


# Co-designing research with Aboriginal and Torres Strait Islander consumers of mental health services, mental health workers, elders and cultural healers

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## Abstract

**Introduction:** The disparity in mental health outcomes compared with non-Indigenous Australians means that there is an urgent need to develop an evidence base around how services can better support Aboriginal and Torres Strait Islander communities. A critical first step is to embed cultural safety into research methodologies.

**Objective:** Here, we aim to establish the foundation of a research project through co-designing a qualitative interview with Aboriginal and Torres Strait Islander consumers and community members about experiences of cultural safety with mainstream mental health services.

**Design:** Voices of Aboriginal and Torres Strait Islander peoples must be empowered across all stages of research. An Aboriginal-led research team conducted focus groups to understand clear, sensitive, and culturally appropriate ways of asking about experiences in mental health care, to co-design an interview on this topic. Participants were Aboriginal and Torres Strait Islander consumers of mental health services, carers, mental health workers, Elders and Cultural Healers, living in Metropolitan and Regional Western Australia.

**Findings:** Results suggest that Indigenous governance, together with investing in ongoing, and meaningful cultural awareness and cultural safety training (cultural awareness being a first step towards safety) for non-Indigenous researchers, together with taking the time to build respectful partnerships with communities through ongoing consultation, were appropriate and comprehensive methods of co-designing an interview.

**Discussion:** The process of working with Aboriginal and Torres Strait Islander peoples in research is as important as the outcome. Aboriginal and Torres Strait Islander leadership, self-determination, and relationship building with communities are essential.

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**Conclusion:** Empowering co-design methodologies are flexible, iterative, and ensure that the experiences and views of participants are valued, leading to more meaningful results.

**KEYWORDS**

Aboriginal health, clinical psychology, community psychology, Indigenous health

## 1 | INTRODUCTION

Aboriginal and Torres Strait Islander peoples have lived and thrived in Australia for over 60 000 years, and have diverse and rich cultures.<sup>1</sup> Aboriginal and Torres Strait Islander peoples have a spiritual connection to the physical environment, and complex kinship systems which place each person securely within a relationship to every other person in the group. These structures ensured that each person was supported, and created an environment where well-being flourished.<sup>1</sup> However, the impacts of colonisation, genocide, and continuing discriminatory policies, including separating children from their families and kinship networks, have created a context for ongoing disadvantage, trauma, and high rates of mental health concerns for Aboriginal and Torres Strait Islander peoples.<sup>2</sup> Colonisation also occurred in the context of mental health research, where Indigenous knowledges and conceptualisations of health and well-being have been excluded and devalued.<sup>3,4</sup> These factors contribute to the gap in mental health outcomes between Aboriginal and Torres Strait Islander peoples, and non-Indigenous Australians.<sup>5</sup>

In order to close this gap and ensure holistic well-being, it is crucial that mainstream mental health services provide culturally safe care for Aboriginal and Torres Strait Islander peoples. A lack of cultural safety in mainstream services can be a significant barrier to providing appropriate support.<sup>6</sup> For example, culturally unsafe practices demean, or disempower the cultural identity and well-being of an individual.<sup>7</sup> Despite an urgent need for culturally safe mental health services, relatively little is known about the experiences of cultural safety in mental health services from the perspectives of Aboriginal and Torres Strait Islander peoples. In this paper, we outline the process of an Aboriginal-led research project which aims to explore experiences of cultural safety in mental health services and identify how mental health services can be culturally safe.

Rather than focusing on the outcomes of the research, the aims of this paper are to (1) highlight the significance of culturally safe research, and (2) demonstrate how this might be achieved. In recent years, there has been growing acknowledgement of the importance of research *processes*, as well as research outcomes (e.g., see [8–11]). For example, Lipscombe et al. (2021) argue that there should be a strong

### What is already known on this subject:

- Research with Aboriginal and Torres Strait Islander peoples should be conducted according to the NHMRC guidelines for ethical research
- Research with Aboriginal and Torres Strait Islander peoples should be done in an empowering, decolonising, and culturally safe way

### What this paper adds:

- This paper provides a detailed example of how a culturally safe research process was applied to working with Aboriginal and Torres Strait Islander peoples
- We describe and reflect on the process of how an Aboriginal Participatory Action Research approach was used to co-design a qualitative interview, including through partnership building, and under Aboriginal governance
- We describe and reflect on how non-Indigenous research team members began their training to work in culturally safe ways

focus on *how* a research project is conducted, rather than only highlighting the results. Our paper contributes to this emerging body of literature, and a wider effort to decolonise research with Aboriginal and Torres Strait Islander peoples. For example, the decolonising movement in Australian psychology seeks to acknowledge Indigenous standpoints and knowledges as having equal epistemological value as the dominant Western standpoints. The power imbalance between Western and Indigenous standpoints in knowledge construction and dissemination is deeply rooted in Australia's colonial history,<sup>12–14</sup> and this imbalance, as well as the equal epistemological value of Indigenous knowledges, has been recognised by institutions such as the Australian Psychological Society.<sup>15,16</sup>

### 1.1 | Cultural safety

The term cultural safety was first coined by Māori, in the context of inequity in mainstream health care services

in Aotearoa, New Zealand.<sup>17,18</sup> Cultural safety involves understanding dynamics of power relations in and between cultural groups,<sup>6</sup> and it requires culturally appropriate health care practices, which empower Aboriginal and Torres Strait Islander communities.<sup>19</sup> Culturally safe health care practices take into account culturally relevant concepts of health, which include spiritual balance and community well-being as well as physical and psychological well-being.<sup>20</sup> This requires consideration of the social and emotional well-being of Aboriginal and Torres Strait Islander peoples, as well as historical, political, and social determinants of well-being. These include connection to land, culture, spirituality, and ancestry; kinship; self-determination; community governance; and cultural continuity.<sup>21,22</sup>

Just as health and mental health practice need to be culturally safe,<sup>23</sup> any research which impacts Aboriginal and Torres Strait Islander peoples must be done in a culturally safe manner.<sup>9,24</sup> Culturally safe research empowers Aboriginal and Torres Strait Islander voices, it involves authentic partnerships with communities, and is led by Aboriginal and Torres Strait Islander peoples.<sup>6</sup> Culturally safe research also requires non-Indigenous researchers to reflect on their own cultural identity and relative power and privilege in society.<sup>24</sup>

This self-reflexivity is especially important given the historical context of unsafe and exploitative research done 'on' rather than 'with' Aboriginal and Torres Strait Islander peoples.<sup>8</sup> Non-Indigenous people have often done research relating to Indigenous peoples without prior consent, meaningful engagement or access to results or benefits of the research.<sup>3,25,26</sup> Indeed, research has historically been used to justify dehumanising, and oppressive policies and practices.<sup>3,25</sup> Therefore, when non-Indigenous researchers

are working in research with Aboriginal and Torres Strait Islander peoples, they need to work in a self-reflective manner, to be aware of biases shaped by dominant ways of knowing and engage in ongoing critical reflection.<sup>24,27-29</sup>

## 1.2 | The current research

The Transforming Indigenous Mental Health and Wellbeing project (<https://timhwb.org.au/>) is an example of a wide-reaching research program which follows an Indigenous and decolonising research approach. In this paper, we describe a project which forms part of the wider research program. This project ultimately aims to improve cultural safety in mainstream mental health services for Aboriginal and Torres Strait Islander peoples, by developing guidelines for Culturally Safe practice (see Figure 1). Here, we will focus on how the first phase of this project was conducted in order to establish a culturally appropriate research foundation.

To ensure that the results from this project are meaningful to Aboriginal and Torres Strait Islander peoples, the process of arriving at results needs to be culturally safe and appropriate.<sup>10</sup> For example, Harfield et al (2020) recommend considering whether the research responds to a need determined by communities, whether community members were engaged and consulted appropriately, and if the project was led by Aboriginal and Torres Strait Islander peoples. While one aim of our broader research project was to consult with community members to co-design a qualitative interview schedule, the process of how the research questions were designed, how focus groups were conducted, and how this knowledge was interpreted and disseminated are key factors to consider.<sup>10</sup>

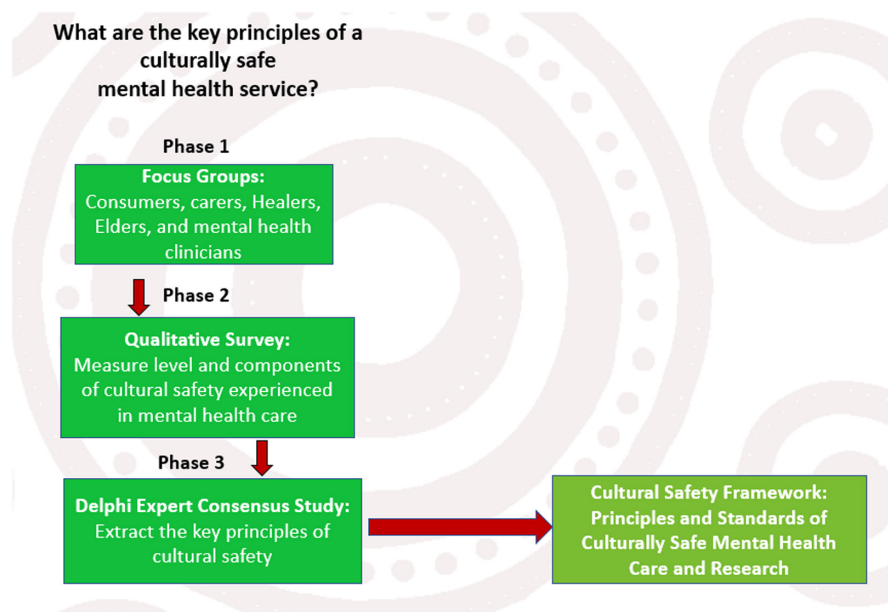


FIGURE 1 Steps within a culturally safe research process, where the research question is 'What are the key principles of a culturally safe mental health service?'

Consistent with an Aboriginal Participatory Action Research (APAR)<sup>8</sup> methodology, our Aboriginal-led research project was designed to be conducted in phases, using an iterative approach. This approach was adopted to ensure flexibility to align with community needs, relationship building with Aboriginal and Torres Strait Islander peoples and communities, and the integration of Indigenous knowledges into every stage of the research process. This approach is also consistent with the NHMRC core values for ethical research (spirit and integrity, cultural continuity, equity, reciprocity, respect, and responsibility).

Phase 1 focused on the co-design of a qualitative interview about experiences of cultural safety in mainstream mental health services with Aboriginal and Torres Strait Islander peoples. Phase 2 focuses on the delivery of this interview to a broader group of Aboriginal and Torres Strait Islander peoples (see Figure 2). This paper describes the process of designing and implementing the first phase, which enabled a culturally safe approach to the second phase of our project.

In summary, the aim of this paper is to highlight the significance of a culturally safe research process. We will describe an example of working with Aboriginal and Torres Strait Islander community members through a co-design process as a necessary first step towards improving cultural safety in mental health services, where the *process* of how the research is done is an outcome in itself. We acknowledge that while this is one example of a culturally safe research process, it is not the only 'correct' process. Indeed, in an effort to decolonise research methodologies, fixed conventions and methods are not necessarily helpful.<sup>11</sup>

## 2 | METHODS

In this section, we identify four key methodological considerations which are essential when working with Aboriginal and Torres Strait Islander peoples in research:

1. Indigenous governance
2. Training for non-Indigenous staff
3. Co-design processes and ongoing community engagement
4. Ethics

### 2.1 | Indigenous governance

In line with Aboriginal Participatory Action Research methodologies,<sup>8</sup> this project was led and governed by senior Aboriginal and Torres Strait Islander researchers

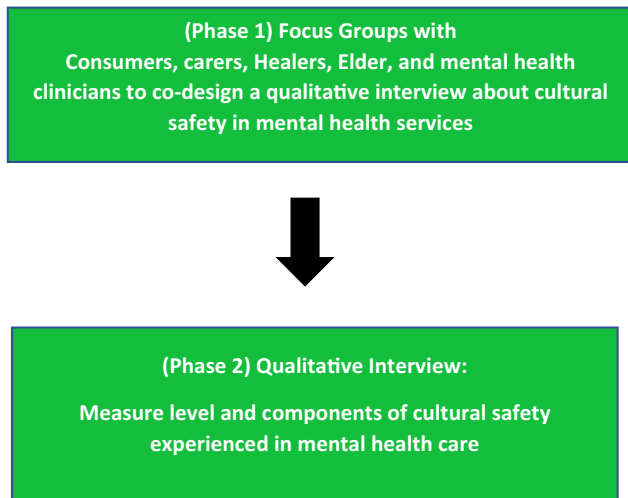
and clinicians,<sup>30–32</sup> who were working closely with non-Indigenous researchers. The team established an Aboriginal Advisory Group made up of Aboriginal chief investigators on the project to determine the research questions, and to advise on how to consult with community organisations and community members, as well as on how to construct questions and topics for the focus group yarning sessions. For example, to begin with, we asked partner organisations what we can do to help them, in line with our governing cultural principle of reciprocity (e.g., visit community partners on Country to present our research proposal).

### 2.2 | Training for non-Indigenous staff

The collaboration between Aboriginal and Torres Strait Islander researchers and non-Indigenous researchers is likely to be common among research teams working on issues that impact Aboriginal and Torres Strait Islander peoples. Therefore, it is important for non-Indigenous research team members to be trained to work in culturally safe ways with Aboriginal and Torres Strait Islander peoples. However, it is also important that the entire responsibility of training non-Indigenous researchers does not rest with Aboriginal and Torres Strait Islander members of the team. Below, we describe the process through which our non-Indigenous team members were trained at the onset of the research program.

Learning how to work in a culturally safe way is an ongoing process,<sup>33</sup> and what we describe here is what was done in the early phase of the project. Further, non-Indigenous researchers were provided with cultural awareness training, as a first step towards improving cultural sensitivity and cultural safety, by attending two workshops about the 'Dance of Life'.<sup>34</sup> The Dance of Life model is a framework which provides avenues for understanding mental health, health, and well-being among Aboriginal and Torres Strait Islander peoples via trauma-informed, and culturally relevant mediums which consider social and emotional well-being.

Non-Indigenous researchers also participated in a Cultural Exchange Program, with a group of Elders, which involved meeting and sharing a meal, over six, 4-h sessions. The aim was for team members to begin learning how to work with Aboriginal and Torres Strait Islander peoples in culturally safe ways. These sessions were facilitated by a senior Aboriginal community researcher, who created a safe space. The purpose of this program was to facilitate self-reflexivity, cultural understanding, and respect in the group of non-Indigenous researchers. For example, it is crucial for non-Indigenous researchers working in this field to understand how Western-trained



**FIGURE 2** Project plan to understand the key principles of a culturally safe mental health service, how Phase 1 informs Phase 2

researchers bring biases to research, and the contribution of colonial research methodologies to Indigenous disadvantage.<sup>27,29,35,36</sup>

The Cultural Exchange Program was developed, led and run by Aboriginal people, and encouraged an immersive and relational process between the non-Indigenous participants and Elders, in line with Aboriginal ways of knowing, being and doing.<sup>37</sup> In this context, the program moved beyond basic cultural awareness training, and allowed for listening, learning, and storytelling. Elders and the Aboriginal community researcher were appropriately compensated for their time, skills, and knowledge sharing.

## 2.3 | Co-design process and ongoing community engagement

As an initial step, two workshops were held where Aboriginal and Torres Strait Islander research team members discussed the concept of cultural safety, how it applies to mental health services, what kinds of questions could be presented in the Phase 1 focus groups, as well as how the focus groups could be conducted. For example, while broad and specific questions were discussed, there was agreement that there needed to be flexibility in how the questions should be adapted if required during any given session.

We presented our research proposal for Phase 1 and 2 to Aboriginal and Torres Strait Islander community partners, and the relevant sub-committees in charge of approving research projects for each region. This process confirmed that the research met the needs of the relevant communities and began the process of relationship building with these communities. This process also allowed us to incorporate region-specific feedback into our research

proposal, which guided the development of the questions that we asked the focus groups in Phase 1 of the project, and how we went about asking these questions. Below, we detail the process of running these focus groups.

### 2.3.1 | Focus groups

#### *Participants and Process*

Participants were 29 adults (18+ years old), from metropolitan and regional areas of Western Australia, and the Northern Territory, who identified as having Aboriginal and/or Torres Strait Islander heritage. Six different focus groups were held where (a) community members, consumers of mental health services, (b) mental health workers, and (c) Cultural Healers and Elders, were consulted in separate sessions. It was important to speak with these groups separately to understand the diversity in experiences as well as viewpoints. More detailed demographic information was not collected, as this phase was a pre-data collection, co-design phase of the project. Recruitment for the focus groups was conducted by working closely with partner Aboriginal Community Controlled Organisations, where participants were invited by managers working in these organisations.

The focus groups were facilitated by senior Aboriginal members of the research team, using a yarning methodology.<sup>38</sup> As the session usually ran for two to three hours, the research team provided catering and ample opportunities for breaks. Sharing food is another way to follow a governing cultural principle of reciprocity. The facilitator played a significant role, as the sessions required a balance between the exploration of sensitive questions (e.g., experiences using mental health services) and holding space for participants to share their stories. To ensure a safe space, we selected senior facilitators who had ample experience in guiding group discussions, and where possible, had existing relationships with community members. Another consideration was the gender of the group facilitator; for example, it would be inappropriate to have a male facilitator if discussing women's business, and vice versa for men. Finally, where possible, we held the different focus groups on Country, and in familiar settings. *Country* is a term used by Aboriginal and Torres Strait Islander peoples to describe the spiritual and physical connection and life-long responsibility to the lands, waterways and seas to which they or their ancestors were born.<sup>39</sup> Focus groups were therefore held in one metropolitan area, and two different regional areas within Western Australia.

After conducting six focus groups, we presented a summary of our results to participants of four groups. The purpose of this feedback was to ensure that the research team had accurately captured the views of participants, to

clarify any questions, and to provide opportunities for participants to provide other information. Not all participants from each group were available to receive this feedback, and due to COVID-19-related issues and access to technology, it was not convenient for participants of two focus groups to meet with us for a feedback session. In these cases, we provided a written summary of the results to participants for the opportunity to provide feedback. Our results were updated to incorporate feedback from the focus group participants, as part of our co-design process.

## 2.4 | Ethics

The project was designed in accordance with the NHMRC guidelines for ethical research<sup>40</sup> and the appropriate process for applying for ethics approval was followed. Ethics approval was received from WAAHEC (WAAHEC: HREC1037).

## 3 | RESULTS

Results of this paper will be presented in the following way. We will begin by outlining the process of conducting this first phase of our research project as an outcome in itself. That is, we will briefly describe why the process of engaging in the Cultural Exchange Program with Elders, consulting with Aboriginal members of the research team to determine what to explore within focus groups, engaging (i.e., ongoing consultation) with community members and local Aboriginal Community Controlled Organisations; and seeking support from appropriate research sub-committees, were essential elements in the process of learning about and conducting culturally safe research.

### 3.1 | Process as the outcome

#### 3.1.1 | Building relationships and authentic partnerships with communities

Within the context of colonisation, genocide, and decades of exploitative research,<sup>41</sup> researchers must learn to work in culturally safe ways with Aboriginal and Torres Strait Islander peoples and communities. A key finding from our research experience was the importance of building trust and rapport with community members and peak bodies (including research governance sub-committees, and Aboriginal Community Controlled Organisations). For example, through cultural awareness training and the Cultural Exchange Program, non-Indigenous researchers

were able to understand the importance of building trust, and to reflect on their own privilege in society and research. This understanding was an essential foundation to enable appropriate participation in this research. Furthermore, many focus groups ran successfully because of processes put in place to ensure relationship building (e.g., sharing food, travelling to Country, allowing time for yarning and rapport building). These processes were identified as important during workshops with Aboriginal members of the research team, further highlighting the need for Aboriginal and Torres Strait Islander leadership and governance in research with Aboriginal and Torres Strait Islander peoples. Finally, after we presented a summary of our findings to participants, overall, the feedback was positive. Participants reported that the results accurately reflected their views and voices. Some participants expressed interest in engaging in the next phase of the project and noted that this experience was different to previous negative experiences in research, where feedback was never provided.

#### 3.1.2 | Research cannot be ‘fast tracked’

Another key point is that the process of culturally safe research with Aboriginal and Torres Strait Islander peoples cannot be rushed. This finding was echoed in the qualitative data from Cultural Healers, who noted there is no ‘fast-track’ to cultural safety. Cultural Healers assist in healing of the mind, body and the spirit through practices which use the natural environment, the spirit world (including totems and their dreaming) and plants in addition to advice about attitude, behaviour and faith in their spiritual connections.<sup>42</sup>

Relative to mainstream research, which is typically focused on outcomes, research with Aboriginal and Torres Strait Islander peoples can take more time, and requires constant critical reflection on the part of non-Indigenous researchers.<sup>24</sup> Of course, this is for good reasons. As mentioned above, it takes time to build trusting relationships and partnerships, especially following a history of colonisation and oppression in the context of research.<sup>32,41</sup> Therefore, it is important to embed the required time and resources into planning projects. For example, consider the time required for applying for ethics approval when writing grant applications, and timelines, and consider the resources required to adequately compensate Aboriginal and Torres Strait Islander community researchers, participants, and any reference or advisory group members for their time and knowledges. Resources also need to be allocated to travel, as it is important to meet with Aboriginal and Torres Strait Islander peoples on Country whenever possible. Finally, to ensure Indigenous governance and

self-determination, Aboriginal and Torres Strait Islander researchers should lead research relating to Aboriginal and Torres Strait Islander peoples. In this case, the team also consisted of non-Indigenous researchers who were provided the opportunity to develop self-reflexivity through training in cultural awareness and building relationships with Elders, as a pathway to cultural safety. This created a context for mutual learning, up-skilling, and capacity building.

### 3.2 | Co-design of qualitative interview

The process of conducting focus groups, and the results of focus groups, together informed the qualitative interview to be used in Phase 2 of this research project. First, participants highlighted the benefit of administering the interview in small groups as well as allowing for more than one opportunity to talk about experiences. Second, participants noted the importance of creating a safe space to discuss sensitive topics, such as mental health. Third, researchers must allow enough time for rapport building, and the choice of facilitator/interviewer was emphasised. We were also advised to use a yarning methodology, and to allow for regular breaks. In terms of how data is collected, feedback from the focus groups revealed that it is more culturally appropriate to follow qualitative research methods to record the experiences of Aboriginal and Torres Strait Islander peoples, as narratives and storytelling are culturally relevant mediums for sharing knowledge. Furthermore, some responses (e.g., from Cultural Healers) were represented through artwork and drawings, as visual representations of concepts around mental health and cultural safety. This is consistent with culturally appropriate research and data collection methodologies which have been outlined.<sup>9,38,43</sup>

We will use the results from this phase to inform our research moving forward, in Phase 2. Specifically, we will use these results to co-design a qualitative interview under the guidance of an Aboriginal reference group and continue to consult with Aboriginal and Torres Strait Islander experts on our research team, and community partners.

## 4 | DISCUSSION

In this paper, we describe the process of implementing Phase 1 of a research project, where we aim to understand the key characteristics of a culturally safe mental health service for Aboriginal and Torres Strait Islander peoples. The aim of this first phase of the project was to co-design a qualitative interview to administer to a diverse group of Aboriginal and Torres Strait Islander peoples about

experiences of cultural safety (i.e., Phase 2). We outlined the process of how this co-design phase was developed and implemented, following an Aboriginal Participatory Action Research methodology.<sup>8</sup> We highlighted how the process of conducting this research is an outcome in itself.

Viewing a culturally safe research process as an outcome is consistent with findings from a project where researchers worked with Aboriginal women from the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) region in remote central Australia, to understand how to improve service delivery for women experiencing sexual violence.<sup>9</sup> Authors state that following a flexible and iterative approach to working with communities when trying to understand issues which are relevant to those communities is essential.<sup>9</sup> This is because following a methodology based in culturally safe principles (rather than a strict protocol) creates a safe space for knowledge sharing and allows the research process to be adapted to diverse cultural contexts. In this way it can be applied when working with diverse Aboriginal and Torres Strait Islander communities.<sup>9</sup>

Furthermore, it results in a power shift from the dominant Western style of research, which has been harmful to Indigenous peoples, to an approach which values lived experiences and Indigenous knowledges.<sup>9</sup> Since the level of cultural safety of a service is determined by the consumer,<sup>17</sup> then when studying cultural safety in research, it needs to be clear to both researchers and participants that the voices of consumers, their families, and communities are valued. Researchers should be willing to create safe and culturally appropriate environments for experiences to be shared.

### 4.1 | Critical reflections

On reflection, the research team proposed the following ways the process of conducting this project could have been made more culturally safe. Firstly, smaller groups (5–6 people) may have provided some people with more of a chance to talk about their experiences, compared to what we generally had (8–10 people). However, groups with fewer than 4 people would not provide the diversity of experiences that we were hoping to understand.

Second, we could have spent more time building relationships with participants from one region, where we did not spend as much time as the others. Perhaps we could have made two visits instead of one, and spent more time on the first visit understanding the current context of the community, and adjusted our schedule and plan accordingly.

Finally, while we met NHMRC guidelines to conduct this project ethically, the research project, as well as the ability of non-Indigenous members of our research team

to produce higher quality research would have benefited from more Aboriginal participation at the researcher level. For example, while participants confirmed that our summary of the focus group results was an accurate reflection of their voices, the data analysis, interpretation and summary of the focus group results could have been made richer from additional workshops with the Aboriginal reference group.

Research has directly contributed to discrimination and colonisation, and it is therefore particularly important that academic workplaces support Aboriginal and Torres Strait Islander participation in research. This includes through recognising and including Aboriginal and Torres Strait Islander knowledges, and building the capacity of Aboriginal and Torres Strait Islander community researchers. Indeed, a position statement published by the Australian Psychological Society<sup>16</sup> illustrates how Indigenous research methodologies and experiences are more accepted, then engagement in research, as well as recruitment and retention of Aboriginal and Torres Strait Islander researchers will likely increase. This highlights the need for greater cultural safety of academic workplaces in general.

## 5 | CONCLUSION

In summary, to improve cultural safety in mainstream mental health services for Aboriginal and Torres Strait Islander peoples, we need to build an evidence base to advocate for systems levels change. Building an evidence base that is relevant and meaningful for Aboriginal and Torres Strait Islander peoples requires culturally safe research. Researchers therefore need to both continuously engage with Aboriginal and Torres Strait Islander communities, and adopt culturally safe approaches that are framed by Indigenous realities.<sup>24</sup> This process is necessary to understand the current state of cultural safety in mental health services, and to identify key priorities for change from the perspectives of Aboriginal and Torres Strait Islander consumers.

### AUTHOR CONTRIBUTIONS

HM: conceptualization; resources; supervision; writing – review and editing. SK: methodology; project administration; writing – original draft; writing – review and editing. JC: project administration; writing – review and editing. MM: conceptualization; methodology; supervision. KLD: project administration; writing – review and editing. JA: writing – review and editing. EPC: writing – review and editing. PD: conceptualization; methodology; resources; supervision; writing – review and editing.

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### CONFLICT OF INTEREST

Authors have no conflicts of interest to report.

### ETHICAL APPROVAL

The project was designed in accordance with the NHMRC guidelines for ethical research and the appropriate process for applying for ethics approval was followed. Ethics approval was received from WAAHEC (WAAHEC: HREC1037).

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