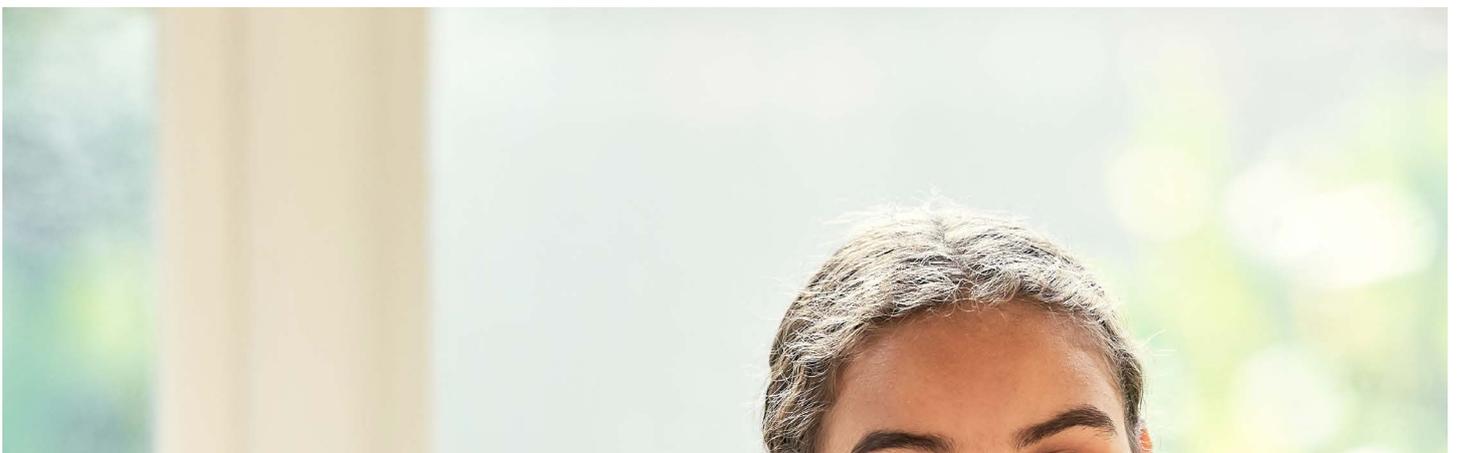


ory
gen



PROMISING PRACTICE GUIDE

**IMPROVING THE SOCIAL AND
EMOTIONAL WELLBEING OF YOUNG
ABORIGINAL AND TORRES STRAIT
ISLANDER PEOPLE WITH SEVERE AND
COMPLEX MENTAL HEALTH NEEDS**





Acknowledgements

This promising practice guide was written by the Menzies School of Health Research for Orygen as part of the Youth Enhanced Services program, National Programs.

Graphic design by Orygen.

Copyright © Orygen, 2020.

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

Suggested citation

Smith J, Christie B, Tari-Keresztes N, Gupta H, Stephens D, Wallace T, Caton-Graham P. Promising Practice Guide: Improving the social and emotional wellbeing of young Aboriginal and Torres Strait Islander people with severe and complex mental health needs. Darwin: Menzies School of Health Research; 2020.

Disclaimer

This information is provided for general educational and information purposes only. It is current as at the date of publication and is intended to be relevant for all Australian states and territories (unless stated otherwise) and may not be applicable in other jurisdictions. Any diagnosis and/or treatment decisions in respect of an individual patient should be made based on your professional investigations and opinions in the context of the clinical circumstances of the patient. To the extent permitted by law, Orygen will not be liable for any loss or damage arising from your use of or reliance on this information. You rely on your own professional skill and judgement in conducting your own health care practice. Orygen does not endorse or recommend any products, treatments or services referred to in this information.

GET IN TOUCH

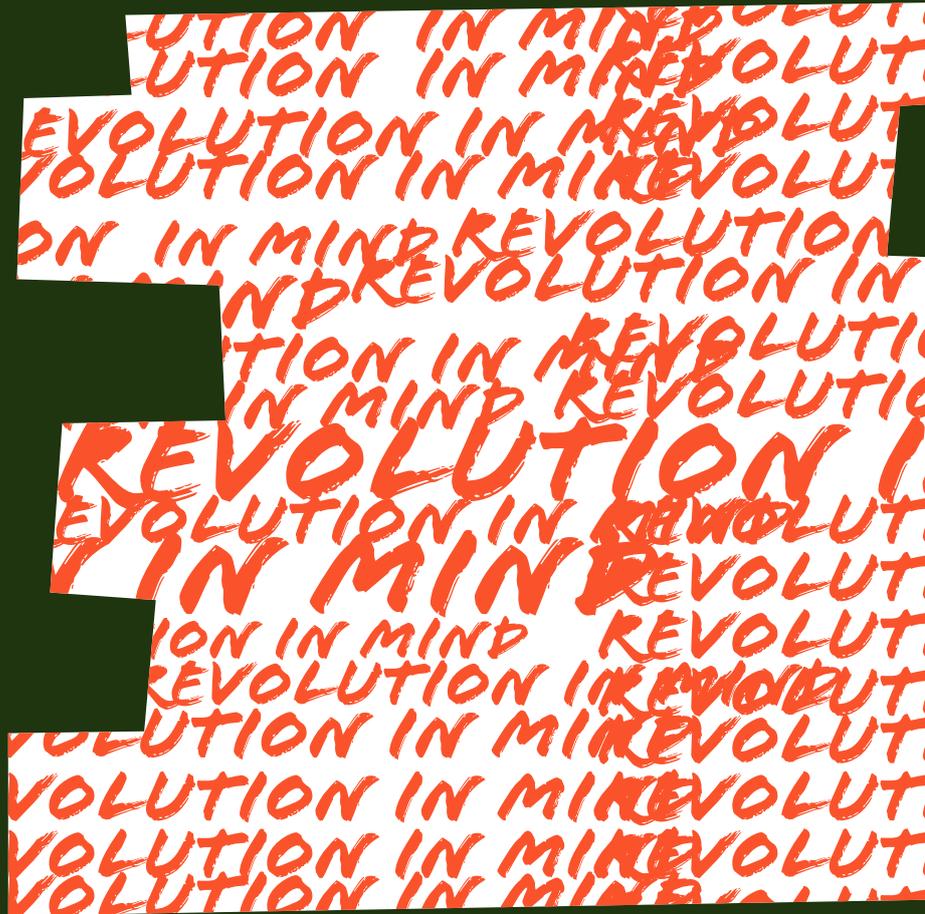
IF YOU'D LIKE MORE
INFORMATION ABOUT
ORYGEN, PLEASE CALL
(03) 9966 9100 OR
SEND AN EMAIL TO
INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU



CONTENTS

INTRODUCTION	2
Rationale	2
What do we know about the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people?	3
RELEVANT NATIONAL FRAMEWORKS AND ACTION PLANS	4
SOCIAL AND EMOTIONAL WELLBEING FRAMEWORKS RELATING TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE	5
MENTAL HEALTH, SEVERE AND COMPLEX MENTAL HEALTH NEEDS	6
WHAT'S HAPPENING IN PRACTICE?	6
CASE STUDY 1: STRENGTHENING OUR SPIRIT	7
Background	7
Key Messages	8
Reflections from key stakeholders	8
CASE STUDY 2: HEALTHWISE	9
Background	9
Key Messages	10
Reflections from key stakeholders	10
CASE STUDY 3: MOMENTIM - TOMORROW'S INDIGENOUS MEN	11
Background	11
Key Messages	11
Reflections from key stakeholders	12
CASE STUDY 4: YOUNG STRONG & DEADLY	13
Background	13
Key Messages	13
Reflections from key stakeholders	13
CASE STUDY 5: OONAH: THE BELONGING PLACE	14
Background	14
Key Messages	14
Reflections from key stakeholders	15
STRATEGIES FOR IMPROVING THE SEWB OF YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE	16
Strategies for service providers	16
Strategies for commissioners	17
Strategies for policy-makers	18
REFERENCES	19



INTRODUCTION

Little is known about how best to practically meet the social and emotional wellbeing (SEWB) needs of young Aboriginal and Torres Strait Islander people, particularly those with severe and complex mental health needs. Yet, there is an urgent need for health programs and services to be more responsive to the mental health needs of this population.

It is well documented that there are:

- high rates of psychological distress, mental health conditions, and suicide noted among Aboriginal and Torres Strait Islander young people when compared to non-Aboriginal young people;
- a lack of evidence-based and culturally informed resources to educate and assist health professionals to work with this population; and
- notable gaps between knowledge and practice, which limits opportunities to improve the SEWB of young Aboriginal and Torres Strait Islander people.

This promising practice guide draws on an emerging, yet disparate, evidence-base about promising practices aimed at improving the SEWB of Aboriginal and Torres Strait Islander young people. It aims to support service providers, commissioners, and policy-makers to adopt strengths-based, equitable and culturally responsive approaches that better meet the SEWB needs of this high-risk population.

RATIONALE

The Australian Government appointed Orygen to provide Australia's 31 Primary Health Networks (PHNs) with expert leadership and support in commissioning youth mental health initiatives. Orygen has subsequently commissioned Menzies School of Health Research to identify and document promising practice service approaches in improving SEWB among young Aboriginal and Torres Strait Islander people with severe and complex mental health needs. This promising practice guide is an output of that work.



WHAT DO WE KNOW ABOUT THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE?

It is recognised that Aboriginal and Torres Strait Islander societies provided the optimal condition for their community members' mental health and social and emotional wellbeing before European settlement.¹ However, the Australian Psychological Society has acknowledged that these optimal conditions have been continuously eroded through colonisation in parallel with an increase in mental health concerns.²

There is clear evidence about the disproportionate burden of SEWB and mental health concerns experienced among Aboriginal and Torres Strait Islander people. The key contributors to the disease burden among Aboriginal and Torres Strait Islander young people aged 10–24 years are: 1 suicide and self-inflicted injuries (13 per cent), anxiety disorder (eight per cent) and alcohol use disorders (seven per cent).³

Based on recent statistics, 67 per cent of Aboriginal and Torres Strait Islander young people aged 4–14 years have experienced one or more of the following stressors:

- death of family/friend;
- being scared or upset by an argument or someone's behaviour; and
- keeping up with school work.⁴

The stressors have a cumulative impact as these children transition into adolescence and early adulthood. Another study has shown that Aboriginal and Torres Strait Islander young people are at higher risk of emotional and behavioural difficulties.⁵ This is linked to major life stress events such as family dysfunction; being in the care of a sole parent or other carers; having lived in a lot of different homes; being subjected to racism; physical ill-health of young people and/or carers; carer access to mental health services; and substance use disorders. These factors are all closely intertwined.

RELEVANT NATIONAL FRAMEWORKS AND ACTION PLANS

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (2015) was developed by the Australian Government Department of Health in close consultation with the National Health Leadership Forum. It has a strong emphasis on a whole-of-government approach to addressing the key priorities identified throughout the plan. The overarching vision is to ensure that the strategies and actions of the plan respond to the health and wellbeing needs of Aboriginal and Torres Strait Islander people across their life course. This includes a focus on young people.⁶

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 provides more specific direction by highlighting the importance of preventive actions that focus on children and young people.⁷ This includes:

- strengthening the foundation;
- promoting wellness;
- building capacity and resilience in people and groups at risk;
- provide care for people who are mildly or moderately ill; and
- care for people living with severe mental illness.

In addition, the *National Action Plan for the Health of Children and Young People 2020–2030* identifies building health equity, including principles of proportionate universalism, as a key action area and identifies Aboriginal and Torres Strait Islander children and young people as a priority population.⁸



SOCIAL AND EMOTIONAL WELLBEING FRAMEWORKS RELATING TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Over the past decades, multiple frameworks have been developed to support the SEWB of Aboriginal and Torres Strait Islander people in Australia.⁴⁻⁸ These have identified some common elements, domains, principles, action areas and methods.^{7, 9-12}

One of the most comprehensive frameworks is the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*, which has a foundation of development over many years.¹³

IT HAS NINE GUIDING PRINCIPLES:

1. Health as a holistic concept:

Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist.

2. The right to self-determination:

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services and considered a fundamental human right.

3. The need for cultural understanding:

Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health concerns more specifically. This necessitates a culturally safe and responsive approach through health program and service delivery.

4. The impact of history in trauma and loss:

It must be recognised that the experiences of trauma and loss, a direct result of colonialism, are an outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational impacts.

5. Recognition of human rights:

The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (in contrast to mental illness/ill health). Human rights specifically relevant to mental illness must be addressed.

6. The impact of racism and stigma:

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7. Recognition of the centrality of kinship:

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8. Recognition of cultural diversity:

There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinship systems and tribes. Furthermore, Aboriginal and Torres Strait Islander people live in a range of urban, rural or remote settings where expressions of culture and identity may differ.

9. Recognition of Aboriginal strengths:

Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.¹³

While the principles outlined above are not specific to young Aboriginal and Torres Strait Islander people, they are considered to be appropriate within the context of adopting a holistic life-course approach.

MENTAL HEALTH, SEVERE AND COMPLEX MENTAL HEALTH NEEDS

In Australia, mental health reforms started in 1950s at a state level and were later complemented with national-level coordination and development of the Mental Health Strategy in 1992.¹⁴ While the strategy recognised the need of non-clinical services such as housing, vocational training, social and disability supports for those with significant psychiatric disability,¹⁵ poor inter-agency collaboration was evident.¹⁶ For service providers, individuals with severe and persistent mental illness with complex, multi-agency needs pose a significant challenge.¹⁷ In 2018, a briefing paper was distributed to PHNs across Australia that presented youth mental health service models for young people experiencing severe and complex mental ill-health. Severe mental illness is often defined by “its length of duration and the disability it produces. Severe illnesses can include psychosis, major depression, severe anxiety, eating disorders and personality disorders. Severity can also relate to the level of risk that a person presents with as a result of their illness in combination with any number of external factors or circumstances.”¹⁸ This is particularly pertinent with the role of commissioning youth mental health services where quality services and interventions help to improve outcomes and reduce chances of long-term mental ill-health and disorders in young people. Care for people living with severe and complex mental health needs

has subsequently been addressed in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social Emotional Wellbeing 2017-2023*¹³ as one of the five priority action areas.

However, there is no clear or uniform definition of severe and complex mental health needs, making it difficult to ascertain the exact number of people in Australia with these complex mental health needs. In the United States, the National Institute of Mental Health (NIMH) developed a definition that includes not just the diagnosis but also the symptom intensity and duration with the degree of disablement caused to social, personal and occupational functioning as well.¹⁹ This particular definition was adopted in an Australian study undertaken by Whiteford et al (2018) and reads “a mental illness which is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration (p2).”²⁰ It is acknowledged that some diagnoses are automatically classified as severe, such as schizophrenia, and that others require additional indicators of severity.²¹

WHAT’S HAPPENING IN PRACTICE?

This promising practice guide attempts to collate disparate strands of evidence that relate to enhancing youth mental health; improving Aboriginal and Torres Strait Islander SEWB; and strategies for addressing severe and complex mental health needs. It has been well documented that there are significant limitations in the evaluation of Aboriginal and Torres Strait Islander health programs and services across Australia.²²⁻²⁴ The Australian Governments’ Productivity Commission Inquiry into Mental Health and the Lowitja Institute are, at the time of producing this document, looking at ways to strengthen work in this space.^{24, 25}

In the absence of high-quality evaluation reports, the term ‘promising practice’ is used throughout this guide. This is consistent with the terminology used by the Australian Psychological Society through its project about SEWB and mental health services in Australia (<http://www.sewbmh.org.au/>). It adopts a strengths-based approach²⁶ which acknowledges and celebrates efforts made to advance work

in this space in the absence of strong practice-based evidence. This is achieved through the presentation of five active case studies. These reflect organizational, systems and practice focused service model examples. The principles included in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023* have been mapped against each case study to illustrate how these privilege Aboriginal and Torres Strait Islander ways of knowing, doing and being. Each case study includes generic background information to provide important contextual information; key messages or lessons learned, and reflections from staff involved in the project. They have been developed in consultation with both the commissioning PHN and the service/organisation funded to develop and/or deliver the framework, program and service. Where possible, Aboriginal and Torres Strait Islander stakeholders were consulted during the development of the case studies.

CASE STUDY 1: STRENGTHENING OUR SPIRIT

Strengthening Our Spirit (SOS) model is the first Aboriginal and Torres Strait Islander-specific systems-based suicide prevention model in Australia developed by the Northern Territory Primary Health Network (NTPHN) and involving the local community.

✔ Health as holistic	✔ The impact of history in trauma and loss	✔ Recognition of the centrality of kinship
✔ The right to self-determination	✔ Recognition of human rights	✔ Recognition of cultural diversity
✔ The need for cultural understanding	✔ The impact of racism and stigma	✔ Recognition of Aboriginal strengths

BACKGROUND

In 2016, the Australian Government announced they would fund the National Suicide Prevention Trial (NSPT). Twelve sites were selected across Australia and were subsequently funded to deliver suicide prevention activities. Darwin was selected as one of those sites. The key aim of the NSPT was to gather evidence of how a systems-based approach to suicide prevention might be best undertaken at a regional level to effectively respond to local needs and identify new learning in relation to suicide prevention strategies for at-risk populations.

The Black Dog Institute in Sydney was engaged to support the 12 trial sites across Australia using the LifeSpan model. However, it was recognised by the Darwin NSPT Steering Committee that this model was not fit-for-purpose for Aboriginal and Torres Strait Islander people. NTPHN and key stakeholders from the local community were closely engaged to understand what suicide prevention means in the community, what suicide prevention activities look like, and what needs to be considered when talking about suicide prevention. This included consultation with suicide prevention networks, Aboriginal Community Controlled Health Organisations (ACCHOs), other local Aboriginal and Torres Strait Islander organisations, and the Northern Territory Government (NTG). This assisted in working towards implementing effective NSPT strategies, programs and activities. The Darwin NSPT consultation process led to the design of the SOS model.

Through community engagement, it was recognised that a whole lifespan strategy was important to understand how this model could enhance an integrated, sector-wide response. The model involves the simultaneous implementation of seven components within a specific geographical area, including:

- Delivery of activities to promote and build Aboriginal and Torres Strait Islander resilience, SEWB and connectedness.
- Training for frontline workers, community members and youth.
- Equipping services and activities with the tools to effectively utilise cultural knowledge and lived experience.
- Coordination of suicide prevention activities through partnerships between government and non-government organisations and peak professional bodies.
- A consultation and community engagement protocol to guide the process to ensure feedback contributed to the scoping of issues and a procedure for streamlined communications between governance stakeholders.

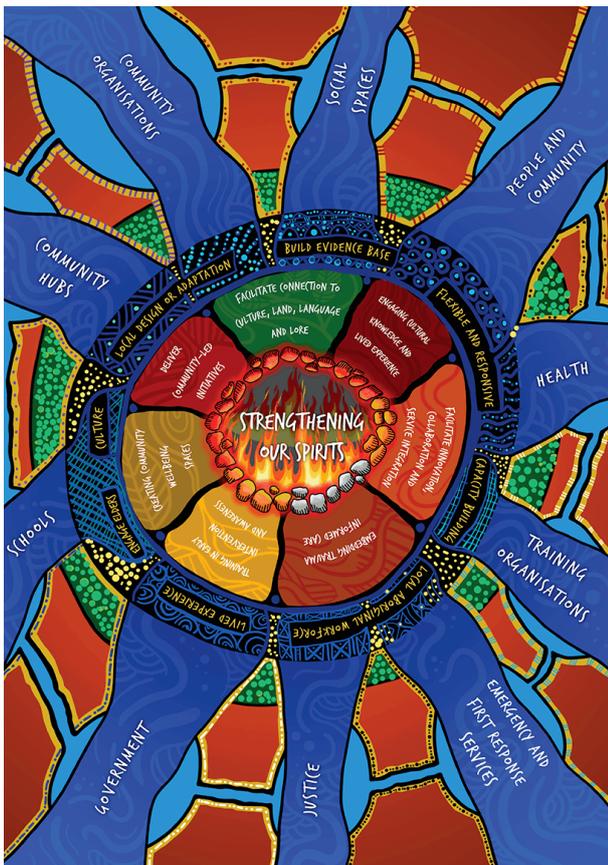
A high-level steering committee acted as an advisory group to identify issues of concern and provide advice on appropriate services and activities commissioned in the conduct of the NSPT in Darwin. This steering committee provided direction and support to the NTPHN in its development of a service design plan; contributions to community consultations and meetings; and identification of key components and support in the development of the SOS model.

The seven components of the SOS model are:

- facilitate connection to culture, land, language and lore;
- engage with cultural knowledge and lived experience;
- facilitate innovation, collaboration and service integration;
- embed a focus on trauma-informed care;
- train in early intervention and awareness;
- create community wellbeing spaces; and
- deliver community-led initiatives.

KEY MESSAGES

- It is crucial to recognise and value cultural strengths, cultural knowledge and cultural activities through mental health service and system investments.
- Innovative and culturally respectful community engagement approaches are required to enhance stakeholder relations. This requires strong Aboriginal and Torres Strait Islander leadership.
- Organisations need to realise that a fixed direction or agenda can hinder the development, creativity and innovation of mental health and suicide prevention strategies. To be effective in this space requires an open mindset.
- Critical self-reflection among health professionals is needed to ensure continuous quality improvement.
- Lived experience and cultural knowledge are central components of effective mental health strategy development and implementation.



STRENGTHENING OUR SPIRITS MODEL: AN ABORIGINAL AND TORRES STRAIT ISLANDER SYSTEMS APPROACH TO SUICIDE PREVENTION LOCATED IN DARWIN.

REFLECTIONS FROM KEY STAKEHOLDERS

“What’s very clear is that there is an ongoing clash between cultural world views. Often even the best strategies or programs or initiatives can be built, but unless they’ve been built sort of in a way that emerges from that cultural group, then even with the best intention, those filters and perceptions are not capturing the nuances. They’re not understanding it, they’re not meeting it, they’re not. So, in some ways, the first and most fundamental thing is to almost be willing to let go of any preconceived conditioned ways of thinking but have to be willing to apply them because what happens too often is they don’t realise is the plan has been the very thing that’s hindered the real development or the real initiative, or that real sense of creativity or innovation...so realistically, what it comes down to is it’s working within that more open mindset, not a fixed mindset. The organisation in some ways needs to be practicing critical reflection, self-reflection.”

“When we think about the Strengthening Our Spirits model, even the very title of it, it captures what our people were saying, our people recognise suicidality from the Aboriginal perspective as not a mental health issue, but rather a wound of the soul, spirituality, that there is a spiritual wound, and that the spiritual wound must be resolved and restored. So, the Strengthening Our Spirits Model emphasises an ecology and the need for a balance, in terms of the human being, it means being in balance with themselves, in balance within their relationships, their kinships and family, their peers, their direct community, even in relationship with the broader Australia and those principles of local adaptation and design, it’s about incorporating the cultural knowledge into service design.”

“Key foundations that were considered were the cultural aspects of connection to culture, land, language, lore and giving community the opportunity to be empowered by being involved in the delivery of these activities. A local social and emotional wellbeing approach does create a real stepped care model, in terms of the scale from early-intervention activities to supporting crisis care, resulting in a comprehensive and systems-based approach. This community-led approach meant that we had to take nine months minimum to foster trust and genuine relationships in this community engagement process.”

“Our thinking was very much the person-centred, family-centred, strengths-based approach. Recognising that we want to build a strategy and a model that can be applied across the whole lifespan, so whether it’s for the child or adult, we want to think how can this model influence and enhance a sector, that would not be limited to one specific demographic, population or area”

CASE STUDY 2: HEALTHWISE

HealthWISE is a not-for-profit organisation dedicated to creating healthy communities by providing multimodal services that incorporate various health professionals. Funders include Darling Downs and West Moreton (DDWM) PHN in Queensland and Hunter New England Central Coast (HNECC) PHN in New South Wales.

- | | | |
|---------------------------------------|--|--|
| ✔ Health as holistic | ✔ The impact of history in trauma and loss | ✔ Recognition of the centrality of kinship |
| ✔ The right to self-determination | ✔ Recognition of human rights | ✔ Recognition of cultural diversity |
| ✔ The need for cultural understanding | ● The impact of racism and stigma | ✔ Recognition of Aboriginal strengths |

BACKGROUND

The DDWM PHN collaborate with a range of service providers and support an integrated primary care system that delivers better health outcomes for the people of the DDWM communities. They recognise the high rates of suicide within Aboriginal and Torres Strait Islander communities and seek to commission community-based suicide prevention activities for Aboriginal and Torres Strait Islander people with a person-centred stepped care approach providing a range of services to meet local needs. The DDWM PHN is committed to addressing the health needs of the local people within the region, working closely with Aboriginal Medical Services (AMSS) and ACCHOs to co-design culturally appropriate programs that respond to local needs. The DDWM PHN is devoted to Closing the Gap to improve access to healthcare and health programs for Aboriginal and Torres Strait Islander peoples and communities.

In its fifth year of operation, HealthWISE is a specialist provider of rural and remote services developing programs in allied health, mental health and Aboriginal health. HealthWISE has 8 regional offices and provides outreach services to a further 14 smaller towns and communities, serving a population of 480,000 people, 6.7 per cent of who identify as Aboriginal and Torres Strait Islander, compared to 2.7 per cent nationally. The region has higher than state and national averages of psychological distress.

HealthWISE is contracted to provide clinically focused Social and Emotional Wellbeing support (SEWB) for Aboriginal and Torres Strait Islander people across different Local Government Agencies (LGAs). Whereas funding provided to HealthWISE through the HNECC PHN provides care coordination for people with complex and severe mental illness, and the provision of lived experience workers as peer navigators. HealthWISE recognised that clinical service components targeting clients with severe and complex needs required strong clinical and cultural governance, and has successfully partnered with a number of community-controlled AMSS to provide mental and allied health services. The Indigenous Mental Health and Integrated Team Care IMH/ITC partnership continue to support clients. Whilst other community partnerships have proved to be more challenging to sustain, HealthWISE recognises the value of these partnerships.

HealthWISE provides a multimodal service incorporating various health professionals. The organisation prides itself as an interdisciplinary mental health workforce that addresses the rural workforce scarcity by ensuring staff are well supported and have the ability to up-skill and learn from each other. HealthWISE delivers SEWB or mental health services to Aboriginal and Torres Strait Islander clients with severe and complex mental health issues through its Mental Health and Aboriginal Health Programs. Although Aboriginal and Torres Strait Islander young people are targeted in this study, HealthWISE services are not exclusive to this group; instead, services are provided across the lifespan including the perinatal period to all community members, encompassing a more holistic approach.

Mental health recovery is dependent upon the individual and their needs. Third-party referrals, from the Courts, for example, maybe perceived as a form of mandatory treatment, which can jeopardise program continuation and recovery. Self-determination is honoured at HealthWISE through a self-referral process that recognises and responds to requests for support and assistance. This allows the client to determine the method of treatment most suited to their needs, in consultation with trained health professionals. This includes service delivery options, such as online support rather than face-to-face engagement which may be more accessible for other clients.



THE PHYSICAL AND DIGITAL STYLE OF HEALTHWISE BRANDING ENCOMPASSES ABORIGINAL AND TORRES STRAIT ISLANDER ARTWORK AS WELL AS IMAGES AND LANGUAGE. THIS IS TO ENSURE THAT ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE FEEL WELCOME AND RESPECTED. EACH HEALTHWISE OFFICE, DISPLAYS A COPY OF 'EURAH - MEDICINE TREE' BY ROD MCINTOSH, AN ABORIGINAL AND TORRES STRAIT ISLANDER ARTIST OF THE KAMILAROI TRIBE. THIS WORK WAS COMMISSIONED BY HEALTHWISE AS A VISUAL REPRESENTATION OF WELLNESS AND WAS INSPIRED BY THE HEALTHWISE VISION OF 'HEALTHY COMMUNITIES'.

KEY MESSAGES

- Strong and effective partnerships between non-government organisations, AMSs and ACCHOs can be effective in designing programs to meet community needs.
- There is a strong focus on empowering clients and gaining control and decision-making.
- Multimodal services provided by a range of health professionals provide a holistic approach to mental health recovery



HEALTHWISE SOUL BROTHERS HEALTH AND FITNESS.

REFLECTIONS FROM KEY STAKEHOLDERS

- “ Be flexible, do not make community promises if unable to proceed, be ready for disappointment, be more organised, prepared, systematic. Do not make promises that cannot be achieved/maintained.”
- “ When you're looking at a multi-partner project, I think you do it on your own first and then you have to really look around at who is going to be a good partner, that you have to be very careful not to get disheartened and until you're really clear on who are good citizens in the partnerships, don't rely on the goodwill. Whilst everybody is enthusiastic at the beginning when you're the only one left trying to do the work for all of them and you know that that takes away from that whole regional expectation of a really collaborative model, staff get disheartened pretty quickly.”

CASE STUDY 3: MOMENTIM – TOMORROW’S INDIGENOUS MEN



MomenTIM - Tomorrows Indigenous Men, is a program is for 12 – 25 years old boys and men delivered in the Moreton Bay area of Queensland. It supports and builds individual capacity in the areas of culture, leadership, role modelling, healthy relationships, and health and fitness to build resilience and capacity for young men.

- | | | |
|---------------------------------------|--|--|
| ✔ Health as holistic | ✔ The impact of history in trauma and loss | ✔ Recognition of the centrality of kinship |
| ✔ The right to self-determination | ✔ Recognition of human rights | ✔ Recognition of cultural diversity |
| ✔ The need for cultural understanding | ✔ The impact of racism and stigma | ✔ Recognition of Aboriginal strengths |

BACKGROUND

The Institute for Urban Indigenous Health Ltd (IUIH) was established to oversee a coordinated and integrated approach to the planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander populations within the South East Qld Region. The IUIH is a research-based organisation that works with its member services such as ACCHOs and other medical services. It is a lead agency working in partnership with key stakeholders to support the effective implementation of the Council of Australian Government’s ‘Closing the Gap’ initiatives.

IUIH program focus areas are:

- multi-disciplinary child assessment clinics;
- early childhood and maternal and child health;
- family wellbeing service;
- prison transition planning and support;
- youth programs;
- school and community based mental health and wellbeing for young men and women;
- intensive case management and coordination; and
- group work.

Within its youth programs focus area, IUIH has developed the MomenTIM - Tomorrows Indigenous Men Program is funded by the Movember Foundation. This program is directed towards 12 – 25 years old boys and men. MomenTIM has been operational since 2015. Working with a coalition of local community organisations MomenTIM provides a regionally consistent, best practice and culturally tailored approach to Aboriginal and Torres Strait Islander young men in the areas of health education, promotion and prevention. It is predominantly now a school-based program, delivering four main topics to young Aboriginal and Torres Strait Islander boys: self-care, culture, mental health and healthy relationships. Regardless of expressed mental health needs, there is substantial discussion about what it means to be a man and in particular an Aboriginal and Torres Strait Islander man. They also provide individual support on a one-to-one basis.

KEY MESSAGES

Considerations that impacted the planning design:

- Many Aboriginal and Torres Strait Islander people suffer from severe and complex mental health issues.
- Many young Aboriginal males were going through intergenerational trauma.
- Suicide rates within the local Aboriginal and Torres Strait Islander community are extremely high.
- Young males are more disadvantaged and at-risk during their developmental years.
- An identified need to change normative perspectives about what it means to be a man particularly to be an Aboriginal and Torres Strait Islander man.
- Benefits of using positive male role modelling.

Values and principles that underpinned the delivery:

- connection – through the employment of Indigenous staff;
- same gender – men supporting men;
- lived experience;
- social support/resiliency; and
- leadership and mentorship.

Effectiveness of the program:

- indicative success based on the feedback from schools, families, and boys;
- more positive impacts noted in the family unit; and
- It has assisted with re-engagement into school.

Cultural consideration in the design:

- culturally appropriate program based on input from local Aboriginal stakeholders;
- includes discussion on Aboriginal history; and
- Ways Statement to express the cultural and philosophical world-view that underpins all systems and processes in the organisation.²⁷

Key ingredients for planning:

- Program planning needs to make use of local health statistics with a commitment to ongoing monitoring.
- Capable, confident and culturally competent staff members and management are needed, with a commitment to open and transparent communication.
- Program design should be flexible.
- Strategies to increase access to services need to be considered.

Workforce, skills and experience:

- passion for helping others and to role model appropriate behaviours;
- presence in the community to expand and build on relevant networks; and
- ambition to break generational cycles of poverty.



REFLECTIONS FROM KEY STAKEHOLDERS

“Prepare to fail, if you fail don't stop, we need to be on the ball and change with change. There's different changes in social media so we've got to be aware of these sorts of things so that the language is the same. I suppose you're after that little glimmer of light or hope and you sort of wiggle your way in there and just keep going. Find passionate people that want to do that work”

“I'm a product of an era where men were supposed to be men and toughen up and be a man and all this kind of stuff. So we're now trying to change that perspective. What it is to be a man and that it's okay to be vulnerable, okay to show emotions and feelings. Obviously, we get into trouble and we tend to bottle stuff up which is an indication of some of those mental health issues that young men suffer with and drug and alcohol and obviously the suicide rate.”

“The unfortunate things is that you'll probably find in a non-indigenous family, say a great grandfather was a teacher, then you'll probably find that your grandfather was a teacher, dad's a teacher and someone in your family's likely to be a teacher. In an indigenous family, there's a fair chance that there's a whole lot more dysfunction. Grandfather beats his wife, dad beats his wife, there's a fair chance that there could potentially be domestic violence somewhere... It's about telling these guys that there's a choice, that's not normal behaviour to beat on either your partner or your wife or to take drugs, or sorry, to abuse drugs, abuse alcohol. And you know, all that generational cycle can stop with just you”

“If you're going to be responsible enough or man enough to have sex and your partner ends up getting pregnant, then you need to be man enough or responsible enough to be a dad to that child, regardless of your situation. So it's about being responsible for our actions, good bad or ugly and acknowledging the fact and then obviously dealing with the consequences”

CASE STUDY 4: YOUNG STRONG & DEADLY



Young Strong and Deadly (YSD) is an early intervention program for Aboriginal and Torres Strait Islander young people aged 13–28 years living in the Nepean Blue Mountains region of New South Wales.

- Health as holistic
- The impact of history in trauma and loss
- Recognition of the centrality of kinship
- The right to self-determination
- Recognition of human rights
- Recognition of cultural diversity
- The need for cultural understanding
- The impact of racism and stigma
- Recognition of Aboriginal strengths

BACKGROUND

Young Strong and Deadly (YSD) is a two-day program designed to address the underlying issues around mental health and alcohol and other drug (AOD) use influenced by loss of culture and intergenerational trauma. Connection to culture is at the core of the YSD program, fostering a strengths-based approach to identify individual capabilities and skills for mental health management. By connecting to culture through storytelling and traditional practices, the psycho-cultural ties lost can begin to heal, breaking down the isolation and identification issues surrounding their mental health needs and AOD use. With the increasing prevalence of illicit drug use, including discussion about methamphetamine use has also been important.

The YSD program has been delivered by the Aboriginal Cultural Resources Centre (ACRC) for the past 2 years. ACRC has been operating for the last 23 years and also delivers another program called Deadly Thinking. This is a clinical service, addressing anxiety, depression, bullying and suicide through the Rural and Remote Mental Health Services program. Together, YSD and Deadly Thinking provide a unique combination of service delivery that combines early intervention and clinical services responses that respond to the physical, cultural, and spiritual needs of its clients.

KEY MESSAGES

- Workers are encouraged not to be judgemental and to restrict overly emotive reactions to participant stories or comments by listening openly.
- The programme has been redesigned as per participant feedback, demonstrating a commitment to continuous quality improvement.
- Life experience and teamwork are valued as key assets that promote relatability, understanding and the ability to guide. This assists in ‘bridging the gap in poverty.’
- A combination of gender-specific and mixed-gender groups has been important. This has been based on cultural considerations and personal preferences.
- Short funding cycles make ongoing monitoring and evaluation difficult.

REFLECTIONS FROM KEY STAKEHOLDERS

“**Recruit workers with lived experience. It’s paramount for programme success. Establish a support network and framework to guide the workers. Be prepared for programme adjustment and redesign depending upon participant feedback and group dynamics. Be flexible. Each group is different and must cater to this.**”

CASE STUDY 5: OONAH: THE BELONGING PLACE



Oonah Health and Community Services Aboriginal Corporation (OONAH) in Victoria is – a ‘one-stop shop’ for raising health issues, including education concerns and individual/unique case management issues.

- | | | |
|---------------------------------------|--|--|
| ✔ Health as holistic | ✔ The impact of history in trauma and loss | ✔ Recognition of the centrality of kinship |
| ✔ The right to self-determination | ✔ Recognition of human rights | ✔ Recognition of cultural diversity |
| ✔ The need for cultural understanding | ✔ The impact of racism and stigma | ✔ Recognition of Aboriginal strengths |

BACKGROUND

Located in Victoria, Oonah Health and Community Services Aboriginal Corporation (OONAH), formerly known as Healesville Indigenous Community Services Association, is an ACCHO that provides an array of SEWB, clinical and cultural health services and programs in the area. Aboriginal and Torres Strait Islander people are free to practice, learn and strengthen/heal their culture and spirituality through ‘The Belonging Place’. This facilitates a safe space for service providers and community members to gather, collaborate and interact. This hub acts as a reference point for locals, a ‘one stop shop’ for raising health issues, including education concerns and individual/unique case management issues. Although specific to Aboriginal and Torres Strait Islander people, OONAH is not exclusive to, and community members with relations are able to access services regardless of their cultural status. This value is in line with their reconciliation principles that aim to eliminate the divide between Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander community members, as per identified community needs. This is particularly important in the youth space, encouraging social cohesion and resilience, and building relationships together.

An adaptable and fluid response to addressing community identified needs is a major policy and practice consideration for OONAH. Ongoing community consultation and cross-organisational collaboration enable a comprehensive and holistic approach to respond to evolving issues. Listening and valuing community views acknowledges self-determination, independence and empowerment; and promotes an increased sense of power and control. There are strong aspirations for 100 per cent of staff members to be Aboriginal and Torres Strait Islander people. The current ratio is approximately 50:50.

Programs delivered through OONAH include:

- Youth club;
- Men’s and young warrior groups;
- Young women’s group (Lath-Ganj);
- First 1000 days;
- Bringing them home; and
- outreach services.

KEY MESSAGES

Considerations that impacted the planning design:

- Consultation with community to identify their needs.
- Primarily clients are of Indigenous background, but Non-Aboriginal people can also attend. This is part of the Reconciliation Action Plan and it is particularly important for young people.
- Preventative and early intervention approaches were preferred.

Values and principles that underpinned the delivery:

- Unique case management style involving non-Aboriginal and Torres Strait Islander participants as well and targeting services across the whole lifespan.
- ‘Respect, Caring and sharing’ is their motto, applying these key principles in their everyday roles.

Effectiveness of the program:

- Programs are showing positive results, with participants making incremental changes in their life and feeling that they belong.

Enablers of program effectiveness:

- there is no 'end-date' when working with clients;
- provide transportation, advocacy and training courses to clients;
- accessible location;
- safe environment; and
- Facebook engagement has helped promote their programs.

Cultural considerations in the design:

- Creating a safe space with a non-judgemental approach.
- Involving the Aboriginal and Torres Strait Islander workforce to ensure cultural responsiveness.

Key ingredients for planning:

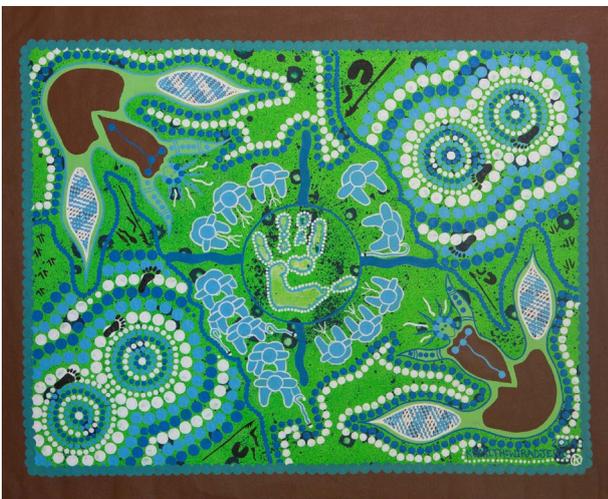
- Reflecting community needs throughout planning is essential.
- Demonstrating flexibility and being comfortable with fluid approaches is essential to accommodate the needs of the community.
- Ongoing consultation is required to adapt to change.

Workforce, skills and experience:

- Training by Aboriginal and Torres Strait Islander people and personal development sessions are available for staff members (e.g. cultural training for non-Aboriginal and Torres Strait Islander workers)

Other:

- Delivery of a Certificate IV in Community Services to train future workers in ACCHOs.



UNITY IN THE COMMUNITY WAS CREATED BY WIRADJURI ARTIST, KELVIN SMITH TO REPRESENT THE THEMES OF THE MAKING BETTER CONNECTIONS PROJECT.

REFLECTIONS FROM KEY STAKEHOLDERS

“ I would say first and foremost, and this is one thing that the funders [of ACCHOs] do get, is the idea of self-determination... you know, but also that community consultation, listening to community, always holding them at the forefront of everything that you do.”

“ Well I think in the early days they had a consultation with community, who identified that they wanted, it is based on the reconciliation principle really, so that non-Aboriginal family members, that have an Aboriginal person, they're welcome to use the services as well. So it means that not only one family member is able to use the service, that everybody within the family unit can. So I think that's really beneficial, and the children definitely identified that for youth group and stuff, they wanted their non-Aboriginal friends to be able to come as well. So based on numbers and capacity and stuff, that we can have non-Aboriginal kids attend that as well, which is all part of reconciliation.”

“ Our motto, and what we work by and what we stand by, and what the community knows, is that we work across respect, caring and sharing, and that's exactly what we do every day with the community.”

“ And that's another thing where we're hoping to actually have like a pop-up café on a Friday, and the people that are training within that Certificate II can actually be part of that, and run that as a social enterprise. Because that's another dream of ours, is to have a social enterprise that exists out of HICSA as well, so that it creates employment for community. They're big dreams, we dream big.”

“ But it's mainly to train up future workers within Aboriginal Controlled Community Organisations, that's the whole idea. So that we're constantly training up indigenous people to actually work in the role in these organisations, because they have the best understanding of their own culture, in some respects, and how to work with their culture, with their people.”

STRATEGIES FOR IMPROVING THE SEWB OF YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

PHNs play an integral role in identifying promising practice approaches for mental health challenges for young Aboriginal and Torres Strait Islander people in their service regions, and respective communities. This involves developing locally and culturally appropriate strategies to address the health service environment and Government priorities. The following set of strategies for service providers, commissioners and policymakers reflect the SEWB approaches for young Aboriginal and Torres Strait Islander populations experiencing severe and complex mental health needs. The information below has been collected and analysed by the Menzies School of Health research team based on the differing perspectives and expertise of PHN representatives and key stakeholders within mental health commissioning and service delivery approaches. The following information below outline strategies that PHNs can adopt to facilitate the improvement of emerging mental health service provisions toward social and emotional wellbeing approaches among this population.

STRATEGIES FOR SERVICE PROVIDERS

- Provide a culturally safe environment for young Aboriginal and Torres Strait Islander people to engage in discussion about their health and wellbeing must underpin all program and service development and delivery as a minimum requirement.
- Demonstrate flexibility, adaptability and open-mindedness when delivering culturally responsive services and programs for young Aboriginal and Torres Strait Islander people.
- Adopt strengths-based approaches when engaging young Aboriginal and Torres Strait Islander people with mild, moderate, and severe and complex mental health needs.
- Involving local stakeholders, including the voice of young Aboriginal and Torres Strait Islander people in the co-design of mental health and SEWB services is imperative for effective program and service delivery.
- Ensure well-developed co-design approaches are adopted to plan and implement effective social and emotional wellbeing services and programs that respond to local needs.
- Adopt place-based approaches and engage in local strategy development to ensure the design of social and emotional wellbeing programs for young Aboriginal and Torres Strait Islander people respond to local context and consequently promote enhanced program and service engagement.
- Engaging people with lived-experience of mental ill-health or who have faced significant adversity in their lives is well received by youth with severe and complex mental health concerns.
- While building relationships might take time, programs and services that involve strong partnerships that bring together expertise in content and cultural knowledge, demonstrate success in engagement, participation and/or use.
- Utilise existing networks, platforms, collaborations and forums to support the dissemination of promising practice. This will also help to promote learning both within and external to organisations delivering SEWB programs to Aboriginal and Torres Strait Islander young people.
- Multi-faceted programs and services that involve a holistic outlook, multi-disciplinary teams, a life-course approach, and a commitment to integrated service delivery, demonstrate promising outcomes.
- Use peer-led approaches, and intergenerational mentoring programs and role modelling, to demonstrate promising ways to engage young Aboriginal and Torres Strait Islander people, particularly young men, in discussions about social and emotional wellbeing.
- Engage local Elders in the program design and delivery to increase the cultural integrity of program and service delivery, and to subsequently build confidence and cultural identity among young Aboriginal and Torres Strait Islander people with mental health concerns.
- Demonstrate an explicit commitment to critical reflection and continuous quality improvement.
- Acknowledge and embed different aspects of local Aboriginal and Torres Strait Islander culture, both implicitly and explicitly, in the design of SEWB programs. Youth engagement is more successful when delivered by respected Aboriginal and Torres Strait Islander professionals and community members.

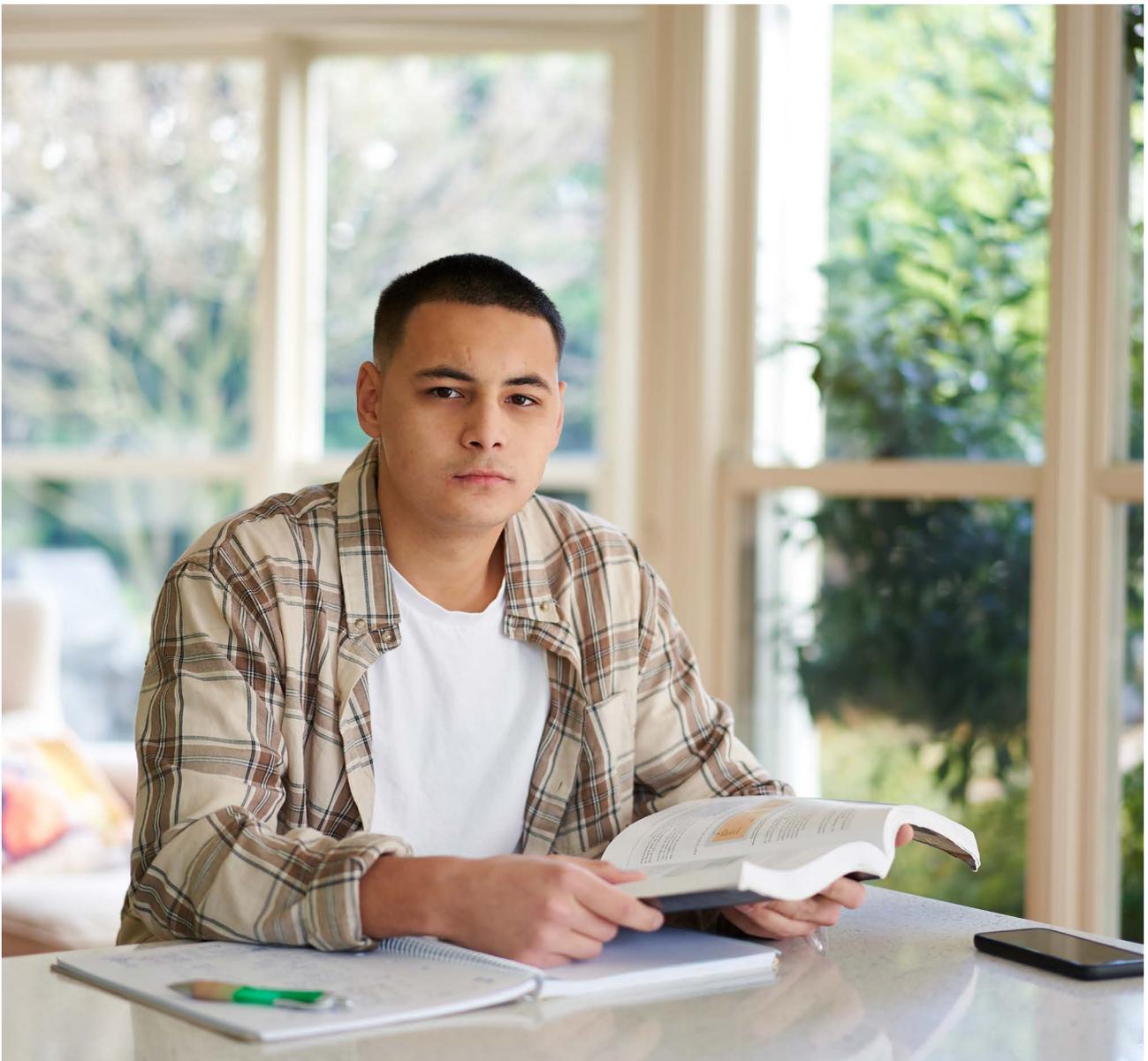
- Adopt gender-sensitive approaches in the manner in which programs and services are planned and implemented. This necessitates both gender-specific and gender-relations (mixed) approaches depending on the type and nature of SEWB issues being addressed and/or discussed.
- Demonstrate a commitment to monitor and evaluate the impacts and outcomes of SEWB programs and services targeting young Aboriginal and Torres Strait Islander people, preferably informed by emerging Indigenous evaluation principles and frameworks. This has significant potential to accelerate evidence-based and culturally responsive service delivery for this target population.
- Adopt a person-centered approach at each stage of service provision and program delivery.
- Use culturally accepted language and perspectives when planning and delivering SEWB and recovery programs and services.
- Build your awareness and knowledge about the nine nationally accepted guiding principles to assist in the planning and delivery of social and emotional wellbeing programs targeting young Aboriginal and Torres Strait Islander people.
- Invest in skills development to help build stronger, skilled and resilient Aboriginal and Torres Strait Islander youth, i.e. the adoption of empowerment approaches.
- Build workforce development strategies, and associated funding, into all SEWB programs and services being commissioned. This should include a range of personal and professional development opportunities for both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff.
- Ensure all programs and services are appropriately funded to undertake high-quality monitoring and evaluation activities. This will help to build a stronger evidence-base about the SEWB of young Aboriginal and Torres Strait Islander people.
- Adopt flexible and longer-term funding models that allow for adaptations to programs and services that respond to changing community needs over time.
- Provide sustainable and long-term funding commitments, and resist funding short-term projects, when commissioning SEWB programs for young Aboriginal and Torres Strait Islander people.
- Document, disseminate and publicly release effective program evaluations and frameworks involving young Aboriginal and Torres Strait Islander people. This will help to build the evidence-base and increase the potential for innovation, change and health improvement.
- Invest in co-commissioning processes with state government funded services to scale promising initiatives and to ensure that longer term planning and delivery is a key focus.

STRATEGIES FOR COMMISSIONERS

- Mandate that funded programs and services consider the nine national guiding principles discussed above in their planning, delivery and evaluation approaches.
- Use promising practice models and emerging evaluation evidence as the basis to commission new services focused on improving the SEWB of young Aboriginal and Torres Strait Islander people.
- Provide adequate resources and supports to Aboriginal and Torres Strait Islander staff and community members working with young Aboriginal and Torres Strait Islander people with severe and complex mental health issues to ensure they can fulfil their roles and functions in a safe and competent manner.
- Prioritise funds for programs that are led by Aboriginal and Torres Strait Islander staff. This will enhance program engagement; increase Aboriginal & Torres Strait Islander employment especially in rural areas; and help to implement more innovative social enterprises and outreach services that are culturally responsive.
- Encourage co-design approaches that privilege the voices of Aboriginal and Torres Strait Islander young people, Aboriginal and Torres Strait Islander world views, and those with lived-experience.
- Support cross-organisational collaborations and partnerships that contribute to the development of multi-disciplinary and integrated service approaches.
- Fund system-based approaches to develop effective programs and services that acknowledge and/or address underlying social determinants of health.
- Ensure infrastructure funding is available to enable services and organisations to create inclusive, safe places for delivering services to Aboriginal and Torres Strait Islander young people.

STRATEGIES FOR POLICY-MAKERS

- Involve young and older Aboriginal and Torres Strait Islander people in the design and implementation of SEWB and mental health policies that impact them.
- Develop guidelines and plans about how to expand the Aboriginal and Torres Strait Islander workforce to better meet the SEWB needs of young Aboriginal and Torres Strait Islander people.
- Develop guidelines and plans about how to support the SEWB workforce to demonstrate an improved level of cultural competence.
- Acknowledge that there are multiple intersecting health-related policies, and that a multi-policy approach is required in the way funding is allocated to address the SEWB and mental health needs of young Aboriginal and Torres Strait Islander people. This needs to be better coordinated between regional, state, territory and national boundaries.
- Ensure funding decisions are aligned with the values, principles, and actions outlined in Aboriginal and Torres Strait Islander policy strategies and frameworks.
- Drawing on emerging Aboriginal and Torres Strait Islander evaluation principles, develop culturally sensitive and responsive monitoring and evaluation frameworks that are suitably tailored to SEWB contexts involving young Aboriginal and Torres Strait Islander people.
- Commit to using promising practice evidence, and emerging evaluation data, to inform future policy development and reforms, particularly decisions that relate to funding allocations.



REFERENCES

- 1 Parker R, Milroy H. Aboriginal and Torres Strait Islander Mental Health: An Overview. In: Dudgeon P, Milroy H, Walker R, editors. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2014. p. 25-39.
- 2 Australian Psychological Society. Australian Psychological Society apologises to Aboriginal and Torres Strait Islander People 2016 [Available from: https://www.psychology.org.au/news/media_releases/15September2016/].
- 3 Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2019: in brief. Cat. no IHW 198. Canberra; 2018.
- 4 Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Social Survey 2014-15. Cat. no. 4714.0 2016 [Available from: <https://www.abs.gov.au/AUSSTATS/abs@nsf/Lookup/4714.0Main+Features100022014-15?OpenDocument>].
- 5 Walker R, Robinson M, Adermann J, Campbell MA. Working with Behavioural and Emotional Problems in Young People. In: Dudgeon P, Milroy H, Walker R, editors. Working Together : Aboriginal and Torres Strait Islander Mental and Health and Wellbeing Principles and Practice [2nd Edition]. ACT, Australia: Commonwealth of Australia; 2014. p. 383-97.
- 6 Department of Health. Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Canberra; 2015.
- 7 Commonwealth of Australia. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. Canberra: Department of the Prime Minister and Cabinet; 2017.
- 8 Department of Health. National Action Plan for the Health of Children and Young People 2020-2030. Canberra; 2019.
- 9 Gee G, Dudgeon P, Schultz C, Hart A, Kelly K. Aboriginal and Torres Strait Islander social and emotional wellbeing. 2nd ed. Canberra: Department of the Prime Minister and Cabinet; 2014.
- 10 Hinton R, Kavanagh DJ, Barclay L, Chenhall R, Nagel T. Developing a best practice pathway to support improvements in Indigenous Australians' mental health and well-being: a qualitative study. *BMJ Open*. 2015;5(8):e007938.
- 11 Davy C, Kite E, Sivak L, Brown A, Ahmat T, Brahim G, et al. Towards the development of a wellbeing model for aboriginal and Torres Strait Islander peoples living with chronic disease. *BMC Health Services Research*. 2017;17(1).
- 12 Kilcullen M, Swinbourne A, Cadet-James Y. Aboriginal and Torres Strait Islander health and wellbeing: Social emotional wellbeing and strengths-based psychology. *Clinical Psychologist*. 2018;22(1):16-26.
- 13 Social Health Reference Group. National Strategic Framework for Aboriginal and Torres Straits Islander People's Mental Health and Social and Emotional Well Being 2004-09. National Aboriginal and Torres Straits Islander Health Council and National Mental Health Working Group. Canberra 2004.
- 14 Whiteford HA. A national mental health policy for Australia. *Medical Journal of Australia*. 1992;157:510-1.
- 15 Whiteford H. Intersectoral policy reform is critical to the National Mental Health Strategy. *Australian Journal of Public Health*. 1994;18:342-4.
- 16 Mental Health Council of Australia. Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia. Canberra, ACT, Australia; 2005.
- 17 Council of Australian Governments. National Action Plan on Mental Health 2006-2011. Canberra, ACT, Australia; 2006.
- 18 Orygen The National Centre of Excellence in Youth Mental Health. PHN Briefing Paper: Models of youth mental health for young people experiencing severe and complex mental ill health. Melbourne, Victoria; 2018.
- 19 National Advisory Mental Health Council. Health care reforms for Americans with severe mental illness: Report of the National Advisory Mental Health Council. *American Journal of Psychiatry*. 1993;150:1447-505.
- 20 Government of Wisconsin. Chapter 51: State alcohol, drug abuse, developmental disabilities and mental health act. Updated 2011-12 Wis. Stats. Published and certified under s. 35.18. Madison, WI; 2014.
- 21 Whiteford H, Buckingham B, Harris M, Diminic S, Stockings E, Degenhardt L. Estimating the number of adults with severe and persistent mental illness who have complex, multi-agency needs. *Aust N Z J Psychiatry*. 2017;51(8):799-809.
- 22 Hudson S. Mapping the Indigenous program and funding maze - Research Report 18. Sydney; 2016.
- 23 Hudson S. Evaluating Indigenous programs: A toolkit for change - Research Report 28. Sydney; 2017.
- 24 Kelaher M, Luke J, Ferdinand A, Chamravi D, Ewen S, Paradies Y. An evaluation framework to improve Aboriginal and Torres Strait Islander health. Melbourne; 2018.
- 25 Australian Government Productivity Commission. Indigenous Evaluation Strategy. Productivity Commission Issues Paper. Melbourne, Victoria; 2019.
- 26 Fogarty W, Lovell M, Langenberg J, Heron MJ. Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing. Melbourne: The Lowitja Institute; 2018.
- 27 Institute for Urban Indigenous Health Annual Report 2017-18. Windsor, QLD: Institute for Urban Indigenous Health; 2018.

GET IN TOUCH

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL (03) 9966 9100 OR SEND AN EMAIL TO INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU

**REVOLUTION
IN MIND** *ory
gen*