youth (aged 13-17) at risk of suicide, depression, anxiety and low self-esteem*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Westerman TG (2003) *Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours*. Curtin University, Perth

Postnatal depression

Anonymous (1999) Postnatal depression in Aboriginal communities project. *Australian Nursing Journal*;7(4):32

Dowling J, Dawson R, McLeod I (2002) *Koori women's baby blues: a project about Aboriginal women and their feelings after having a baby: a report on the Postnatal Depression in Aboriginal Communities Project within Illawarra and Shoalhaven regions May-August 1999*. Unanderra, NSW: Illawarra Area Health Service

Kwok WL (2003) *Postnatal depression in Whittlesea: a discussion paper*. Whittlesea, Vic.: North Central Metro Primary Care Partnership

NSW Health Department (2001) *Postnatal depression education package: workbook for Aboriginal health workers*. Sydney: NSW Health Department

Anxiety

Cawte JE (1969) Psychological adjustment to cultural change: the case of the Australian Aborigines. *Australian and New Zealand Journal of Psychiatry*;3:343-347

Jones IH, Robinson I (1977) Severe illness with anxiety following a reputed magical act on an Australian Aboriginal. *Medical Journal of Australia*;2(3):93-96

Kamien M (1977) Concealed illnesses: Part IV, Psychological and behavioural disorders. *Aboriginal Health Worker*;1(4):4-9

Morice RD (1977) Know your speech community: fear and anxiety. *Aboriginal and Islander Health Worker Journal*;1(2):15-27

Northern Sydney Health Promotion (2000) *Learn to relax: a workbook on relaxation and stress management techniques for the Indigenous community [kit]*. Crows Nest, NSW: Northern Sydney Health Promotion

Reser JP, Eastwell HD (1981) Labeling and cultural expectations: the shaping of a sorcery syndrome in Aboriginal Australia. *Journal of Nervous and Mental Disease*;169(5):303-310

Troth G, Grainger J (2000) The psychological impact of custody on the Aboriginal adolescent. *Psychiatry, Psychology and Law*;7(1):89-96

Westerman TG (2002) *The Westerman Aboriginal Symptom Checklist: a measure to identify Aboriginal youth (aged 13-17) at risk of suicide, depression, anxiety and low self-esteem*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Westerman TG (2003) *Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours*. Curtin University, Perth

Social and emotional wellbeing

Aboriginal and Islander Community Health Service (1996) *The Healing Centre: five year strategic plan*. Brisbane: Mental Health Section, Aboriginal and Islander Community Health Service

Aboriginal and Torres Strait Islander Male Health and Wellbeing Reference Committee Working Party (2004) *A national framework for improving the health and wellbeing of Aboriginal and Torres Strait Islander males*. Canberra: Office for Aboriginal and Torres Strait Islander Health

Adams M (2002) Establishing a national framework for improving the health and well-being of Aboriginal and Torres Strait Islander males. *Aboriginal and Islander Health Worker Journal*;26(1):11-12

Alston E, Hall C (2001) *Pit stop: gentlemen check your engines!* Paper presented at the 6th National Rural Health Conference. 4-7 March 2001, Canberra

Atkinson C, Underhill S (1997) *Exploratory report on Indigenous social and emotional well being therapies/programs*. Angle Park, SA: Adelaide Centre Community Health Service (Parks Unit)

Atkinson J (1994) Recreating the circle with WE ALI-LI: a program for healing, sharing and regeneration. *Aboriginal and Islander Health Worker Journal*;18(6):8-13

Atkinson J (2002) *Trauma trails: recreating song lines: the transgenerational effects of trauma in Indigenous Australia*. Melbourne: Spinifex Press

Atkinson J (2003) *Social and emotional wellbeing: an Indigenous perspective*. Retrieved 15 March 2004 from http://www.aiatsis.gov.au/rsrch/smnrs/health-socpapers/atkinson_edwards-haines.pdf

Australian Infant Child Adolescent and Family Mental Health Association (2003) *Response to the consultation paper for development of the national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Stepney, SA: AICAFMHA

Bolton D (1994) Construction of Aboriginal mental health: a starving spirituality in a starving body. *Network*;9(1):12-19

Bolton D (1994) Starved spirits, starved minds. *Polemic*;4(3):166-168

Brown R (2001) Australian Indigenous mental health. *Australian and New Zealand Journal of Mental Health Nursing*;10(1):33-41

Cheney C, Milroy H, Fong N, Waters L (2005) *WA Aboriginal social and emotional well being and mental health strategy 2005-2008 (draft policy)*. Perth: Office of Mental Health

- Chippindall M, Turvey R, Hamaguchi K (2004) Mobile lube service has men lining up for an inspection. *PARC Update*;14:10-12
- Clark Y (2000) *A focused step toward wellness and wellbeing in Aboriginal health: a state strategy and action plan for social and emotional wellbeing for Aboriginal people*. Dulwich, SA: South Australian Aboriginal Health Partnership
- Clarke C, Harnett P, Atkinson J, Shochet I (1999) Enhancing resilience in Indigenous people: the integration of the individual, family and community interventions. *Aboriginal and Islander Health Worker Journal*;23(4):6-10
- Coade S, O'Leary P (1999) *Purro birik [healthy spirit]: Koori Mental Health Policy Project discussion paper*. Melbourne: VACCHO and Victorian Mental Health Branch
- Department of Health and Ageing (1996) *The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing Action Plan*. Canberra: Department of Health and Ageing
- Doolan T, Dudgeon P, Fielder J (2001) Racism. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:59-67
- Dudgeon P, Garvey D, Pickett H (2001) Indigenous mental health across the life span. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:85-90
- Dunn RP (2001) *Attachment: towards an understanding of Aboriginal relationship with the land*. Unpublished Masters of Psychological Medicine thesis, Monash University, Melbourne, Victoria
- Education Department of Western Australia (1995) *Mental well being*. (Staying healthy: Aboriginal school health curriculum resource) Perth: Education Department of Western Australia
- Ferdowsian V (2001) *Aboriginal beliefs about mental health and culturally appropriate therapeutic practice in the west Pilbara*. Unpublished Master of Psychology (Counselling) thesis, Curtin University of Technology, Perth
- Fredericks B, Atkinson J (1997) WE AL-LI : the creation of a healing program. *Community Quarterly*;43 [Rural Issues]:5-12
- Hafner D (1999) *Feelings in the heart: Aboriginal experiences of land, emotion, and kinship in Cape York Peninsula*. Unpublished Doctor of Philosophy thesis, University of Queensland, St Lucia
- Hazlehurst KM (1994) *A healing place: Indigenous visions for personal empowerment and community recovery*. Rockhampton: Central Queensland University Press

- Hetzel D, Page A, Glover J, Tennant S (2004) *Inequality in South Australia: key determinants of wellbeing, volume 1: the evidence*. Adelaide: South Australian Department of Health
- Hunter E (1993) *Prisms of memory: Aboriginal resentment and the persistence of pain*. Paper presented at the First National Aboriginal Mental Health Conference. Sydney, November 25-27, 1993
- Hunter E (1996) Back to the future: sources and contexts vulnerability and resistance in Aboriginal youth mental health. *Bulletin of the Faculty of Child and Adolescent Psychiatry*; (January):25-32
- Hunter E, Garvey D (1998) Indigenous mental health promotion: mind over matter? *Health Promotion Journal of Australia*; 8(1):4-11
- Kanowski L, Westerway J (1995) *Discussion paper submitted to the NHMRC Working Party on Aboriginal and Torres Strait Islander social and emotional wellbeing [mental health]*. Goulburn, NSW: Southern Tablelands Mental Health Service
- King C (2005) Scratching the surface of cultural learnings. *Auseinetter*; 23(1):5-6
- Lazarevic R (1992) *The self esteem of rural and urban Aboriginal school students in New South Wales*. Unpublished Master of Psychology thesis, University of Newcastle, Newcastle
- Lester J (1999) *SA Aboriginal Women's Health and Well Being Forum: Health and Healing Project report*. Adelaide: Department of Human Services
- May A (2003) *Evaluating the impact of a community based cultural reclamation program on cultural identity and self esteem in Australian Aboriginal youth*. Unpublished Bachelor of Psychology (Honours) thesis, Griffith University, Queensland
- Mobbs R (1991) In sickness and health: the sociocultural context of Aboriginal well-being, illness and healing. In: Reid J, Trompf P, eds. *The health of Aboriginal Australia*. Marrickville, NSW: Harcourt Brace Jovanovich Group [Australia] Pty Ltd:292-325
- Mungabareena Aboriginal Corporation (2000) *Spiritual and emotional well-being report*. Wodonga, VIC: Mungabareena Aboriginal Corporation and Wodonga Regional Mental Health Services
- National Aboriginal Community Controlled Health Organisation (1993) *NACCHO manifesto on Aboriginal well-being*. Retrieved 9 August 2005 from <http://www.naccho.org.au/Paper1.html>
- National Aboriginal Community Controlled Health Organisation (2003) *NACCHO/ Queensland Aboriginal and Islander health forum: SEWB workshop*. Braddon, ACT: National Aboriginal Community Controlled Health Organisation

National Aboriginal Community Controlled Health Organisation (2003) *NACCHO/ AHCSA Aboriginal SEWB workshop*. Braddon, ACT: National Aboriginal Community Controlled Health Organisation

National Aboriginal Community Controlled Health Organisation (2003) *NACCHO/ Winnunga Nimmityjah Aboriginal Health Service ACT Inc SEWB workshop*. Braddon, ACT: National Aboriginal Community Controlled Health Organisation

National Aboriginal Community Controlled Health Organisation (2003) *NACCHO/ VACCHO Aboriginal SEWB Workshop*. Braddon, ACT: National Aboriginal Community Controlled Health Organisation

National Aboriginal Community Controlled Health Organisation (nd) *NACCHO position on Aboriginal mental health*. Retrieved 9 August 2005 from <http://www.naccho.org.au/Paper3.html>

Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (2003) *Ngangkari work, Anangu way: traditional healers in Central Australia*. Alice Springs: Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation

Northern Rivers Area Health Service (2003) *Bulgalma julgu: healing the heart of Bundjalung culture: Aboriginal and Torres Strait Islanders well being plan 2003-2008*. Lismore, NSW: Northern Rivers Area Health Service

Northern Territory Emotional and Social Wellbeing Working Party (2003) *NT Aboriginal emotional and social wellbeing strategic plan*. Darwin: Northern Territory Aboriginal Health Forum Emotional and Social Wellbeing Working Party

NSW Health (2004) *Wellbeing: Aboriginal Mental Health Workers' Forum report: 'Working better together'*. Sydney: NSW Department of Health

NSW Indigenous Men's Healing and Cultural Affirmation Conference 2000 and Beyond (1997) *NSW Indigenous Men's Healing and Cultural Affirmation Conference 2000 and Beyond: Yarrawood Bushlands Sanctuary, Yarramundi, 7-11 December 1997*. Yarramundi, NSW: The Conference

Pomeroy W, Grant S, Leslie D, Hickie M (nd) *Creating an Aboriginal women's healing space to build mental health and wellbeing*. Liverpool, NSW: Liverpool Women's Health Centre

Robson A, Silburn S (2002) Building healthy lives: partnerships to promote Aboriginal child health & wellbeing and family & community resilience. *Auseinetter*;15(2):4-6

Roe J (2001) Ngarlu: a cultural and spiritual strengthening model. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:395-401

Roxbee L, Wallace C (2003) Emotional and social wellbeing: national policy context. *Australasian Psychiatry*;11(Supplement):S45-S50

Social Health Reference Group (2002) *The current state of Aboriginal and Torres Strait Islander emotional and social wellbeing data and research*. Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: who is the workforce?: background paper*. (Workforce workshop paper 2) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: workforce planning, needs, roles and responsibilities: background paper*. (Workforce workshop paper 3) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: issues regarding specific workforce groups: discussion paper*. (Workforce workshop paper 4) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: possible next steps: discussion paper*. (Workforce workshop paper 5) Canberra: Australian National University

Social Health Reference Group (2003) *Consultation paper for the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009 [draft]*. Canberra: Commonwealth Department of Health and Ageing

Social Health Reference Group (2004) *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Canberra: Australian Government

South Australian Aboriginal Health Partnership (2004) *Social and emotional wellbeing: a South Australian strategy for Aboriginal and Torres Strait Islander people 2005-2010*. Adelaide: South Australian Aboriginal Health Partnership

State Aboriginal Youth Conference (2003) *Social and wellbeing: Inaugural State Aboriginal Youth Conference: conference report*. Adelaide: Department of Human Services

Tse S, Lloyd CR, Petchkovsky L, Manaia W (2005) Exploration of Australian and New Zealand Indigenous people's spirituality and mental health. *Australian Occupational Therapy Journal*;52(3):181-187

Tsey K, Every A (2000) Evaluating Aboriginal empowerment programs: the case of Family Wellbeing. *Australian and New Zealand Journal of Public Health*;24(5):509-514

Tsey K, Every A (2000) *Evaluation of an Aboriginal empowerment program*. Casuarina, NT: Cooperative Research Centre for Aboriginal & Tropical Health

Tsey K, Deemal A, Whiteside M, Gibson T (2003) *"It's an eye-opener for people to see you can change things": an evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York communities*. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health

Tsey K, Patterson D, Whiteside M, Baird L, Baird B, et al. (2003) Indigenous men taking their rightful place in society?: a follow up report. *Australian Journal of Rural Health*;11(6):285-286

Tsey K, Whiteside M, Deemal A, Gibson T (2003) Social determinants of health, the 'control factor' and the Family Wellbeing Empowerment Program. *Australasian Psychiatry*;11(Supplement):s34-s39

Tsey K, Whiteside M, Daly S, Deemal A, Gibson T, et al. (2005) Adapting the Family Wellbeing Empowerment Program to the needs of remote Indigenous school children. *Australian and New Zealand Journal of Public Health*;29(2):112-116

Urbis Keys Young (2001) *Evaluation of the emotional and social well being (mental health) action plan*. Canberra: Commonwealth Department of Health and Aged Care

Victorian Aboriginal Community Controlled Health Organisation Inc. (1997) *Going forward in emotional and spiritual health: workshop report, September 18th & 19th 1996, Marysville: workshop report*. Melbourne: VACCHO

Victorian Aboriginal Health Service Co-op Ltd (2000) *Study of young people's health and well-being: the strengths of young Kooris*. Melbourne: Victorian Aboriginal Health Service Co-op Ltd

Victorian Health Promotion Foundation (2005) *Building Indigenous leadership: promoting the emotional and spiritual wellbeing of Koori communities through the Koori Communities Leadership Program*. Melbourne: Victorian Health Promotion Foundation

Vino A, Berends L, Drysdale M (1996) Stress and coping in Aboriginal communities of Australia. In: Thomas D, Vino A, eds. *Community psychology in Australia and New Zealand: perspectives on social change*. Palmerston North: Dunmore Press:156-171

Wade T (2004) A holistic approach is the key to better outcomes in Indigenous mental health. *PARC Update*;14:1-2

Wanganeen R (1994) Self healing and spiritual reconnection: how to heal and reconnect to your spirituality for your own well being. *Aboriginal and Islander Health Worker Journal*;18(2):9-15

Wingard B (2001) *Telling our stories in ways that make us stronger*. Adelaide: Dulwich Centre Publications

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, et al. (2005) *The social and emotional wellbeing of Aboriginal children and young people*. (The Western Australian Aboriginal Child Health Survey, v. 2) Perth: Telethon Institute for Child Health Research and Curtin University of Technology

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, et al. (2005) *The social and emotional wellbeing of Aboriginal children and young people: summary booklet*. (The Western Australian Aboriginal Child Health Survey, v. 2) Perth: Telethon Institute for Child Health Research and Curtin University of Technology

Traditional understandings and healings

Berndt CH (1982) Sickness and health in Western Arnhem Land: a traditional perspective. In: Reid J, ed. *Body, land and spirit: health and healing in Aboriginal society*. St. Lucia: University of Queensland Press:121-138

Biernoff D (1982) Psychiatric and anthropological interpretations of "aberrant" behaviour in an Aboriginal community. In: Reid J, ed. *Body, land and spirit : health and healing in Aboriginal society*. St. Lucia, Qld.: University of Queensland Press:139-53

Casey W (2001) Cultural empowerment: partnerships of practice. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:403-410

Cawte J (1974) *Medicine is the law: studies in psychiatric anthropology of Australian tribal societies*. Adelaide: Rigby

Cawte J (1987) Aboriginal medicine. In: Joske R, Segal W, eds. *Ways of healing*. Ringwood, Vic.: Penguin:47-81

Cawte J (1993) *The universe of the Warramirri: art, medicine and religion in Arnhem Land*. Sydney: University of New South Wales Press

Cawte J (2001) *Healers of Arnhem Land*. Marlestone, SA: J.B. Books

Devanesen D (2000) *Traditional Aboriginal medicine practice in the Northern Territory*. Paper presented at the International Symposium on Traditional Medicine. 11-13 September 2000, Awaji Island, Japan

- Dudgeon P (2001) Aboriginal healers. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:103-107
- Eastwell H (1973) The traditional healer in modern Arnhem Land. *Medical Journal of Australia*;2:1011-1017
- Eastwell H (1976) Associative illness among Aboriginals. *Australian and New Zealand Journal of Psychiatry*;10(1A):89-94
- Eastwell HD (1977) Projective and identificatory illnesses among ex-hunter-gatherers: a seven-year survey of a remote Australian Aboriginal community. *Psychiatry*;40(4):330-343
- Eastwell HD (1982) Psychological disorders among the Australian Aboriginals. In: Friedmann CTH, Faguet RA, eds. *Extraordinary disorders of human behavior*. New York: Plenum Press:229-257
- Eastwell HD (1982) Overview: Australian Aborigines. *Transcultural Psychiatric Research Review*;19:221-247
- Eastwell HD (1982) Voodoo death and the mechanism for dispatch of the dying in East Arnhem, Australia. *American Anthropologist*;84(1):5-18
- Eastwell HD (1987) Voodoo death in Australian Aborigines. *Psychiatric Medicine*;5(1):71-73
- Elkin AP (1994) *Aboriginal men of high degree: initiation and sorcery in the world's oldest tradition*. 2nd ed. St Lucia, Qld: Queensland University Press
- Ferdowsian V (2001) *Aboriginal beliefs about mental health and culturally appropriate therapeutic practice in the west Pilbara*. Unpublished Master of Psychology (Counselling) thesis, Curtin University of Technology, Perth
- Maher P (1999) A review of traditional Aboriginal health beliefs. *Australian Journal of Rural Health*;7:229-236
- Mobbs R (1991) In sickness and health: the sociocultural context of Aboriginal well-being, illness and healing. In: Reid J, Trompf P, eds. *The health of Aboriginal Australia*. Marrickville, NSW: Harcourt Brace Jovanovich Group [Australia] Pty Ltd:292-325
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (2003) *Ngangkari work, Anangu way: traditional healers in Central Australia*. Alice Springs: Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
- Reid J (1978) Social and cultural aspects of healing in an Aboriginal community in northern Australia and their implications for the delivery of health care: a submission

to the House of Representatives Standing Committee on Aboriginal Affairs.
Hansard:308-329

Reid J (1978) The role of the Marrnggitj in contemporary health care.
Oceania;49(2):96-109

Reid J, ed. (1982) *Body, land and spirit: health and healing in Aboriginal society*.
Brisbane: University of Queensland Press

Reid J (1983) *Sorcerers and healing spirits: continuity and change in an Aboriginal medical system*. Canberra: Australian National University Press

Reser J (1991) Aboriginal mental health: conflicting cultural perspectives. In: Reid J, Trompf P, eds. *The health of Aboriginal Australia*. Sydney: Harcourt Brace Jovanovich Group [Australia] Pty Ltd:218-291

Roe J (2001) Ngarlu: a cultural and spiritual strengthening model. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:395-401

Soong FS (1983) Role of the margidjbu [traditional healer] in western Arnhem Land.
Medical Journal of Australia;1:474-7

Tonkinson M (1982) The mabarn and the hospital: the selection of treatment in a remote Aboriginal community. In: Reid J, ed. *Body, land and spirit: health and healing in Aboriginal society*. St. Lucia: University of Queensland Press:225-241

Tse S, Lloyd CR, Petchkovsky L, Manaia W (2005) Exploration of Australian and New Zealand Indigenous people's spirituality and mental health. *Australian Occupational Therapy Journal*;52(3):181-187

Wanganeen R (1994) Self healing and spiritual reconnection: how to heal and reconnect to your spirituality for your own well being. *Aboriginal and Islander Health Worker Journal*;18(2):9-15

Suicide and self-harm

Aboriginal Health Council of South Australia (1995) *Reclaiming our stories, reclaiming our lives: report of the Aboriginal Deaths in Custody Counselling project*. Adelaide: Aboriginal Health Council of South Australia

ACT Department of Health and Community Care (1998) *Youth suicide prevention strategy 1998-2001*. Canberra: ACT Department of Health and Community Care

Brice G, Radford AJ, Van Der Byl M (1990) *One community, one grief: aspects of Aboriginal destructive and self-destructive behaviours, their 'prevention' and 'causality'*. Paper presented at the Preventing Youth Suicide. 24-26 July 1990, Canberra

Brice G (1994) *Against 'the violence of silence': investigating Aboriginal self-harm: a reflexive and historical, sociological analysis of Aboriginal and non-Aboriginal social health in urban Australia*. Unpublished Bachelor of Arts (Honours) thesis, Flinders University of South Australia, Adelaide

Canning R (2000) *Mental health in relation to Indigenous youth suicide*. Paper presented at the "Tropical Millennium Bugs": joint ACITHN & ACTM 2000 Conference. Noosa Lakes Resort, Queensland

Capp K, Deane FP, Lambert G (2001) Suicide prevention in Aboriginal communities: application of community gatekeeper training. *Australian and New Zealand Journal of Public Health*;25(4):315-321

Cawte J (1988) Aboriginal deaths in custody: the views of Aboriginal health workers. *Australian Journal of Forensic Sciences*;20(2/3):224-233

Cawte J (1990) *Fourth world suicide and stress: contrasting reactions in North America and Australia*. Sydney: Division of Health Services Planning, Eastern Sydney Area Health Service

Clark SJ, Hillman SD, Ministerial Council for Suicide Prevention (2001) Grieving Aboriginal way. In: TVW Telethon Institute for Child Health Research, ed. *Information and support pack for those bereaved by suicide or other sudden death*. Perth: Ministerial Council for Suicide Prevention, TVW Telethon Institute for Child Health Research:12-16

Clayer J, Czechowicz A (1991) Suicide by Aboriginal people in South Australia: comparison with suicide deaths in the total urban and rural populations. *Medical Journal of Australia*;154(10):683-685

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: learnings about suicide*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: areas for action*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: building partnerships*. Canberra: Commonwealth Department of Health and Aged Care

Dawes J (1991) *An analysis of aspects of bereavement following Aboriginal and other deaths in custody*. Sydney: [The Author]

De Leo D, Hickey PA, Neulinger K, Cantor CH (1999) *A hidden problem: suicide in older men in Queensland*. Brisbane: Office of Ageing, Department of Families, Youth and Community Care

- Dear GE (1998) *Self-harm in Western Australian prisons: an examination of situational and psychological factors*. Perth: School of Psychology, Edith Cowan University
- Dear G (1999) *Preventing self-harm in prison: do we need different strategies for Indigenous and non-Indigenous prisoners?* Paper presented at the Best Practice Interventions in Corrections for Indigenous People Conference. 13-15 October 1999, Adelaide
- Delaney P, Raphael B, Wooding S (2003) Suicide and self-harm. In: Couzos S, Murray R, eds. *Aboriginal primary health care: an evidence-based approach*. 2nd ed. South Melbourne: Oxford University Press:617-630
- Dillon A (2001) Suicide prevention: a community perspective. *Aboriginal and Islander Health Worker Journal*;25(4):16-18
- Dudgeon P (2001) Violence turned inwards. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:69-84
- Duncan-Gouws L (1989) *Aboriginal suicide, both custodial and non-custodial*. Unpublished Master of Arts thesis, Macquarie University, Sydney
- Eastwell D (1988) Did Aboriginals take their own lives in the old times? *Aboriginal Health Worker*;12(2):29-31
- Eastwell H (1988) The low risk of suicide among the Yolngu of the Northern Territory: the traditional Aboriginal pattern. *Medical Journal of Australia*;148(7):338-340
- Elliott-Farrelly T (2004) Australian Aboriginal suicide: the need for an Aboriginal suicidology? *Australian e-Journal for the Advancement of Mental Health*;3(3)
Retrieved 16 June 2005 from
<http://auseinet.flinders.edu.au/journal/vol3iss3/elliottfarrelly.pdf>
- Fleming J, McDonald D, Biles D (1992) Self-inflicted harm in custody: research paper no.16. In: Biles D, McDonald D, eds. *Deaths in custody Australia, 1980-1989: the research papers of the criminology unit of the Royal Commission into Aboriginal Deaths in Custody*. Canberra: Australian Institute of Criminology
- Garvey D (2000) A response to the Australian Psychological Society discussion paper on suicide. *Australian Psychologist*;35(1):32-35
- Hazell T (2000) *Aboriginal and Torres Strait Islander youth suicide*. Newcastle: Commonwealth Department of Health and Aged Care, Hunter Institute of Mental Health
- Hunter E (1988) Aboriginal suicide: a call for vigilance. *Aboriginal Health Worker*;12(4):15-20

- Hunter E (1988) On gordian knots and nooses: Aboriginal suicide in the Kimberley. *Australian and New Zealand Journal of Psychiatry*;22:264-271
- Hunter E (1988) Aboriginal suicides in custody: a view from the Kimberley. *Australian and New Zealand Journal of Psychiatry*;22:273-282
- Hunter E (1989) Commissions and omissions: the wider context of Aboriginal suicides in custody. *Medical Journal of Australia*;151:218-223
- Hunter E (1989) Suicide, alcohol, incarceration and Indigenous populations: a review. In: Greeley J, Gladstone W, eds. *The effects of alcohol on cognitive, psychomotor, and affective functioning*. Sydney: National Drug and Alcohol Research Centre:96-118
- Hunter E (1990) A question of power: contemporary self-mutilation among Aborigines in the Kimberley. *Australian Journal of Social Issues*;25(4):261-278
- Hunter E (1990) Using a socio-historical frame to analyse Aboriginal self-destructive behaviour. *Australian and New Zealand Journal of Psychiatry*;24(2):191-197
- Hunter E (1991) An examination of recent suicides in remote Australia: Further information from the Kimberley. *Australian and New Zealand Journal of Psychiatry*;25:197-202
- Hunter E (1991) Out of sight, out of mind: part 1, Emergent patterns of self-harm among Aborigines of remote Australia. *Social Science and Medicine*;33(6):655-659
- Hunter E (1991) Out of sight, out of mind: part 2, Social and historical contexts of self-harmful behaviour among Aborigines of remote Australia. *Social Science and Medicine*;33(6):661-671
- Hunter E (1991) The social and family context of Aboriginal self-harmful behaviour in remote Australia. *Australian and New Zealand Journal of Psychiatry*;25:203-209
- Hunter E (1995) Crisis services: direct suicide prevention. *Aboriginal and Islander Health Worker Journal*;19(4):22-23
- Hunter E (2001) *Aboriginal and Torres Strait Islander suicide*. Retrieved 31 August 2005 from <http://www.auseinet.com/suiprev/occpapers/>
- Hunter E, Reser J, Baird M, Reser P (2001) *An analysis of suicide in Indigenous communities of North Queensland: the historical, cultural and symbolic landscape*. Cairns: University of Queensland, Department of Social and Preventive Medicine, Gurriny Yealamucka Health Service & the Yarrabah Community Council, James Cook University of North Queensland, School of Psychology and Sociology
- Martin K (2005) Mental health: statistically grim. *Australian Journal of Pharmacy*;86(1023):442-444

McCall M (2004) *Deaths in custody in Australia: 2003 National Deaths in Custody Program (NDICP) annual report*. (Technical and background paper no. 12) Canberra: Australian Institute of Criminology

Ministerial Council for Suicide Prevention (2005) *Aboriginal people working together to prevent suicide and self harm [booklet]*. Perth: Ministerial Council for Suicide Prevention

National Advisory Council for Youth Suicide Prevention (1998) *National action plan for suicide prevention*. Canberra: AusInfo

Nichols G (1988) It's not hard to prevent suicide. *Aboriginal Health Worker*;12(2):6-9

Northern Territory Government (2003) *Northern Territory strategic framework for suicide prevention: a framework for the prevention of suicide and self-harm in the Northern Territory 2003*. Darwin: Northern Territory Government

NSW Government (1997) *Report on the NSW Government's implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody, July 1996 - December 1997*. Sydney: NSW Government

Office of Youth Affairs (nd) *Statistics on suicide among young Western Australians*. Retrieved 25 July 2005 from <http://www.youthaffairs.wa.gov.au/programs/suicide/statistics.html#aboriginal>

Ogilvie R (1994) Suicide amongst Aboriginal youth. *Issues in Educational Research*;4(1):31-33

Parker R (1999) *An audit of coronial records for the "Top End" of the Northern Territory comparing factors in Aboriginal suicide against other suicides in the region*. Unpublished Section II dissertation, Royal Australian College of Psychiatrists

Parker R, Ben-Tovim DI (2002) A study of factors affecting suicide in Aboriginal and 'other' populations in the Top End of the Northern Territory through an audit of coronial records. *Australian and New Zealand Journal of Psychiatry*;36:404-410

Procter NG (2005) Parasuicide, self-harm and suicide in Aboriginal people in rural Australia: a review of the literature with implications for mental health nursing practice. *International Journal of Nursing Practice*;11(5):237-241

Queensland Government (1997) *Queensland Government youth suicide prevention strategy*. Brisbane: Queensland Government

Queensland Government (2003) *Reducing suicide: the Queensland Government suicide prevention strategy 2003-2008*. Brisbane: Queensland Government

Queensland Government (2003) *Reducing suicide: action plan 2003: the Queensland Government suicide prevention strategy 2003-2008*. Brisbane: Queensland Government

Radford AJ, Harris RD, Brice GA, Van der Byl M, Monten H, et al. (1990) *Taking control: a joint study of Aboriginal social health in Adelaide with particular reference to stress and destructive behaviours 1988-1989*. Adelaide: Department of Primary Care, Flinders University

Radford AJ, Brice G, Harris RD, Van der Byl M, Mouten H, et al. (1991) *Social health among urban Aboriginal heads of households in Adelaide with particular reference to suicide attempt*. Adelaide: Aboriginal Education Foundation [AEF] and Department of Primary Health Care

Radford AJ, Brice GA, Harris R, Byl MV, Monten H, et al. (1999) The 'easy street' myth: self harm among Aboriginal and non-Aboriginal female sole parents in urban state housing. *Australian and New Zealand Journal of Public Health*;23(1):77-85

Reser JP (1987) *Some neglected considerations with respect to recent Aboriginal suicides in northern Queensland: a discussion paper*. Paper presented at the Annual conference of The Australian Psychological Society, Canberra

Reser J (1988) Aboriginal suicide in North Queensland: precipitating causes and possible prevention strategies [abstract]. *Australian Psychologist*;23(1):92

Reser J (1989) Aboriginal deaths in custody and social construction: a response to the view that there is no such thing as Aboriginal suicide. *Australian Aboriginal Studies*;2:43-50

Reser J (1989) Australian Aboriginal suicide deaths in custody: cultural context and cluster evidence. *Australian Psychologist*;24(3):325-342

Reser J (1990) The cultural context of Aboriginal suicide: myths, meanings, and critical analysis. *Oceania*;61:177-184

Reser P (1995) *Parasuicidal behaviour and health: investigations in two remote Aboriginal communities of North Queensland*. Unpublished Master of Science thesis, James Cook University, North Queensland

Reser JP (2002) Indigenous suicide in cross-cultural context: an overview statement and selective bibliography of sources relevant to Indigenous suicide in Australia, North America, and the Pacific. In: Bolitho FH, Carr SC, eds. *Psychology in the South Pacific: global, local and glocal applications*. New Zealand: Massey University:37-49. Retrieved 20 March 2004 from <http://spjp.massey.ac.nz/books/bolitho/contents.shtml>

Royal Commission into Aboriginal Deaths in Custody (1990) *Responses to underlying issues*. Adelaide: The Commission

Royal Commission into Aboriginal Deaths in Custody (1991) *Royal Commission into Aboriginal Deaths in Custody: final report*. Canberra: Australian Government Publishing Service

Tatz C (1999) *Aboriginal suicide is different: Aboriginal youth suicide in New South Wales, the Australian Capital Territory and New Zealand: towards a model of explanation and alleviation: a report to the Criminology Research Council on CRC Project 25/96-7*. Sydney: Centre for Comparative Genocide Studies, Macquarie University, Sydney

Tatz C (2001) *Aboriginal suicide is different: a portrait of life and self-destruction*. Canberra: Aboriginal Studies Press

Tatz C (2002) Rejoinder to 'Is Aboriginal suicide different?: a commentary on the work of Colin Tatz'. *Psychiatry, Psychology and Law*;9(2):260-261

Victorian Child and Adolescent Mental Health Promotion Officers, Farnan C (2001) *STEP manual: an educational resource for those working with Indigenous, refugee and same sex attracted young people*. Melbourne: STEP Project, National Youth Suicide Prevention Strategy

Westerman TG, Vicary DA (2001) Aboriginal youth suicide. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:471-479

Westerman TG (2002) *The Westerman Aboriginal Symptom Checklist: a measure to identify Aboriginal youth (aged 13-17) at risk of suicide, depression, anxiety and low self-esteem*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Westerman TG, Hillman S (2003) *Suicide prevention in Aboriginal communities: a best practice model of community driven prevention*. Paper presented at the Suicide Prevention Australia Conference. June 2003, Brisbane

Westerman TG (2003) *Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours*. Unpublished Doctor of Philosophy, Curtin University, Perth

Western Australia Youth Suicide Advisory Committee (1998) *Across government policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: YSAC

Wildman P (2002) The litany of death: a deep futures critique of the Australian Royal Commission into Aboriginal deaths in custody. *Futures*;34:571-581

Youth Suicide Advisory Committee (1998) *Recommended policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: Youth Suicide Advisory Committee

Deaths in custody

Aboriginal Health Council of South Australia (1995) *Reclaiming our stories, reclaiming our lives: report of the Aboriginal Deaths in Custody Counselling project*. Adelaide: Aboriginal Health Council of South Australia

Cawte J (1988) Aboriginal deaths in custody: the views of Aboriginal health workers. *Australian Journal of Forensic Sciences*;20(2/3):224-233

Duncan-Gouws L (1989) *Aboriginal suicide, both custodial and non-custodial*. Unpublished Master of Arts thesis, Macquarie University, Sydney

Hunter E (1988) Aboriginal suicides in custody: a view from the Kimberley. *Australian and New Zealand Journal of Psychiatry*;22:273-282

McCall M (2004) *Deaths in custody in Australia: 2003 National Deaths in Custody Program (NDICP) annual report*. (Technical and background paper no. 12) Canberra: Australian Institute of Criminology

NSW Government (1997) *Report on the NSW Government's implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody, July 1996 - December 1997*. Sydney: NSW Government

Reser J (1989) Aboriginal deaths in custody and social construction: a response to the view that there is no such thing as Aboriginal suicide. *Australian Aboriginal Studies*;2:43-50

Reser J (1989) Australian Aboriginal suicide deaths in custody: cultural context and cluster evidence. *Australian Psychologist*;24(3):325-342

Royal Commission into Aboriginal Deaths in Custody (1990) *Responses to underlying issues*. Adelaide: The Commission

Royal Commission into Aboriginal Deaths in Custody (1991) *Royal Commission into Aboriginal Deaths in Custody: final report*. Canberra: Australian Government Publishing Service

Wildman P (2002) The litany of death: a deep futures critique of the Australian Royal Commission into Aboriginal deaths in custody. *Futures*;34:571-581

Grief, loss and trauma

Armstrong K (2002) Spirituality, health, Stolen Generation(s) and reconciliation with our Indigenous peoples: childhood - the missing dimension. *Aboriginal and Islander Health Worker Journal*;26(5):26-29

Atkinson L (1999) *"Being driven": Aboriginal Australian experience of personal, intergenerational and transgenerational life traumas: a social psychology approach*. Unpublished Master of Arts thesis, Griffith University, Queensland

Atkinson J (2000) *Lifting the blankets: the transgenerational effects of trauma in Indigenous Australia*. Unpublished Doctor of Philosophy thesis, Queensland University of Technology, Brisbane

Atkinson J (2002) *Trauma trails: recreating song lines: the transgenerational effects of trauma in Indigenous Australia*. Melbourne: Spinifex Press

Beresford Q, Omaji P (1998) *Our state of mind: racial planning and the stolen generations*. Perth: Fremantle Arts Centre Press

Brice G, Radford AJ, Van Der Byl M (1990) *One community, one grief: aspects of Aboriginal destructive and self-destructive behaviours, their 'prevention' and 'causality'*. Paper presented at the Preventing Youth Suicide. 24-26 July 1990, Canberra

Brown R (2001) Australian Indigenous mental health. *Australian and New Zealand Journal of Mental Health Nursing*;10(1):33-41

Clark SJ, Hillman SD, Ministerial Council for Suicide Prevention (2001) *Grieving Aboriginal way*. In: TVW Telethon Institute for Child Health Research, ed. *Information and support pack for those bereaved by suicide or other sudden death*. Perth: Ministerial Council for Suicide Prevention, TVW Telethon Institute for Child Health Research:12-16

Cunneen C, Libesman T (2000) Postcolonial trauma: the contemporary removal of Indigenous children and young people from their families in Australia. *Australian Journal of Social Issues*;35(2):95-115

Dargavel R (1999) *Are we bringing them home?: a community progress report on ACT action towards the 1997 'Bringing them home' recommendations*. Kingston, ACT: Canberra Journey of Healing Network

Dargavel R (2000) *Are we bringing them home in 2000?: second community progress report on ACT action towards the 1997 'Bringing them home' recommendations*. Kingston, ACT: Canberra Journey of Healing Network

Davis J (1975) The traumas affecting Aboriginal children and which retard their progress. *Identity*;(April):3-4

Dawes J (1991) *An analysis of aspects of bereavement following Aboriginal and other deaths in custody*. Sydney: [The Author]

Doolan T, Dudgeon P, Fielder J (2001) Racism. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:59-67

Dudgeon P (2001) Violence turned inwards. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:69-84

Haebich A (2000) *Broken circles: fragmenting Indigenous families 1800-2000*. Perth: Fremantle Arts Centre Press

Halloran M (2004) *Cultural maintenance and trauma in Indigenous Australians*. Paper presented at the 23rd Annual Australia and New Zealand Law and History Society Conference. 2-4 July 2004, Perth

Hunter E (1993) *Prisms of memory: Aboriginal resentment and the persistence of pain*. Paper presented at the First National Aboriginal Mental Health Conference. Sydney, November 25-27, 1993

Hunter E (1998) Considering trauma in an Indigenous context. *Aboriginal and Islander Health Worker Journal*;22(5):9-18

King C (1997) Mental health of the stolen generation. *Northern Radius*;4(3):7-10

Koolmatrie J, Williams R (2000) Unresolved grief and the removal of Indigenous Australian children. *Australian Psychologist*;35(2):4-18

Koolmatrie J, Williams R (2001) Unresolved grief and the removal of Indigenous Australian children. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:411-424

Legal and Constitutional References Committee (2000) *Healing: a legacy of generations: the report of the inquiry into the Federal Government's implementation of recommendations made by the Human Rights and Equal Opportunity Commission in Bringing Them Home*. Canberra: Senate, Parliament of the Commonwealth of Australia

McKendrick JH, Thorpe M (1998) The legacy of colonisation: trauma, loss and psychological distress amongst Aboriginal people. *Grief Matters*;1(2):4-8

Mellor D, Haebich A, eds. (2002) *Many voices: reflections on experiences of Indigenous child separation*. Canberra: National Library of Australia

Mellor D (2003) Contemporary racism in Australia: the experiences of Aborigines. *Personality and Social Psychology Bulletin*;29(4):474-486

Mental Health Council of Australia (2000) *Senate Inquiry into the Stolen Generation*. Canberra: Mental Health Council of Australia

Ministerial Council of Aboriginal and Torres Strait Islander Affairs (2003) *Evaluation of responses to Bringing Them Home Report: final report*. Hobart: Office of Aboriginal Affairs, Department of Premier and Cabinet

Morice RD (1977) Know your speech community: grief and depression. *Aboriginal and Islander Health Worker Journal*;1(2):22-27

National Association for Loss & Grief (SA) Inc. (2003) *Indigenous grief*. Retrieved 30 August 2005 from <http://www.grieflink.asn.au/indigenous.html>

National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families Australia (1997) *Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: Human Rights and Equal Opportunities Commission

Ober C, Peeters L, Archer R, Kelly K (2000) Debriefing in different cultural frameworks: responding to acute trauma in Australian Aboriginal contexts. In: Raphael B, Wilson JP, eds. *Psychological debriefing: theory, practice and evidence*. New York: Cambridge University Press:376

Office for Aboriginal and Torres Strait Islander Health (nd) *Bringing them home [map]*. Retrieved 30 September 2005 from [http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/\\$FILE/bth.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/$FILE/bth.pdf)

O'Shea K (1997) Men and mental health. *Aboriginal and Islander Health Worker Journal*;21(1):15-16

Petchkovsky L, San Roque C (2002) Tjunguwiyanityja, attacks on linking: forced separation and its psychiatric sequelae in Australia's 'stolen generations'. *Transcultural Psychiatry*;39(3):345-366

Petchkovsky L, San Roque C, Napaljarri Jurra R, Butler S (2004) Indigenous maps of subjectivity and attacks on linking: forced separation and its psychiatric sequelae in Australia's Stolen Generation. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/petchkovsky.pdf>

Ralph N, Hamaguchi K (2002) *The Kimberley True Words Real Life Research Project: the impact of transgenerational trauma on the experience of psychological symptomatology and the emotional wellbeing of Kimberley Aboriginal youth and community*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Raphael B, Swan P, Martinek N (1998) Inter-generational aspects of trauma for Australian Aboriginal people. In: Danielie Y, ed. *An international handbook of multi-generational legacies of trauma*. New York : Plenum Press

Reid J (1979) A time to live, a time to grieve: patterns and processes of mourning among the Yolngu of Australia. *Culture, Medicine and Psychiatry*;3:319-346

Rodger T (1995) *Cultural influences on bereavement: responses of some Aboriginal people*. Unpublished Bachelor of Social Work (Honours) thesis, University of South Australia, Adelaide, South Australia

Rosas M, Weeramanthri T (1993) Talking to families about sorry business. *Aboriginal and Islander Health Worker Journal*;17(5):6-7

Royal Australian and New Zealand College of Psychiatrists (1999) *Stolen generations*. Retrieved 15 August 2005 from <http://www.ranzcp.org/pdf/posstate/ps42.pdf>

Stevens BA, Bushell V (2000) The stolen generation: psychological effects of the systematic removal of Indigenous children from their families and culture. *Ethos (Canberra, ACT)*;178(June 2000):17-20

Swan P (1988) 200 years of unfinished business. *Aboriginal Health Worker*;12(4):29-40

Stolen generation

Aboriginal Legal Service of Western Australia (1995) *Telling our story: a report by the Aboriginal Legal Service of Western Australia (Inc) on the removal of Aboriginal children from their families in Western Australia*. Perth: ALSWA

Armstrong K (2002) Spirituality, health, Stolen Generation(s) and reconciliation with our Indigenous peoples: childhood - the missing dimension. *Aboriginal and Islander Health Worker Journal*;26(5):26-29

Beresford Q, Omaji P (1998) *Our state of mind: racial planning and the stolen generations*. Perth: Fremantle Arts Centre Press

Cunneen C, Libesman T (2000) Postcolonial trauma: the contemporary removal of Indigenous children and young people from their families in Australia. *Australian Journal of Social Issues*;35(2):95-115

Dargavel R (1999) *Are we bringing them home?: a community progress report on ACT action towards the 1997 'Bringing them home' recommendations*. Kingston, ACT: Canberra Journey of Healing Network

Dargavel R (2000) *Are we bringing them home in 2000?: second community progress report on ACT action towards the 1997 'Bringing them home' recommendations*. Kingston, ACT: Canberra Journey of Healing Network

Haebich A (2000) *Broken circles: fragmenting Indigenous families 1800-2000*. Perth: Fremantle Arts Centre Press

- Kendall C (1994) The history, present and future issues affecting Aboriginal adults who were removed as children. *Aboriginal and Islander Health Worker Journal*;18(2):18-20
- King C (1997) Mental health of the stolen generation. *Northern Radius*;4(3):7-10
- Koolmatrie J, Williams R (2000) Unresolved grief and the removal of Indigenous Australian children. *Australian Psychologist*;35(2):4-18
- Koolmatrie J, Williams R (2001) Unresolved grief and the removal of Indigenous Australian children. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:411-424
- Legal and Constitutional References Committee (2000) *Healing: a legacy of generations: the report of the inquiry into the Federal Government's implementation of recommendations made by the Human Rights and Equal Opportunity Commission in Bringing Them Home*. Canberra: Senate, Parliament of the Commonwealth of Australia
- Mellor D, Haebich A, eds. (2002) *Many voices: reflections on experiences of Indigenous child separation*. Canberra: National Library of Australia
- Mental Health Council of Australia (2000) *Senate Inquiry into the Stolen Generation*. Canberra: Mental Health Council of Australia
- Ministerial Council of Aboriginal and Torres Strait Islander Affairs (2003) *Evaluation of responses to Bringing Them Home Report: final report*. Melbourne: Success Works
- National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families Australia (1997) *Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: Human Rights and Equal Opportunities Commission
- Office for Aboriginal and Torres Strait Islander Health (nd) *Bringing them home [map]*. Retrieved 30 September 2005 from [http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/\\$FILE/bth.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/$FILE/bth.pdf)
- Petchkovsky L, San Roque C (2002) Tjunguwiyanytja, attacks on linking: forced separation and its psychiatric sequelae in Australia's 'stolen generations'. *Transcultural Psychiatry*;39(3):345-366
- Petchkovsky L, San Roque C, Napaljarri Jurra R, Butler S (2004) Indigenous maps of subjectivity and attacks on linking: forced separation and its psychiatric sequelae in Australia's Stolen Generation. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/petchkovsky.pdf>

Ralph N, Hamaguchi K (2002) *The Kimberley True Words Real Life Research Project: the impact of transgenerational trauma on the experience of psychological symptomatology and the emotional wellbeing of Kimberley Aboriginal youth and community*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Rosas M, Weeramanthri T (1993) Talking to families about sorry business. *Aboriginal and Islander Health Worker Journal*;17(5):6-7

Royal Australian and New Zealand College of Psychiatrists (1999) *Stolen generations*. Retrieved 15 August 2005 from <http://www.ranzcp.org/pdf/posstate/ps42.pdf>

Stevens BA, Bushell V (2000) The stolen generation: psychological effects of the systematic removal of Indigenous children from their families and culture. *Ethos (Canberra, ACT)*;178(June 2000):17-20

Prisoner mental health

Aboriginal Health Council of South Australia (1995) *Reclaiming our stories, reclaiming our lives: report of the Aboriginal Deaths in Custody Counselling project*. Adelaide: Aboriginal Health Council of South Australia

Anonymous (1996) Drawing inspiration. *The Bulletin*;116(6045):82-83

Atkinson L (1990) *"They're so nobody": a study of Aboriginal women's imprisonment in Western Australia*. Unpublished Master of Arts thesis, University of Melbourne, Melbourne, Victoria

Butler T (1997) *Preliminary findings from the inmate health survey (ie physical and mental health status) of the inmate population in the New South Wales correctional system*. Matraville, NSW: Corrections Health Service

Commission of Inquiry into Abuse of Children in Queensland Institutions (1999) *Indigenous views on juvenile detention centres: report of the Commission of Inquiry into Abuse of Children in Queensland Institutions*. Brisbane: Commission of Inquiry into Abuse of Children in Queensland Institutions:241-251

Copeland J, Howard J, Keogh T, Seidler K (2003) Patterns and correlates of substance use amongst juvenile detainees in New South Wales 1989-99. *Drug and Alcohol Review*;22(1):15-20

Day A, Howells K, Casey S (2003) The rehabilitation of Indigenous prisoners: an Australian perspective. *Journal of Ethnicity in Criminal Justice*;1(1):115-133

Dear GE (1998) *Self-harm in Western Australian prisons: an examination of situational and psychological factors*. Perth: School of Psychology, Edith Cowan University

- Dear G (1999) *Preventing self-harm in prison: do we need different strategies for Indigenous and non-Indigenous prisoners?* Paper presented at the Best Practice Interventions in Corrections for Indigenous People Conference. 13-15 October 1999, Adelaide
- Department of Justice (2003) *Victorian prisoner health study*. Melbourne: Corrections Victoria
- Duncan-Gouws L (1989) *Aboriginal suicide, both custodial and non-custodial*. Unpublished Master of Arts thesis, Macquarie University, Sydney, New South Wales
- Fleming J, McDonald D, Biles D (1992) Self-inflicted harm in custody: research paper no.16. In: Biles D, McDonald D, eds. *Deaths in custody Australia, 1980-1989: the research papers of the criminology unit of the Royal Commission into Aboriginal Deaths in Custody*. Canberra: Australian Institute of Criminology
- Hick S, McCormack C (2003) *A collaborative approach to the delivery of mental health services to juvenile offenders*. Paper presented at the Juvenile justice: from the lessons of the past to a road map for the future. 1-2 December 2003, Sydney
- Hunter E (1989) Suicide, alcohol, incarceration and Indigenous populations: a review. In: Greeley J, Gladstone W, eds. *The effects of alcohol on cognitive, psychomotor, and affective functioning*: Sydney: National Drug and Alcohol Research Centre:96-118
- Hurley W, Dunne M (1991) Psychological distress and psychiatric morbidity in women prisoners. *Australian and New Zealand Journal of Psychiatry*;25:461-470
- Hutton CJ (1994) *An investigation examining self-concept, locus of control and their inter-relationship in young male incarcerated offenders*. Unpublished Master of Psychology thesis, Monash University, Melbourne
- Kilroy D (1999) *The white wall syndrome: an Indigenous framework for practice operating within the women's prison*. Paper presented at the Best Practice Interventions in Corrections for Indigenous People Conference. 13-15 October 1999, Adelaide
- Morgan L (1994) Aboriginal young people and juvenile justice. In: *Preventing youth crime: the challenge beyond diversion: a selection of papers presented at a conference held in Terrigal NSW in April 1994*. Sydney: Juvenile Justice Advisory Council of NSW and Australian Institute of Criminology:85-90
- Moyle P (2001) *Scoping exercise concerning the delivery of health services to Aboriginal and Torres Strait Islander peoples in judicial and custodial settings*. Canberra: Office for Aboriginal and Torres Strait Islander Health
- Sansbury T (1999) *Indigenous community expectations of best practice*. Paper presented at the Best Practice Interventions in Corrections for Indigenous People Conference. 13-15 October 1999, Adelaide

Troth G, Grainger J (2000) The psychological impact of custody on the Aboriginal adolescent. *Psychiatry, Psychology and Law*;7(1):89-96

Van der Giezen J, Sacha P (2002) Unfit to plead: unsentenced prisoners in Western Australia. *Indigenous Law Bulletin*;5(16):10-13

Substance use (in relation to Indigenous mental health)

Atkinson L (1999) *"Being driven": Aboriginal Australian experience of personal, intergenerational and transgenerational life traumas: a social psychology approach*. Unpublished Master of Arts thesis, Griffith University, Queensland

Beaver C, Raphael B, Smith A (1989) Psycho-social risk factors for psychological distress in Darwin. *Annual Report: Menzies School of Health Research*;(1988-89):73-74

Carter S (2004) National project launch 'Your Mental Health and Alcohol: Managing the Mix'. *PARC Update*;14:14

Clayer J, Divakaran-Brown C (1991) *Mental health and behavioural problems in the urban Aboriginal population*. Adelaide: The Aboriginal Health Organisation and The Mental Health Research and Evaluation Centre of The South Australian Health Commission

Clough PR, d'Abbs P, Cairney S, Gray D, Maruff P, et al. (2005) Adverse mental health effects of cannabis use in two Indigenous communities in Arnhem Land, Northern Territory, Australia: exploratory study. *Australian and New Zealand Journal of Psychiatry*;39(7):612-620

Copeland J, Howard J, Keogh T, Seidler K (2003) Patterns and correlates of substance use amongst juvenile detainees in New South Wales 1989-99. *Drug and Alcohol Review*;22(1):15-20

Dudgeon P (2001) Violence turned inwards. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:69-84

Eastwell HD (1985) Urban aborigines: lifestyle and psychiatric disorders. *Patient Management*;9(1):63-68

Hunter E (1989) Suicide, alcohol, incarceration and Indigenous populations: a review. In: Greeley J, Gladstone W, eds. *The effects of alcohol on cognitive, psychomotor, and affective functioning*: Sydney: National Drug and Alcohol Research Centre:96-118

Hunter E (1990) Resilience, vulnerability and alcohol in remote Aboriginal Australia. *Aboriginal Health Information Bulletin*;14:16-24

Hunter E (1990) Using a socio-historical frame to analyse Aboriginal self-destructive behaviour. *Australian and New Zealand Journal of Psychiatry*;24(2):191-197

Hunter E (1992) Aboriginal adolescents in remote Australia. In: Kosky R, Kneebone G, Salimi Eshkevari H, eds. *Breaking out: challenges in adolescent mental health in Australia*. Canberra: Australian Government Publishing Service:75-88

Kluetz AJ (2002) *Counselling issues of Australian Aboriginal females*. Unpublished Master of Science thesis, University of Wisconsin-Stout

O'Shea K (1997) Men and mental health. *Aboriginal and Islander Health Worker Journal*;21(1):15-16

Paton M (1995) Mental health aspects of drinking alcohol. *Aboriginal and Islander Health Worker Journal*;19(1):33-35

Mental health policies and strategies

Aboriginal and Torres Strait Islander Male Health and Wellbeing Reference Committee Working Party (2004) *A national framework for improving the health and wellbeing of Aboriginal and Torres Strait Islander males*. Canberra: Office for Aboriginal and Torres Strait Islander Health

Aboriginal Medical Services (1991) *NSW Aboriginal mental health report*. Sydney: Aboriginal Medical Services

ACT Department of Health and Community Care (1998) *Youth suicide prevention strategy 1998-2001*. Canberra: ACT Department of Health and Community Care

Adams M (2002) Establishing a national framework for improving the health and well-being of Aboriginal and Torres Strait Islander males. *Aboriginal and Islander Health Worker Journal*;26(1):11-12

Adams M (2003) *The national framework for improving the health and wellbeing of Aboriginal and Torres Strait Islander males*. Paper presented at the National Rural Health Conference. 1-4 March 2003, Hobart, Tasmania

Allenby A, Gregory B, Meegan E (2005) *A collaborative practice model for rural mental health*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Atkinson J (2003) *Social and emotional wellbeing: an Indigenous perspective*. Retrieved 15 March 2004 from http://www.aiatsis.gov.au/rsrch/smnrs/health-socpapers/atkinson_edwards-haines.pdf

Australian Health Ministers (2003) *National Mental Health Plan 2003-2008*. Canberra: Commonwealth of Australia

Australian Health Ministers' Advisory Council (1992) *National Mental Health Plan*. Canberra: Australian Health Ministers' Advisory Council

Australian Health Ministers' Conference (1992) *National Mental Health Policy*. Canberra: AGPS

Australian Infant Child Adolescent and Family Mental Health Association (2003) *Response to the consultation paper for development of the national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Stepney, SA: AICAFMHA

Australian Institute of Health and Welfare (1999) *National health priority areas report: mental health: a report focusing on depression 1998*. (AIHW catalogue no. PHE 11) Canberra: Commonwealth Department of Health and Aged Care, Australian Institute of Health and Welfare

Centre for Mental Health, NSW Department of Health (1999) *Moving forward together*. Paper presented at the Moving Forward Together: NSW Aboriginal Mental Health Conference. 1-3 September 1999, Penrith, NSW

Cheney C, Milroy H, Fong N, Waters L (2005) *WA Aboriginal social and emotional well being and mental health strategy 2005-2008 (draft policy)*. Perth: Office of Mental Health

Clark Y (2000) *A focused step toward wellness and wellbeing in Aboriginal health: a state strategy and action plan for social and emotional wellbeing for Aboriginal people*. Dulwich, SA: South Australian Aboriginal Health Partnership

Commonwealth Department of Health and Aged Care (2000) *Promotion, prevention and early intervention for mental health: a monograph*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *National action plan for promotion, prevention and early intervention for mental health: a joint Commonwealth, State and Territory initiative under the Second National Mental Health Plan*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: learnings about suicide*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: areas for action*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: building partnerships*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2001) *National action plan for depression: under the National Mental Health Plan 1998-2003*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Ageing (1996) *The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing Action Plan*. Canberra: Department of Health and Ageing

Commonwealth Department of Health and Family Services (1998) *Second National Mental Health Plan*. Canberra: Commonwealth Department of Health & Family Services

Cribb R (2005) *Submission to Senate Select Committee: Indigenous people and mental health on Cape York Peninsula*. Retrieved 19 July 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub261.pdf

Davidson G (2003) Indigenous health and mental health: APS monitors policy changes. *InPsych*; June 2003 Retrieved 15 August 2005 from http://www.psychology.org.au/publications/inpsych/12.2_32.asp

Department of Health and Community Services (1994) *NT mental health services five year development plan, 1994-1999*. Darwin: NT Department of Health and Community Services

Eisen P, Wolfenden K (1988) *A national mental health services policy: report of the consultancy to advise Commonwealth, State and Territory health ministers*. Canberra: Commonwealth of Australia

Healthcare Management Advisors Pty Ltd. (2003) *Mental health service system development strategy project for the Northern Territory*. Darwin: Department of Health and Community Services, Northern Territory Government

Holmwood C, Groom G, Nicholson SA (2001) *Mental health shared care in Australia 2001: report for the Commonwealth Department of Health and Aged Care*. [Adelaide]: Primary Mental Health Care Australian Resource Centre, Department of General Practice, Flinders University and Australian Divisions of General Practice

Hunter E (1999) New directions and opportunities in mental health: mental health promotion and prevention. *Aboriginal and Islander Health Worker Journal*;23(5):5-12

Hunter E (2002) 'Best intentions' lives on: untoward health outcomes of some contemporary initiatives in Indigenous affairs. *Australian and New Zealand Journal of Psychiatry*;36:575-584

McKendrick J, Thorpe M (2001) *Victorian women's health and wellbeing strategy, population group: Koori women*. Retrieved 14 January 2005 from [http://hnb.dhs.vic.gov.au/acmh/phkb.nsf/rsccs/files_php_whwb/\\$file/WHWB_short_koori.pdf](http://hnb.dhs.vic.gov.au/acmh/phkb.nsf/rsccs/files_php_whwb/$file/WHWB_short_koori.pdf)

Mental Health and Special Programs Branch (2002) *National mental health report: changes in Australia's mental health services under the first two years of the Second National Mental Health Plan 1998-2000*. Canberra: Commonwealth Department of Health and Ageing

Mental Health Council of Australia (2001) *National Aboriginal and Torres Strait Islander Health Strategy*. Canberra: Mental Health Council of Australia

National Aboriginal and Torres Strait Islander Health Council (2004) *National strategic framework for Aboriginal and Torres Strait Islander Health 2003-2013: framework for action by governments*. Canberra: NATSIHC

National Aboriginal Health Strategy Evaluation Committee, Gordon S (1994) *National Aboriginal Health Strategy: an evaluation*. Canberra: Aboriginal and Torres Strait Islander Commission

National Aboriginal Health Strategy Working Party (1989) *A National Aboriginal Health Strategy*. Canberra: Department of Aboriginal Affairs

National Rural Health Alliance (2005) *Submission to the Senate Select Committee on Mental Health*. Deakin West, ACT: National Rural Health Alliance

New South Wales Department of Health (1997) *NSW Aboriginal mental health policy: a strategy for the delivery of mental health services for Aboriginal people in New South Wales*. Sydney: NSW Department of Health, Centre for Mental Health

Northern Territory Government (2005) *Submission to the Senate Select Committee on Mental Health*. Retrieved 16 August 2005 from http://www.apph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub393.pdf

Office for Aboriginal and Torres Strait Islander Health (nd) *Aboriginal and Torres Strait Islander mental health [submission to the Senate Select Committee on Mental Health]*. Retrieved 19 July 2005 from http://www.apph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub476_attachment24.pdf

Office of Mental Health, Office of Aboriginal Health (2002) *Mental health promotion and illness prevention policy*. Perth: Department of Health

O'Neil S (1996) *ACT Mental Health Services Strategic Plan 1993-1998: the mental health needs of Aboriginal and Torres Strait islanders living in the ACT*. Canberra: ACT Mental Health Services

Parham J, Rickwood D (2003) *Promotion, prevention and early intervention for mental health: national consultation*. Adelaide: Australian Network for Promotion, Prevention and Early Intervention for Mental Health

Queensland Government (1997) *Queensland Government youth suicide prevention strategy*. Brisbane: Queensland Government

Queensland Government (2003) *Reducing suicide: the Queensland Government suicide prevention strategy 2003-2008*. Brisbane: Queensland Government

Queensland Government (2005) *Mental health services in Queensland 2005*. Retrieved 16 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub377.pdf

Queensland Government (2005) *Submission to the Senate Select Committee on Mental Health (part 2)*. Retrieved 16 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub377A.pdf

Queensland Health (1996) *Queensland mental health policy statement: Aboriginal and Torres Strait Islander people*. Brisbane: Queensland Health

Roxbee L, Wallace C (2003) Emotional and social wellbeing: national policy context. *Australasian Psychiatry*;11(Supplement):S45-S50

SA Divisions of General Practice (2005) *Submission to the Australian Senate Select Committee on Mental Health inquiry into mental health issues*. Wayville, SA: SA Divisions of General Practice

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: who is the workforce?: background paper*. (Workforce workshop paper 2) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: workforce planning, needs, roles and responsibilities: background paper*. (Workforce workshop paper 3) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: issues regarding specific workforce groups: discussion paper*. (Workforce workshop paper 4) Canberra: Australian National University

Social Health Reference Group (2002) *Development of a draft National Strategic Framework for Aboriginal and Torres Strait Islander emotional and social wellbeing: possible next steps: discussion paper*. (Workforce workshop paper 5) Canberra: Australian National University

Social Health Reference Group (2003) *Consultation paper for the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009 [draft]*. Canberra: Commonwealth Department of Health and Ageing

Social Health Reference Group (2004) *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Canberra: Australian Government

Spence SH, Donald M, Dower J, Woodward R, Lacherez P (2002) *Outcomes and indicators, measurement tools and databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. Canberra: Commonwealth Department of Health and Ageing

Steering Committee for the Evaluation of the Second National Mental Health Plan 1998-2003 (2003) *Evaluation of the Second National Mental Health Plan*. Canberra: Commonwealth Department of Health and Ageing

Swan P, Fagan P (1991) *The NSW Aboriginal mental health report*. Sydney: Redfern Aboriginal Medical Service

Swan P, Raphael B (1995) *'Ways forward': national consultancy report on Aboriginal and Torres Strait Islander mental health: parts 1 & 2*. Canberra: Commonwealth of Australia

The Royal Australian and New Zealand College of Psychiatrists (nd) *Indigenous Committee Submission to the Senate Select Committee on Mental Health*. Retrieved 30 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub428.pdf

Westerman TG (2002) *The Kimberley regional Aboriginal mental health plan*. Broome: Kimberley Aboriginal Medical Services Council Incorporated

Western Australia Youth Suicide Advisory Committee (1998) *Across government policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: YSAC

Youth Suicide Advisory Committee (1998) *Recommended policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: Youth Suicide Advisory Committee

Mental health services and programs

Aboriginal and Islander Community Health Service (1996) *The Healing Centre: five year strategic plan*. Brisbane: Mental Health Section, Aboriginal and Islander Community Health Service

Aboriginal Health Council of South Australia (1995) *Reclaiming our stories, reclaiming our lives: report of the Aboriginal Deaths in Custody Counselling project*. Adelaide: Aboriginal Health Council of South Australia

Alston E, Hall C (2001) *Pit stop: gentlemen check your engines!* Paper presented at the 6th National Rural Health Conference. 4-7 March 2001, Canberra

Anonymous (2005) *Multiple partners for mental health*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Atkinson J (1994) Recreating the circle with WE ALI-LI: a program for healing, sharing and regeneration. *Aboriginal and Islander Health Worker Journal*;18(6):8-13

Auseinet (2005) The Australian Integrated Mental Health Initiative, Northern Territory. *Auseinetter*;23:25

Australian Government Department of Health and Ageing (2004) *Responding to the mental health needs of young people in Australia: discussion paper: principles and strategies*. Canberra: Australian Government Department of Health and Ageing

Australian Psychological Society Ltd. (2004) *Guidelines for the provision of psychological services for, and the conduct of psychological research with, Aboriginal and Torres Strait Islander people of Australia*. Melbourne: Australian Psychological Society Ltd

Bowd D (1998) *Summary of report recommendations relating to the development and delivery of Aboriginal mental health services*. Adelaide: Department of Human Services, Aboriginal Services Division

Brideson T (1998) Mental health information: goes bush. *Aboriginal and Islander Health Worker Journal*;22(3):8-10

Brideson T, Kanowski L (2004) The struggle for systematic 'adulthood' for Aboriginal mental health in the mainstream: the Djirrawang Aboriginal and Torres Strait Islander Mental Health Program. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/bridesonkanowski.pdf>

Brown R (1999) Indigenous mental health: the Rainbow Serpent awakening. *International Journal of Psychiatric Nursing Research*;4(3):475-481

Carnell K, Wells L (2005) *Promoting the health and wellbeing of the community through primary health care teams: submission to the Senate Select Committee on Mental Health*. Canberra: Australian Divisions of General Practice

Carter S (2004) National project launch 'Your Mental Health and Alcohol: Managing the Mix'. *PARC Update*;14:14

Centre for Mental Health, NSW Department of Health (1999) *Moving forward together*. Paper presented at the Moving Forward Together: NSW Aboriginal Mental Health Conference. 1-3 September 1999, Penrith, NSW

Chippindall M, Turvey R, Hamaguchi K (2004) Mobile lube service has men lining up for an inspection. *PARC Update*;14:10-12

Coade S, O'Leary P (1999) *Purro birik [healthy spirit]: Koori Mental Health Policy Project discussion paper*. Melbourne: VACCHO and Victorian Mental Health Branch

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia*:

learnings about suicide. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: areas for action*. Canberra: Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care (2000) *LIFE: Living Is For Everyone: a framework for prevention of suicide and self-harm in Australia: building partnerships*. Canberra: Commonwealth Department of Health and Aged Care

Cord-Udy N (2004) The Medical Specialist Outreach Assistance Programme in South Australia at 2 years. *Australasian Psychiatry*;12(2):161-165

Department of Health and Community Services (1994) *NT mental health services five year development plan, 1994-1999*. Darwin: NT Department of Health and Community Services

Dobson I, Darling K (2003) *Aboriginal youth mental health partnership project: evaluation report*. Port Adelaide, SA: Department of Human Services Mental Health Unit & Aboriginal Services Division

Dudgeon P, Williams R (2001) Culturally appropriate therapies, models and services. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:389-393

Durri Aboriginal Corporation Medical Service (1999) *Mental Health Program evaluation report*. Kempsey, NSW: Durri Aboriginal Corporation Medical Service
Eisen P, Wolfenden K (1988) *A national mental health services policy: report of the consultancy to advise Commonwealth, State and Territory health ministers*. Canberra: Commonwealth of Australia

Fielke K (2005) *Mental health services in rural and remote South Australia: from 'awful neglect' to gaining respect*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Fredericks B, Atkinson J (1997) WE ALI-LI : the creation of a healing program. *Community Quarterly*;43 [Rural Issues]:5-12

Grant L (2004) Central Australian Life Promotion Program. *PARC Update*;14:4-5

Harnett P, Clarke C, Shochet I (1998) Promoting family and community resilience in Indigenous communities: cultural adaptation of the Resourceful Adolescent Parent Program. *Auseinetter*;7 Retrieved 12 October 2005 from <http://auseinet.flinders.edu.au/resources/auseinet/netter7/netter01.php>

Haswell-Elkins M, Hunter E, Nagel T, Thompson C, Hall B, et al. (2005) Reflections on integrating mental health into primary health care services in remote Indigenous communities in Far North Queensland and the Northern Territory. *Australian Journal of Primary Health*;11(2):62-69

Hick S, McCormack C (2003) *A collaborative approach to the delivery of mental health services to juvenile offenders*. Paper presented at the Juvenile justice: from the lessons of the past to a road map for the future. 1-2 December 2003, Sydney

Higgins H (1996) *Establishing good practice for Aboriginal and Torres Strait Islander mental health services and education and training programs in a range of rural remote and urban settings*. Canberra: Office of Aboriginal and Torres Strait Islander Health Services

Humes G (1991) *Aboriginal mental health services: past neglect and present needs*. Paper presented at the 14th Annual Symposium of the Section of Social and Cultural Psychiatry, Royal Australian and New Zealand College of Psychiatrists. Melbourne

Hunter E, Tsey K, Baird M, Baird L (2002) Indigenous mental health promotion: process, politics, paradox and practicalities. In: Rowling L, Martin G, Walker L, eds. *Mental health promotion and young people: concepts and practice*. Sydney: McGraw-Hill:201-214

Hunter E, Travers H (2003) *Touch and see (and hear): touchscreen technology and Indigenous health: an evaluation of the pilot introduction of health touchscreens into remote and urban Indigenous communities in Queensland*. Brisbane: University of Queensland and Commonwealth Department of Health and Ageing

Hunter E, Travers H, McCulloch B (2003) Bridging the information gap: IT and health in Indigenous populations. *Australasian Psychiatry*;11(Supplement):s51-s56

Hunter Institute of Mental Health (2005) *Mindframe media and mental health project update - June 2005*. Newcastle, NSW: Hunter Institute of Mental Health

Jeeawody A, Havelka J (2002) The Djirruwang National Indigenous Mental Health Pilot Project: addressing promotion and prevention. *Auseinetter*;15(2):7-10

Kahn MW, Kennedy EV, Cawte J (1978) Mental health services by and for Aborigines and Islanders: a follow-up report. *Australian and New Zealand Journal of Psychiatry*;12:39-41

Kanowski L, Westerway J (1996) *Koori mental health outreach workers training program*. Canberra: RHSET Branch of the Commonwealth Department of Health

Kreger A, Hunter E (2004) *The Queensland Centre for Rural and Remote Mental Health: discussion paper*. Cairns, Queensland: Queensland Health, University of Queensland

Kreger A, Hunter E (2005) *Unfenced road ahead: a review of rural and remote mental health service delivery and policy*. Brisbane: University of Queensland, Queensland Health

Laugharne J, Glennen M, Austin J (2002) The 'Maga Barndi' mental health service for Aboriginal people in Western Australia. *Australasian Psychiatry*;10(1):13-18

- Lee T (1994) *Report on a proposal to establish an Aboriginal counselling and support service*. Perth: Pokatja Aboriginal Counselling and Support Service
- Lessing K, Blignault I (2001) Mental health telemedicine programmes in Australia. *Journal of Telemedicine and Telecare*;7(6):317-323
- Lester J (1999) *SA Aboriginal Women's Health and Well Being Forum: Health and Healing Project report*. Adelaide: Department of Human Services
- Lette H, Wright M, Collard S (2001) Aboriginal youth: mental health. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:91-102
- May A (2003) *Evaluating the impact of a community based cultural reclamation program on cultural identity and self esteem in Australian Aboriginal youth*. Unpublished Bachelor of Psychology (Honours) thesis, Griffith University, Queensland
- McConachy S (2004) Aboriginal Mental Health Program: "Working both ways". *PARC Update*;14:7-8
- McKendrick J (1990) A unique and pioneering mental health service for Victorian Aboriginal people. *Aboriginal Health Information Bulletin*;13:17-21
- McKendrick J, Thorpe M, Cutter T, Austin G, Roberts W, et al. (1990) A unique mental health network for Victorian Aboriginal people. *Medical Journal of Australia*;153(6):349-351
- McKendrick JH (1993) *Patterns of psychological distress and implications for mental health service delivery in an urban Aboriginal general practice population*. Unpublished Doctor of Medicine thesis, University of Melbourne, Melbourne
- McKendrick J, Thorpe M (1994) The Victorian Aboriginal Mental Health Network: developing a model of mental health care for Aboriginal communities. *Australasian Psychiatry*;2(5):219-221
- McKendrick J, et al (nd) *A study of mental health and service needs in a rural Aboriginal community (1993-1997)*. Melbourne: Department of Psychiatry, University of Melbourne
- McLeod N (1993) Early intervention in East Arnhemland rural mental health services. *Mental Health in Australia*;5(2):76-81
- Mitchell P, Lewis V (2003) *A manual to guide the development of local evaluation plans: evaluating initiatives within the LIFE Framework using a program logic approach*. Canberra: Department of Health and Ageing
- Moreen H (1993) Providing mental health services to Aboriginal communities. *Mental Health in Australia*;5(2):39-41

Morris A (1998) *Mental Health Program*. Kempsey, NSW: Durri Aboriginal Corporation Medical Service

Moyle P (2001) *Scoping exercise concerning the delivery of health services to Aboriginal and Torres Strait Islander peoples in judicial and custodial settings*. Canberra: Office for Aboriginal and Torres Strait Islander Health

Mulholland D, Timothy W, Broom R (2005) *Aboriginal Mental Health Program 'Working both ways'*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Mushin D, Potter C, Booth A, Geoghegan K, Krupinska O, et al. (2003) Stability within chaos: the Koori Kids Mental Health Network. *Australasian Psychiatry*;11(supplement):s29-s33

NACCHO (2004) *NACCHO Community LIFE report*. Canberra: NACCHO

Nagel T (2004) *AIMHI NT: 2003 baseline measures*. (Discussion paper 1) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University

Nagel T (2004) *AIMHI NT: mental health and primary care in the Top End*. (Discussion paper 2) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University

Nagel T, Judd J (2004) *AIMHI NT: learning about Indigenous mental health promotion*. (Discussion paper 4) Darwin: Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University

National Mental Health Strategy (1998) *Report of the National Indigenous Mental Health Data Workshop: developing outcome oriented information systems for Mental Health Services: discussion paper 2*. Canberra: Commonwealth Department of Health and Family Mental Health Branch and Office for Aboriginal and Torres Strait Islander Health Services

National Mental Health Working Group, Australian Health Ministers Advisory Council (1999) *Innovative grants program: project summaries*. Canberra: Commonwealth Department of Health and Aged Care

Northern Rivers Area Health Service (2003) *Bulgalma julgu: healing the heart of Bundjalung culture: Aboriginal and Torres Strait Islanders well being plan 2003-2008*. Lismore, NSW: Northern Rivers Area Health Service

Northern Territory Government (2005) *Submission to the Senate Select Committee on Mental Health*. Retrieved 16 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub393.pdf

NSW Department of Health (2003) *Joint guarantee of service for people with mental health problems and disorders: living in Aboriginal, community and public housing*. Sydney: NSW Department of Health

Office for Aboriginal and Torres Strait Islander Health (nd) *Bringing them home [map]*. Retrieved 30 September 2005 from [http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/\\$FILE/bth.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-bth.htm/$FILE/bth.pdf)

O'Kane A, Tsey K (1999) *Shifting the balance: services for people with mental illness in Central Australia: a framework for planning and resource allocation*. Alice Springs: Menzies School of Health Research

Osman E, Wade V, Jackson Bowers E (2004) *Mental health programs in remote Divisions of General Practice: PARC Knowledge Harvesting Program issues report*. Adelaide: Primary Mental Health Care Australian Resource Centre, Flinders University

Osman L (2004) Mental health programs in remote Divisions of General Practice: PARC Knowledge Harvesting Program issues report. *PARC Update*;14:15-16

Patterson S (2005) *Multiple partners for mental health*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Perkins D, Lyle D (2003) *Far West Mental Health Integration Project evaluation report*. Canberra: Department of Health and Ageing

Purdie N, Ellis L, Stone A (2004) *Deadly vibe: engaging Indigenous students at school: an evaluation of the Deadly Vibe magazine*. Camberwell, Victoria: Learning Processes and Contexts Research Program

PY Media (2005) *NPYWC emotional and social wellbeing project*. Retrieved 28 September 2005 from http://waru.org/organisations/npywc/npy_wellbeing.php?PHPSESSID=e89bc26c3a1012363a025a1b5244b494

Queensland Government (2005) *Mental health services in Queensland 2005*. Retrieved 16 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub377.pdf

Queensland Government (2005) *Submission to the Senate Select Committee on Mental Health (part 2)*. Retrieved 16 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub377A.pdf

Reser J, Morrissey S (1991) *Aboriginal mental health and mental health services in Queensland: fragmented and forgotten: working paper*. Townsville, Qld.: School of Behavioural Sciences, James Cook University

Robinson G, Benson R, Williams R (2003) *Aboriginal mental health program: baseline evaluation for the Top End Division of General Practice*. Darwin: Centre for Northern Australian and Asian Research and Northern Territory University

Robinson G, Tyler B (2003) *Ngaripirliga'ajirri: evaluation of an early intervention program on the Tiwi Islands, interim report*. Darwin: Charles Darwin University

Robinson G, Harris A (2005) *Aboriginal mental health worker program: final evaluation report*. Casuarina, NT: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University

Robinson G, Harris A (2005) *Aboriginal mental health worker program: evaluation summary report*. Casuarina, NT: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University

Royal Australian and New Zealand College of Psychiatrists (nd) *Indigenous Committee Submission to the Senate Select Committee on Mental Health*. Retrieved 30 August 2005 from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub428.pdf

Ryan P (2003) *'I'm looking at the future': evaluation report of Reconnect*. Canberra: Australian Government Department of Family and Community Services

SA Divisions of General Practice (2005) *Submission to the Australian Senate Select Committee on Mental Health inquiry into mental health issues*. Wayville, SA: SA Divisions of General Practice

Salisbury C (1998) A health service and Aboriginal and Torres Strait Islander partnership to develop and plan mental health services. *Australian Journal of Primary Health Interchange*;4(4):18-30

Sambano H (1993) Providing mental health services to Aboriginal communities. *Mental Health in Australia*;5(2):42-45

Saunders T, Roberts R (2003) *Far West Area Health Service Integrated Mental Health Project: project response to evaluation*. Broken Hill, NSW: Far West Area Health Service

Shochet I (2002) The Resourceful Adolescent Program (RAP): building resilience and preventing depression in adolescents through school-based interventions. In: Rowling G, Martin G, Walker L, eds. *Mental health promotion and young people*. Sydney: McGraw Hill:172-184

Skinner G (1988) Developing and expanding Aboriginal mental health services. *Aboriginal Health Worker*;12(4):43-45

Stott J (2002) *Aboriginal Community Support Service*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Szirom T, King D, Desmond K (2004) *Barriers to service provision for young people with presenting substance misuse and mental health problems*. Canberra: National Youth Affairs Research Scheme

Trott P (1996) The Queensland Northern Regional Health Authority telemental health project. *Journal of Telemedicine and Telecare*;2(Suppl. 1):98-104

Tsey K, Scrimgeour D, McNaught C (1998) *An evaluability assessment of central Australian mental health services: towards a more informed approach to mental health service planning and evaluation in Central Australia*. Darwin: Menzies School of Health Research

Tsey K, Every A (2000) Evaluating Aboriginal empowerment programs: the case of Family Wellbeing. *Australian and New Zealand Journal of Public Health*;24(5):509-514

Tsey K, Every A (2000) *Evaluation of an Aboriginal Empowerment Program*. (Occasional paper series, Issue 1.)Casuarina, NT: Cooperative Research Centre for Aboriginal & Tropical Health

Tsey K, Deemal A, Whiteside M, Gibson T (2003) *"It's an eye-opener for people to see you can change things": an evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York communities*. Cairns, Qld: Apunipima Cape York Health Council and University of Queensland, School of Population Health

Tsey K, Patterson D, Whiteside M, Baird L, Baird B, et al. (2003) Indigenous men taking their rightful place in society?: a follow up report. *Australian Journal of Rural Health*;11(6):285-286

Tsey K, Whiteside M, Deemal A, Gibson T (2003) Social determinants of health, the 'control factor' and the Family Wellbeing Empowerment Program. *Australasian Psychiatry*;11(Supplement):s34-s39

Tsey K, Whiteside M, Daly S, Deemal A, Gibson T, et al. (2005) Adapting the 'family wellbeing' empowerment program to the needs of remote Indigenous school children. *Australian and New Zealand Journal of Public Health*;29(2):112-116

University of Queensland (2005) *AIMhi: Indigenous stream*. Retrieved 31 August 2005 from <http://www.uq.edu.au/health/index.html?page=20333>

Urbis Keys Young (2001) *Evaluation of the emotional and social well being (mental health) action plan*. Canberra: Commonwealth Department of Health and Aged Care

Western Australia Youth Suicide Advisory Committee (1998) *Across government policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: YSAC

Wright M (2001) An alternative model of practice: Aboriginal community-based Inreach service for Aboriginal people with serious mental health issues. In: Dudgeon

P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:439-445

Wyles V (1977) The Aboriginal mental health movement: highlights of the Townsville conference. *Aboriginal Health Worker*;1(2):11-18

Youth Suicide Advisory Committee (1998) *Recommended policy and programs for preventing suicide and suicidal behaviour among Aboriginal youth in Western Australia*. Perth: Youth Suicide Advisory Committee

Counselling and treatment

Aboriginal Health Council of South Australia (1995) *Reclaiming our stories, reclaiming our lives: report of the Aboriginal Deaths in Custody Counselling project*. Adelaide: Aboriginal Health Council of South Australia

Agius T, Hamer J (2003) Thoughts on narrative therapy: contributions to Indigenous mental health. *Auseinetter*;18(2):8-9

Anonymous (1996) Drawing inspiration. *The Bulletin*;116(6045):82-83

Armstrong T (2004) *Counselling interventions and Indigenous mental health*. Retrieved 3 August 2005 from <http://www.medicineau.net.au/clinical/abhealth/abhealt1345.html>

Atkinson C, Underhill S (1997) *Exploratory report on Indigenous social and emotional well being therapies/programs*. Angle Park, SA: Adelaide Centre Community Health Service (Parks Unit)

Bailey J (2005) *You're not listening to me!/: Aboriginal mental health is different - don't you understand??* Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Cawte J (1968) *Australian ethnopsychiatry and frontier psychiatry*. Unpublished Doctor of Philosophy thesis, University of New South Wales, Sydney

Collard S, Garvey D (1993) Counselling and Aboriginal people: talking about mental health. *Aboriginal and Islander Health Worker Journal*;18(5):17-21

Collard S, Garvey D (1994) Talking about mental health. *Aboriginal and Islander Health Worker Journal*;18(5):17-21

de Crespigny C (2002) *Better medication management for Aboriginal people with mental health disorders and their carers: a pilot study in northern metropolitan Adelaide*. Adelaide: Flinders University, Aboriginal Drug and Alcohol Council

de Crespigny C, Kowanko I (2003) *Prescribed medication use and problems: an action research project to improve medication management by Aboriginal people with mental health problems, their carers and family members*. Paper presented at the

Healing the Spirits: 2nd National Conference on Drug and Alcohol. 12-14 May 2003, Adelaide

de Crespigny C, Kowanko I, Emden C, Murray H (2003) *Better medication management for Aboriginal people with mental health disorders and their carers: report on research conducted in Coober Pedy*. Adelaide: Flinders University School of Nursing and Midwifery, Aboriginal Drug and Alcohol Council (SA) Inc

de Crespigny C, Kowanko I, Murray H, Emden C, Wilson S (2005) Improving Indigenous health through better medication management: an overview. *Australian Journal of Primary Health*;11(1):17-23

Drew N (2001) Psychological testing with Indigenous people in Australia. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:325-333

Dudgeon P, Williams R (2001) Culturally appropriate therapies, models and services. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:389-393

Emden C, Kowanko I, de Crespigny C, Murray H (2005) Better medication management for Indigenous Australians: findings from the field. *Australian Journal of Primary Health*;11(1):80-90

Garvey D (2001) Communicating with Torres Strait Islander people. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:219-224

Gaston V (2005) *Partnerships in child and adolescent mental health: healthy communities through arts and health*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Gonzales H (2001) The mirage of traditional cross-cultural psychology in Australia. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:293-304

Gulash A, Saunders J, White P (1999) *'Tell the story': barriers to effective communication in mental health assessments for Aboriginal and Torres Strait Islander peoples: the development of culturally appropriate assessments for Aboriginal and Torres Strait Islander mental health consumers*. Wacol, Qld: Queensland Centre for Schizophrenia Research, Queensland Health

Hunter E (1993) Aboriginal mental health awareness: an overview, part five. *Aboriginal and Islander Health Worker Journal*;17(4):23-32

Hunter E (1993) Aboriginal mental health awareness: an overview, part four. *Aboriginal and Islander Health Worker Journal*;17(3):14-20

Hunter E (1993) Aboriginal mental health awareness: an overview, part six: signs and times. *Aboriginal and Islander Health Worker Journal*;17(5):13-19

Hunter E (1995) Is there a role for prevention in Aboriginal mental health? *Australian Journal of Public Health*;19(6):573-579

Hunter E (1995) Where the past meets the future: a role for prevention in Aboriginal mental health. In: Gregory G, ed. *The politics of rural health: how far have we come? Proceedings of the 3rd National Rural Health Conference*. Deakin West, ACT: National Rural Health Alliance:207-217

Hunter E (1997) Early intervention for Indigenous social and emotional health problems. *AusEinetter*;5(September)

Jackson Bowers E, Holmwood C, McCabe D (2002) *Models of primary health care psychotherapy and counselling: report for the Commonwealth Department of Health and Aged Care and the Access to Allied Health Task Group*. [Adelaide]: Primary Mental Health Care Australian Resource Centre, Department of General Practice, Flinders University

Kluetz AJ (2002) *Counselling issues of Australian Aboriginal females*. Unpublished Master of Science, University of Wisconsin-Stout

Kowanko I, de Crespigny C, Murray H (2003) *Better medication management for Aboriginal people with mental health disorders and their carers: final report 2003*. Adelaide: Flinders University School of Midwifery and the Aboriginal Drug and Alcohol Council (SA)

Kowanko I, de Crespigny C, Murray H (2003) *Better medication management for Aboriginal people with mental health disorders and their carers: report on research conducted in the Port Lincoln region*. Adelaide: Flinders University School of Nursing and Midwifery, Aboriginal Drug and Alcohol Council (SA) Inc

Kowanko I, de Crespigny C, Murray H, Groenkjaer M (2003) *Better medication management for Aboriginal people with mental health disorders and their carers: report on research conducted in the Port Augusta region*. Adelaide: Flinders University School of Nursing and Midwifery, Aboriginal Drug and Alcohol Council (SA) Inc

Mason S (2001) Art therapy. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:431-438

Mckelvie G, Mallard J (2001) Working therapeutically with Aboriginal families. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:271-286

Nagel T (2003) Involuntary mental health treatment in the remote Northern Territory. *Psychiatry, Psychology and Law*;10(1):171-178

National Health and Medical Research Council (1997) *Depression in young people: clinical practice guidelines*. Canberra: National Health and Medical Research Council

- Ober C, Schlesinger C (2005) *Development of an alcohol and other drugs (AOD) and mental health screening instrument for Aboriginal and Torres Strait Islander people*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs
- Ralph S (2001) Family and child counsellors working with Aboriginal families. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:209-218
- Slattery G (1987) Transcultural therapy with Aboriginal families: working with the belief system. *Australian and New Zealand Journal of Family Therapy*;8(2):61-70
- Sonn CC, Bishop BJ (2001) Contemporary psychology as a framework for working with Indigenous and other disenfranchised communities. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:293-304
- Towney LM (2005) The power of healing in the yarn: working with Aboriginal men. *International Journal of Narrative Therapy and Community Work*;2005(1):39-43
- Urbis Keys Young (2002) *National review of tele counselling and web counselling services*. Canberra: Department of Health and Ageing
- Vicary D, Andrews H (2000) Developing a culturally appropriate psychotherapeutic approach with Indigenous Australians. *Australian Psychologist*;35(3):181-185
- Vicary D (2001) A model of intervention. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:425-430
- Vicary D, Andrews H (2001) A model of therapeutic intervention with Indigenous Australians. *Australian and New Zealand Journal of Public Health*;25(4):349-351
- Vicary DA (2002) *Engagement and intervention for non-Aboriginal therapists working with Western Australian Aboriginal people*. Unpublished Doctor of Philosophy thesis, Curtin University of Technology, Perth
- Vicary D, Bishop BJ (2005) Western psychotherapeutic practice: engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist*;40(1):8-19
- Westerman TG (2002) *Psychological interventions with Aboriginal people (Connect)* Retrieved 18 July 2005 from <http://www.gtp.com.au/ips/inewsfiles/P2.pdf>
- Westerman TG (1997) *Frameworks of working with Aboriginal communities (Psychologically speaking)*. Retrieved 8 November 2005 from http://www.gtp.com.au/ips/inewsfiles/Frameworks_of_Working_with_Aboriginal_People.pdf
- Westerman TG (2004) Engagement of Indigenous clients in mental health services: what role do cultural differences play? [guest editorial]. *Australian e-Journal for the*

Advancement of Mental Health;3(3) Retrieved 16 March 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/westermaneditorial.pdf>

Wettinger M (1997) Psychological assessment and intervention (Psychologically speaking). Retrieved 8 November 2005 from http://www.gtp.com.au/ips/inewsfiles/Psychological_Assessment_of_Aboriginal_People.pdf

Mental health workforce

Australian Medical Workforce Advisory Committee (1999) *The specialist psychiatry workforce in Australia: supply, requirements and projections 1999-2010*. (AMWAC report 1999.7) Sydney: Australian Medical Workforce Advisory Committee

Bartik W, Dixon A (2005) *Aboriginal and Torres Strait Islander mental health training opportunities in the bush*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs

Casey W (2001) Cultural empowerment: partnerships of practice. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:403-410

Cawte J (1968) *Australian ethnopsychiatry and frontier psychiatry*. Unpublished Doctor of Philosophy thesis, University of New South Wales, Sydney, New South Wales

Coaby C (1987) Teaching mental health. *Aboriginal Health Worker*;11(1):7-13

Cord-Udy N (2004) The Medical Specialist Outreach Assistance Programme in South Australia at 2 years. *Australasian Psychiatry*;12(2):161-165

Dudgeon P, Garvey D, Pickett H (2000) *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press

Dudgeon P (2001) Working with Aboriginal communities: the challenges. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:341-348

Ford S (2003) Bridging cultures: psychologists working with Aboriginal clients. *InPsych*;October 2003 Retrieved 15 August 2005 from http://www.psychology.org.au/publications/inpsych/12.2_40.asp

Garvey D (2001) Communicating with Torres Strait Islander people. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:219-224

Hunter E (1993) Aboriginal mental health awareness: an overview, part three. *Aboriginal and Islander Health Worker Journal*;17(2):16-19

- Kelly K, Johnson L, Stanley V, O'Shea K, Wheeler T (1997) The development of culturally appropriate mental health training in Far North Queensland. *Rural and remote Australia: health for all by the year 2000. Conference papers 4th National Rural Health Conference. Perth, Western Australia February 9-12 1997*. Deakin West, ACT: National Rural Health Alliance:363-368
- Lowe P (2001) Experiences of a clinical psychologist. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:335-340
- Parker R (2003) The Royal Australian and New Zealand College of Psychiatrists statement on Indigenous mental health workers. *Aboriginal and Islander Health Worker Journal*;27(1):3-6
- Parker R (2003) The Indigenous mental health worker. *Australasian Psychiatry*;11(3):295-297
- Parker R (2003) An initiative in cross-cultural psychiatry: the Royal Australian and New Zealand College of Psychiatrists' Statement on Indigenous mental health workers. *Transcultural Psychiatry*;40:611-617
- Ralph S (2001) Family and child counsellors working with Aboriginal families. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:209-218
- Smallwood G (1996) Aboriginality and mental health. In: Clinton M, Nelson S, eds. *Mental health and nursing practice*. Sydney: Prentice-Hall:103-118
- The Royal Australian and New Zealand College of Psychiatrists, Aboriginal and Torres Strait Islander Mental Health Committee (2005) *Submission to the Productivity Commission on Health Workforce, July 2005: the status and role of Aboriginal and Torres Strait Islander mental health workers*. Retrieved 30 August 2005 from <http://www.ranzcp.org/pdf/files/submissions/Indigenous%20submission.pdf>
- Vicary DA (2002) *Engagement and intervention for non-Aboriginal therapists working with Western Australian Aboriginal people*. Unpublished Doctor of Philosophy thesis, Curtin University of Technology, Perth
- Walker R, McPhee R, Osborner R (2001) Critical reflections for professional development. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:311-323

Mental health – other

Adams MJ (2001) *How Aboriginal and Torres Strait Islander men care for their health: an ethnographic study*. Unpublished Master of Arts (Indigenous Research and Development) thesis, Curtin University of Technology, Perth

Australian National Association for Mental Health, Lowah, T (1980) *Aboriginals and mental health: "hitting our heads against a brick wall", 4th-6th July 1980*. Sydney: Australian National Association for Mental Health

Australian Psychological Society (2000) *Australian Indigenous psychologies*. Melbourne: Australian Psychological Society

Berends LB (2000) *Effective coping among Aboriginal and Dutch Australians: the influence of culture*. Unpublished Doctor of Philosophy thesis, Monash University, Melbourne, Victoria

Bianchi GN, Cawte JE, Kiloh LG (1970) Cultural identity and the mental health of Australian Aborigines. *Social Science and Medicine*;3:371-87

Bonner NT (1980) Aborigines and mental health. *Aboriginal Health Worker*;4(3):4-14

Brown A, Blashki G (2005) Indigenous male health disadvantage: linking the heart and mind. *Australian Family Physician*;34(10):813-819

Burdekin B, Guilfoyle M, Hall D (1993) *Human rights and mental illness: report of the National Inquiry into the Human Rights of People with Mental Illness*. Canberra: Australian Government Publishing Service

Cawte J (1972) *Cruel, poor and brutal nations: the assessment of mental health in an Australian Aboriginal community by short-stay psychiatric field team methods*. Honolulu: University Press of Hawaii

Cawte J (1976) Social and cultural influences on mental health in Aboriginal Australia: a summary of ten years' research. *Transcultural Psychiatric Research Review*;April:23-38

Christophers R (1965) *A survey of Aborigines in Claremont Mental Hospital, 1965*. Unpublished Diploma of Clinical Psychology thesis, University of Western Australia, Perth

Coaby C (1981) Aboriginal mental health. *Aboriginal Health Worker*;5:3-15

Collinson SL, Copolov DL (2004) Challenges and opportunities for mental health research in Australia. *Journal of Mental Health*;13(1):29-36

Crawford F, Dudgeon P, Garvey D, Pickett H (2000) Interacting with Aboriginal communities. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous*

- Australians: a handbook for psychologists*. Perth: Gunada Press, Curtin Indigenous Research Centre, Curtin University of Technology:185-201
- Daly AE, Smith DE (2003) *Reproducing exclusion or inclusion?: implications for the wellbeing of Indigenous Australian children*. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University
- Daly A, Smith D (2005) Indicators of risk to the wellbeing of Australian Indigenous children. *Australian Review of Public Affairs*;6(1):39-57
- Davidson G (2000) The importance of interpersonal communication skills in intercultural contacts. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press, Curtin Indigenous Research Centre, Curtin University of Technology:181-183
- Davidson G, Sanson A, Gridley H (2000) Australian psychology and Australia's Indigenous people: existing and emerging narratives. *Australian Psychologist*;35(2):92-99
- Davidson G (2002) Toward an applied Aboriginal psychology. In: Bolitho FH, Carr SC, eds. *Psychology in the South Pacific: global, local and glocal applications*. New Zealand: Massey University:102-119. Retrieved 16 June 2005 from <http://spjp.massey.ac.nz/books/bolitho/contents.shtml>
- Davis J (1975) The traumas affecting Aboriginal children and which retard their progress. *Identity*;(April):3-4
- Deemal A (2001) 'What choice do we have, there's no place to go': young women's emotional and mental health study. *Aboriginal and Islander Health Worker Journal*;25(5):28-31
- Dudgeon P, Collard S, Pickett H (1997) *Reconciliation and psychology: Indigenous Australian perspectives*. Paper presented at the Fifth International Symposium on the Contribution of Psychology to Peace: the Psychology of Reconciliation. 7-11 July 1997, International Conflict Resolution Centre, Melbourne
- Dudgeon P, Pickett H (2000) Psychology and reconciliation: Australian perspectives. *Australian Psychologist*;35(2):82-87
- Dunlop S (1988) *All that Rama Rama mob: Aboriginal disturbed behaviour in Central Australia*. Alice Springs: Central Australian Aboriginal Congress
- Eastwell HD (1978) *The state of risk for psychiatric illness among the tribes of north Australia*. Unpublished Doctor of Medicine thesis, University of New South Wales, Sydney
- Eastwell HD (1985) Urban aborigines: lifestyle and psychiatric disorders. *Patient Management*;9(1):63-68

- Fagan P (1991) *Mental health problems among Aboriginal people in New South Wales*. Unpublished Master of Public Health thesis, University of Sydney, Sydney
- Fielder J, Roberts J, Abdullah J (2000) Research with Indigenous communities. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press, Curtin Indigenous Research Centre, Curtin University of Technology:349-356
- Finlayson J (1991) *Don't depend on me: autonomy and dependence in an Aboriginal community in North Queensland*. Unpublished Doctor of Philosophy thesis, Australian National University, Canberra
- Forero R (2002) *Issues in adolescent mental health: approaches to population-based surveys with complex sampling design*. Unpublished Doctor of Philosophy thesis, University of New South Wales, Sydney
- Gault EJ (1968) Psychiatric and behavioural disturbances in adolescent Aborigines in Victoria. *Australian and New Zealand Journal of Psychiatry*;2:128-133
- Gault EI, Krupinski J, Stoller A (1970) Psychosocial problems of adolescent Aborigines in Victoria. *Australian and New Zealand Journal of Psychiatry*;4(1):24-33
- Gault EI, Krupinski J, Stoller A (1970) Psychosocial problems of Aboriginal adolescents and their sociocultural environment. *Australian and New Zealand Journal of Psychiatry*;4(1):174-82
- Gridley H (2000) The Australian Psychological Society and Australia's Indigenous people: a decade of action. *Australian Psychologist*;35(2):88-91
- Hawley G (2002) *A phenomenological study of the health-care related spiritual needs of multicultural Western Australia*. Unpublished Doctor of Philosophy thesis, Curtin University of Technology, Perth
- Health Department of Western Australia (1992) *Mental health disorders: book of readings*. Perth: Health Department of Western Australia
- Hoban R, Rumbalara Community (2002) Mental health promotion and work: Rumbalara Community's roundtable discussion 2002. *Australian e-Journal for the Advancement of Mental Health*;1(3) Retrieved 15 June 2005 from <http://auseinet.flinders.edu.au/journal/vol1iss3/hoban.pdf>
- Hunter E (1991) Aboriginal mental health. In: Kosky R, Eshkevari H, Carr V, eds. *Mental health and illness: a textbook for students of health sciences*. Sydney: Butterworth-Heinemann:305-312
- Hunter E (1992) Aboriginal adolescents in remote Australia. In: Kosky R, Kneebone G, Salimi Eshkevari H, eds. *Breaking out: challenges in adolescent mental health in Australia*. Canberra: Australian Government Publishing Service:75-88

- Hunter E (1993) Aboriginal mental health awareness: an overview. *Aboriginal and Islander Health Worker Journal*;17(2):16-19
- Hunter E (1993) *Aboriginal health and history: power and prejudice in remote Australia*. Cambridge: Cambridge University Press
- Hunter E (1993) Aboriginal mental health awareness: an overview, part seven. *Aboriginal and Islander Health Worker Journal*;17(6):21-27
- Hunter E (1994) Aboriginal mental health: an overview: part 8, Mental health emergencies. *Aboriginal and Islander Health Worker Journal*;18(3):21-25
- Hunter E (1995) 'Freedom's just another word': Aboriginal youth and mental health. *Australian and New Zealand Journal of Psychiatry*;28:374-384
- Hunter E (1995) The social context of Aboriginal mental health. *Australasian Psychiatry*;3(6):411-415
- Hunter E (1995) Aboriginal mental health: an overview: part 10, Child development, section A. *Aboriginal and Islander Health Worker Journal*;19(1):12-17
- Hunter E (1995) Aboriginal mental health: an overview: part 10, Child development, section B. *Aboriginal and Islander Health Worker Journal*;19(6):19-25
- Hunter E (1995) *Changing patterns of serious mental disorder in Aboriginal communities: preliminary reflections*. Paper presented at the Conference on Aboriginal Health: Social and Cultural Transitions. Northern Territory University, Casuarina, Northern Territory, 28 - 30 September 1995
- Hunter E (1997) Double talk: changing and conflicting constructions of Indigenous mental health. *Australian and New Zealand Journal of Psychiatry*;31(6):820-827
- Hunter E (1997) Mental health: is this a public health issue? *Australian and New Zealand Journal of Public Health*;21(6):649-656
- Hunter E (1998) Ways of seeing: changing directions in the health of Indigenous populations. *Clinical Child Psychology and Psychiatry*;3(4):519-530
- Hunter E (1999) Considering the changing environment of Indigenous child development. *Australasian Psychiatry*;7(3):137-140
- Hunter E (2001) *Finding words for it: the contested prose, poetry, politics and practice of Indigenous 'mental health'*. Paper presented at the Power of Knowledge, the Resonance of Tradition: Indigenous Studies Conference. Canberra
- Hunter E (2003) Mental health. In: Thomson N, ed. *The health of Indigenous Australians*. South Melbourne: Oxford University Press:127-157

- Hunter E (2004) Commonality, difference and confusion: changing constructions of Indigenous mental health [guest editorial]. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved from <http://auseinet.flinders.edu.au/journal/vol3iss3/huntereditorial.pdf>
- Hunter E (2000) Unmet need in Indigenous mental health: where to start? In: Andrews A, Henderson S, eds. *Unmet need in psychiatry: problems, resources, responses*. Cambridge: Cambridge University Press:356-362
- Jones IH, Horne DJ (1972) Diagnosis of psychiatric illness among tribal Aborigines. *Medical Journal of Australia*;1(8):345-349
- Jones IH, Horne DJ (1973) Psychiatric disorders among Aborigines of the Australian Western Desert: further data and discussion. *Social Science and Medicine*;7(3):219-28
- Jorm A, Griffiths K, Christensen H, Medway J (2002) *Research priorities in mental health*. Canberra: Commonwealth Department of Health and Ageing
- Kamien M (1976) Psychiatric disorders in Bourke Aboriginal adults. *Medical Journal of Australia*;2 Suppl(3):11-16
- Kidd M (1998) *Aboriginal mental health and economic rationalism: the great misunderstanding*. Paper presented at the Social Justice, Social Judgement Conference. April 1998, Sydney
- Kohn G, Morley B, Pirkis J, Blashki G, Burgess P (2005) *Evaluating the access to allied health services component of the better outcomes in mental health care initiative: fourth interim evaluation report*. Melbourne: Program Evaluation Unit, University of Melbourne
- Kidson MA (1967) Psychiatric disorders in the Walbiri, Central Australia. *Australian and New Zealand Journal of Psychiatry*;1:14-18
- Kidson M, Jones I (1968) Psychiatric disorders among Aborigines of the Australian Western Desert. *Archives of General Psychiatry*;19(4):413-417
- Kyaw O (1992) *Aboriginal psychiatry in the making [submitted to the Royal Australian and New Zealand College of Psychiatrist to fulfil the requirement by Fellowship Board of the College for Fellowship Award]*. Unpublished.
- Kyaw O (1993) Mental health problems among Aborigines. *Mental Health in Australia*;5(2):30-36
- McCoy BF (2004) *Kanyirninpa: health, masculinity and wellbeing of desert Aboriginal men*. Unpublished Doctor of Philosophy thesis, University of Melbourne, Melbourne, Victoria
- McKendrick JH (1987) *A psychosocial survey of an urban Aboriginal general practice population*. Unpublished DPM thesis, University of Melbourne, Melbourne

McKendrick J (1988) Psychiatric morbidity in urban Aboriginal adults: a cause for concern. In: Chiu E, Minas I, eds. *Mental Health of Ethnic Communities*. Melbourne: St Vincent's Hospital and VTPU

McKendrick J, Cutter T, Mackenzie A, Chiu E (1992) The pattern of psychiatric morbidity in a Victorian urban Aboriginal general practice population. *Australian and New Zealand Journal of Psychiatry*;26:40-47

McKendrick J, Thorpe M (1995) The mental health of Aboriginal communities. In: Jorm A, ed. *Men and Mental Health*. Canberra: National Health and Medical Research Council

McKendrick J (1997) Aboriginal reconciliation: a role for psychiatrists? *Australian and New Zealand Journal of Psychiatry*;31(5):617-621

Mental Health Council of Australia (2000) *Inquiry into the needs of urban dwelling Aboriginal and Torres Strait Islander peoples*. Canberra: Mental Health Council of Australia

Merritt S (1999) Indigenous health and early intervention: addressing and acknowledging the influences of the past. *AusEinetter*;(8th March 1999):2-3

Miller B (1992) Learned helplessness and Aboriginal intracultural crime and violence. *South Pacific Journal of Psychology*;5:38-44

Mitchell IS (1978) *Aborigines on the move: personal adjustment in the resettlement of Aboriginal families: a psychosocial study*. Unpublished Doctor of Philosophy thesis, University of New South Wales, Sydney, New South Wales

Moon L, Meyer P, Grau J (1999) *Australia's young people - their health and wellbeing 1999: the first report on the health of young people aged 12-24 years by the Australian Institute of Health and Welfare*. Canberra: Australian Institute of Health and Welfare.

Morice RD (1976) Woman dancing dreaming: psychosocial benefits of the Aboriginal outstation movement. *Medical Journal of Australia*;2(25-6):939-942

Mundy C (2001) *Aboriginal mental health: well..well..well..*. Braddon, ACT: National Aboriginal Community Controlled Health Organisation

Nagel T (2005) Mental illness can be something chronic. *The Chronicle*;8(4):5-7

Nathan P, Japanangka D (1983) *Health business: a community report for the Central Australian Aboriginal Congress and its people*. Melbourne: Heinemann Educational Australia

National Aboriginal Mental Health Association (1979) *Aborigines look at mental health: proceedings of the inaugural conference of the National Aboriginal Mental Health Association, Sydney, 26-30 November 1979*. Matraville, NSW: The Aboriginal Health Worker

- National Aboriginal Mental Health Conference (1993) *National Aboriginal Mental Health Conference: Ourway: summary*. Paper presented at the National Aboriginal Mental Health Conference. 25-27 November 1993, Sydney
- National Health and Medical Research Council (1993) *Scope for prevention in mental health*. Canberra: National Health and Medical Research Council
- O'Brien AP (2000) *The development of mental health in Koori adolescents: stories and memories from their youth*. Unpublished Doctor of Philosophy thesis, University of New England, Armidale, New South Wales
- O'Kane A (1998) Understanding mental illness in Central Australia: the Knowledge Resource Base approach. *CARPA Newsletter*;28:26-30
- Osborne PD (1982) Mental health. *The other Australia: the crisis in Aboriginal health*. Hobart: University of Tasmania:29-50
- O'Shane P (1995) The psychological impact of white settlement on Aboriginal people. *Aboriginal and Islander Health Worker Journal*;19(3):24-29
- Oxenham D (2001) Aboriginal terms of reference. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:109-125
- Paradies Y (2004) *A review of the relationship between psychosocial stress and chronic disease for Indigenous and African American peoples*. Darwin: Cooperative Research Centre for Aboriginal Health
- Parker R, Milroy H (2003) Schizophrenia and related psychosis in Aboriginal and Torres Strait Islander people. *Aboriginal and Islander Health Worker Journal*;27(5):17-19
- Petchkovsky L (2000) "Stream of consciousness" and "ownership of thought" in Indigenous people in Central Australia. *Journal of Analytical Psychology*;45(4):577-597
- Poelina A, Perdrisat I (2000) *A study into Indigenous mental health terminology and mental health promotion using principles of ethnographic participatory action research*. (Technical report no. 00-003) Perth: Madjulla Aboriginal Corporation and the Centre for Mental Health Services Research Inc.
- Raphael B, Swan N (1997) The mental health of Aboriginal and Torres Strait Islander people. *International Journal of Mental Health*;26(3):9-22
- Reser J (1994) Representations of psychology in Aboriginal Australia. *Network*;9(1):1-11
- Riley R (1997) *From exclusion to negotiation: the role of psychology in Aboriginal social justice*. Perth: Indigenous Research Centre, Curtin University

Robinson P (1998) *Bridging the gap: second progress report*. Adelaide: Division of Mental Health

Rowlands R (2001) *The experience of anger in Aboriginal female prisoners: anger, shame and self-esteem*. Unpublished Bachelor of Psychology (Honours) thesis, University of South Australia, Adelaide, South Australia

Schuhmacher CS (2000) *Dreamtime: a link to mental health*. Plumpton, NSW: [The Author]

Seru G (1994) Mental health issues for Elders with a focus on Grannies. *Aboriginal and Islander Health Worker Journal*;18(1):13

Sheehan M, Ridge D, Marshall B (2002) 'This was a great project!': reflections on a 'successful' mental health promotion project in a remote Indigenous school. *Health Promotion Journal of Australia*;13(3):201-204

Sheldon M (1997) *Psychiatric assessment in remote Aboriginal communities of Central Australia*. Unpublished Dissertation for Fellowship of the Royal Australian and New Zealand College of Psychiatrists

Sheldon M (2001) Psychiatric assessment in remote Aboriginal communities. *Australian and New Zealand Journal of Psychiatry*;35(4):435-442

Sheldon M (2001) Psychiatric assessment in remote Aboriginal communities. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:371-382

Sheldon Remote Mental Health Team (2004) *Leave only footprints: cultural sustainability and mental health in a remote Aboriginal setting*. Retrieved 11 July 2005 from <http://www.sarrah.org.au/sarrah/Papers/Sheldon.pdf>

Sherwood J (2005) Mental health issues from an Indigenous perspective. *Aboriginal and Islander Health Worker Journal*;29(3):28-29

Sibthorpe B (1988) *'All our people are dyin': diet and stress in an urban Aboriginal community*. Unpublished Doctor of Philosophy thesis, Australian National University, Canberra

Spencer DJ (1983) Psychiatric dilemmas in Australian Aborigines. *International Journal of Social Psychiatry*;29(3):208-214

Statewide Aboriginal Youth Forum (1999) *Reclaiming our future: the voice of youth: report of the Statewide Aboriginal Youth Forum, June 1999 [videorecording]*. Perth: Office of Aboriginal Health

Stevens C (1999) *The effect of mood and perceived ethnic threat on racist beliefs, prejudice and stereotypes*. Unpublished Graduate Diploma of Psychology thesis, Griffith University, Queensland

- Thorpe L, Hall S (2000) *Conflicts and challenges in Indigenous mental health research*. Paper presented at the 12th National Health Promotion Conference, Inequalities in Health - reflecting back, stepping forward. 29th October - 1st November, Melbourne, Australia
- Turale S (1990) Aboriginal mental health: who's looking glass are we using? *Journal of Australian College of Mental Health Nurses*;1(2):28-29
- Turale S (1992) *Aboriginal mental health and illness perspectives: the lived experiences of a group of Koories in Ballarat, Victoria*. Unpublished Master of Nursing Studies thesis, La Trobe University, Melbourne
- Turale S (1994) Ballarat Koorie life experiences: learning about Koorie perceptions of mental health and illness. *Australian Journal of Mental Health Nursing*;3(1):16-28
- Turner JV (2005) *Targeting Aboriginal health in Aboriginal terms: lessons from the Top End*. Paper presented at the 8th National Rural Health Conference. 10-13 March 2005, Alice Springs
- Tynan M (2003) *Trust and psychosocial stress in an urban Aboriginal community*. Unpublished Doctor of Philosophy thesis, Australian National University, Canberra
- Vicary D (2001) Contemporary psychology and Indigenous peoples. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:287-292
- Vicary D, Dudgeon P (2001) Do you want to hear a secret?: issues in confidentiality when working with Aboriginal clientele. In: Dudgeon P, Garvey D, Pickett H, eds. *Working with Indigenous Australians: a handbook for psychologists*. Perth: Gunada Press:357-363
- Vicary D, Westerman TG (2004) "That's just the way he is": some implications of Aboriginal mental health beliefs. *Australian e-Journal for the Advancement of Mental Health*;3(3) Retrieved 15 January 2005 from <http://auseinet.flinders.edu.au/journal/vol3iss3/vicarywesterman.pdf>
- Wade T (2004) Hope for Indigenous mental health. *PARC Update*;9:4-5
- Watson BK (1986) *A critical examination of the learned helplessness model as applied to Queensland Aboriginal delinquents from Category 2 communities*. Unpublished Master of Arts thesis, James Cook University, Townsville
- Webber DL (1980) Mental health problems amongst Aboriginal children of North Australia. *International Journal of Social Psychiatry*;26(2):118-23
- Westerman TG (2002) *Mental health promotion and Aboriginal people: what does it all mean? [powerpoint presentation]*. Paper presented at the Mental Health Promotion and Illness Prevention Symposium. 18-19 March 2002, Perth

Whiteford H (2000) Introduction: the Australian Mental Health Survey. *Australian and New Zealand Journal of Psychiatry*;34:193-196

Winch J (1989) Aboriginal youth. *New Doctor*;70(Summer):22-25

Wright M (1996) Mental health study at a major city hospital. *Aboriginal and Islander Health Worker Journal*;20(3):19-22

Wright M (1997) *Reconciliation, alive and well in the mental health field*. Paper presented at the Mental Health Services Conference 'Tapestry weaving the threads together: contemporary themes in mental health'. Sydney

Mental health promotion resources

Australian Integrated Mental Health Initiative (2004) 5 minute therapy? - no worries! [flip chart]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (2004) Making change? Yaka worries! [flip chart]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (2005) What is depression? [information sheet]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (2005) What is psychosis? [information sheet]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (2005) What is mania? [information sheet]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (2005) What keeps us strong? Worries which can take away our strength [information sheet]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Australian Integrated Mental Health Initiative (nd) Sad hearted [cd-rom]. Brisbane: Australian Integrated Mental Health Initiative, University of Queensland

Children Youth and Women's Health Service (nd) Aboriginal - a new baby. Retrieved 31 August 2005 from <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=99&id=2279>

Indigenous Substance Misuse Health Promotion Unit (nd) Telling your story: getting over grief [pamphlet]. Kent Town, SA: Indigenous Substance Misuse Health Promotion Unit, Aboriginal Drug and Alcohol Council (SA) Inc.

Indigenous Substance Misuse Health Promotion Unit (nd) What do we tell the children? [pamphlet]. Kent Town, SA: Indigenous Substance Misuse Health Promotion Unit, Aboriginal Drug and Alcohol Council (SA) Inc.

Indigenous Substance Misuse Health Promotion Unit (nd) Sorry business: grief and loss [pamphlet]. Kent Town, SA: Indigenous Substance Misuse Health Promotion Unit, Aboriginal Drug and Alcohol Council (SA) Inc.

Lifeline (2004) Help when you're feeling down [pamphlet]. Lifeline

Lifeline (2004) Aboriginal suicide prevention information [pamphlet]. Lifeline

Northern Sydney Health Promotion (2000) *Learn to relax: a workbook on relaxation and stress management techniques for the Indigenous community [kit]*. Crows Nest, NSW: Northern Sydney Health Promotion

Streetwize Communications (2005) Something on my mind! [booklet]. Redfern, NSW: Streetwize Communications

Wirringa Baiya Aboriginal Women's Legal Centre (2002) Depression and self-harm [information sheet]. Retrieved 3 August 2005 from <http://wirringabaiya.org.au/printed%20resources/Info%20Sheet%2010/>