



Australian Integrated Mental Health Initiative (AIMHI), Northern Territory

Overview

History

AIMHI NT, in partnership with the Department of Health and Community Services, is the Northern Territory site of this major National Health and Medical Research Council (NHMRC) Strategic Partnership initiative. AIMHI began its research activities in mid 2003 and has been consulting with Indigenous organisations since this time.

AIMHI NT is comprised of a number of key components including

- Relapse prevention;
- Mental health promotion and outcome measures;
- Service delivery;
- Research; and
- Data collection

Aims

AIMHI NT's overall aim is to improve mental health outcomes for Aboriginal and Torres Strait Islander people in the Northern Territory, with a particular focus on relapse prevention and co-morbidity.

Focus

The initiative operates on many levels but is primarily a mental health promotion activity.

Target group

The project is aimed at Aboriginal and Torres Strait Islander people living in remote areas in the NT who have a mental illness, their carers, families and service providers. An additional focus targets those who have co-morbid substance abuse and mental health problems.

Project structure

Lead agency

The overall lead agency for the AIMHI initiative is the University of Queensland

Partnerships

In the Northern Territory the project partners are:

- Co-operative Research Centre for Aboriginal Health (CRAH);
- Menzies School of Health Research;
- Department of Health and Community Services (DHCS); and
- Top End Division of General Practice (TEDGP).

The project works with three participating communities – Milikapiti, Nguiu and Groote Eyland, and is guided by an Indigenous Reference Group.

Funding

The initiative has received funding from:

- National Health and Medical Research Council
- Co-operative Research Centre for Aboriginal Health
- Department of Health and Community Services
- Alcohol Education and Research Foundation
- FIMHR
- Community Benefit Fund

Project description

The AIMHI NT project has a multi level approach involving:

- Service delivery: development and delivery of training packages and materials for service providers;
- Relapse prevention: trials of relapse prevention interventions in 3 communities;
- Health promotion: on going development of culturally appropriate multi media resources;



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- Data collection and outcome measures: via surveys, audits and outcomes papers; and
- Project promotion and research transfer: consultations and seminars held, publications distributed.

Additional readings and resources

The Need for Relapse Prevention Strategies in Top End Remote Indigenous Mental Health.
Nagel T. 2006.

Australian e-Journal for the Advancement of Mental Health Vol. 5, no.1.

www.auseinet.com/journal/vol5iss1/nagel.pdf

AIMHI Update.

Auseinetter 2005, Vol.23 no.1.

<http://www.auseinet.com/resources/auseinet/netter23/>

AIMHI Base Line Measures. Discussion Paper One.

Nagel T. 2003.

http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/HRSSP/RELAPSEPREVENTION/AIMHI_2003_DISCUSSION_PAPER_1.PDF

AIMHI NT Learning about Indigenous Mental Health Promotion. Discussion Paper Four.

Nagel T. & Judd J. 2004

http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/HRSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_4.PDF

AIMHI NT Integrating Mental Health into Primary Care. Discussion Paper Two.

Nagel T. 2004.

http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/HRSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_2.PDF

Mental Health Stay Strong Care Plan Package.

Nagel T. & Thompson C. 2006

http://www.auseinet.com/files/recovery/3aimhi_careplans.pdf

5 minute therapy? No worries! (Flip chart).

AIMHI NT 2004.

http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/HRSSP/RELAPSEPREVENTION/5_MINUTE_POWER_POINT.PDF

Strong Tree. (Poster).

http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/HRSSP/RELAPSEPREVENTION/BRIEFER+STRONG+TREE.PPT.PDF

Other publications may be made available via the AIMHI publications page:

<http://www.uq.edu.au/health/index.html?page=36344&pid=20333>

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Be Kind to Your Mind: Babum Yumal Project, Queensland

Overview

History

Be Kind to your Mind (BKTYM) is a Queensland Health campaign to promote mental health on a population level. The program uses television, radio and local press advertisements to run mental health promotion messages, and to invite the community to participate in mental health activities. The program commenced in July 2006. The 6 key messages of the campaign are:

- Talk about it
- Take a break
- Make contact
- Work it out
- Stress less.

'Babum Yumal' (Healing Body) is an Indigenous project within the BKTYM initiative.

Aims

The Babum Yumal activities aim to support the health and wellbeing of Indigenous communities through promoting and supporting healthy traditional lifestyles. These activities also aim to develop connections with local services and organisations. The 6 key messages of the BKTYM project are imbedded throughout Babum Yumal's activities.

Focus

This is a mental health promotion project. Good physical health and supportive social and cultural environments are important for good mental health and wellbeing.

Target group

Aboriginal and Torres Strait Islander people in the Innisfail (Qld) region.

Project structure

Lead agency

The Mental Health Promotion Unit, Population Health Branch, Queensland Health.

Partnerships

- Mamu Health Services,
- Active Gym,
- Police and Citizens Youth Club,
- Healthier Great Green Way and Nutrition,
- Physical Activity and Mental Health Promotion Unit, Tropical Population Health Unit, Cairns.

Funding

Funding is provided by Queensland Health.

Project description

Three eight-week programs have been developed. Activities include:

- walking groups;
- women's gym;
- men's gym; and
- 'Food we eat' and 'Healthy kids' cooking and nutrition information sessions.

Participants keep a health diary for the duration of the 8 week program.

Activities utilise local people, services and organisations. The program concludes with a Family Day and Christmas Party.



Additional readings and resources

Be Kind to Your Mind website:

<http://www.health.qld.gov.au/bekindtoyourmind/>

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Black Chicks Talking, Queensland

Overview

History

This program at the Mareeba High School is based on the film “Black Chicks Talking” (featuring the Aboriginal actor, Leah Purcell) in which a number of women discuss the triumphs and challenges of being an Aboriginal woman.

Presently, this is an ongoing program conducted once a year, involving sessions over a 6-8 week period.

Aims

The program aims to increase self esteem and to prepare young Indigenous women for the workforce.

Focus

This is a mental health promotion project. The activities assist Indigenous young women to develop strong, supportive social and cultural environments which are vital for social and emotional wellbeing.

Target group

The Black Chicks Talking Program is aimed at young Indigenous women attending years 9 and 10 of Mareeba High school.

Project structure

Lead agency

The program is conducted by Aboriginal mental health workers employed by Queensland Health.

Partnerships

The project is supported by Mareeba High School (particularly the school nurse) and the Atherton Neighbourhood Centre.

Funding

Funding is provided by Queensland Health.

Project description

The 6-8 session program typically includes:

- Talks by local elders regarding future, family issues, and the elders’ experience of being taken away from their families. The aim is to instil pride in culture and share Aboriginal history;
- Attendance at a career expo in Cairns to encourage discussion and thoughts about future education;
- Healthy motherhood session: a midwife and other nursing staff from the hospital facilitate discussion about contraception, sexual health etc;
- Conflict resolution skills session; and
- Deportment and grooming.

Evaluation

An informal evaluation is carried out at the end of each yearly program by the Aboriginal mental health workers. Comments from participants have been very positive, with indications that participants find the program useful and support the ongoing availability of the program.

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CommunityMatters: Stories in Diversity, National

Overview

History

MindMatters is a mental health promotion program for secondary schools. The CommunityMatters DVD "Stories in Diversity" is a MindMatters initiative supporting Aboriginal and Torres Strait Islander social and emotional wellbeing. These resources were launched in 2005 as training tools for teachers, Indigenous education workers, school principals and other school-based staff.

Aims and objectives

The focus of the DVD is on cultural inclusion and "demonstrating good school and classroom practice in terms of valuing diversity, working within a Health Promoting Schools Framework and showing family and community involvement in contributing to student health and wellbeing. The key messages in the DVD focus on optimism, resilience, connectedness, trust, safety, empathy, respect and help seeking"

(extract from MindMatters website).

Focus

This is a mental health promotion project, helping young people to develop an understanding of their own mental health and that of their community.

Target group

The primary target group is secondary school communities.

Project structure

Lead agencies/partnerships

MindMatters is conducted by Australian Principals Associations Professional Development Council (APAPDC) and Curriculum Corporation.

Aboriginal and Torres Strait Islander work is guided by a Community Matters Project Officer, a MindMatters Indigenous Project Support Officer and the MindMatters Aboriginal and Torres Strait Islander Advisory Committee.

Funding

Funding is provided by the Australian Government Department of Health and Ageing.

Project description

CommunityMatters contains multimedia materials which will encourage school communities to explore issues around

- Identity, culture and community;
- Managing the wellbeing of diverse groups of students (particularly those who feel marginalised); and
- The importance of resilience and connectedness.

The initiative is introduced with a 'school audit' of protective factors and continues with a series of discussions, research and exercises.

The main sections of the DVD are:

- 'The Big Picture' which provides an overview of cultural diversity with opportunities for brainstorming and discussion;
- Four stories (based on real experiences from schools with Indigenous students) which explore the themes of: connectedness, school & community partnerships, optimism and resilience; and
- 'Perspectives' explores loss and grief, trust and safety, and student empowerment.



Additional readings and resources

Mindmatters Website: Aboriginal and Torres Strait Islander page:
<http://cms.curriculum.edu.au/mindmatters/atsi/index.htm>

CommunityMatters DVD/Handbook webpage:
<http://cms.curriculum.edu.au/mindmatters/community/index.htm>

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Family Well Being, Queensland

Overview

History

Family Well Being (FWB) is a nationally recognised program about empowerment for Aboriginal and Torres Strait Islander people. In Queensland, the Family Well Being project has played an important role in Aboriginal and Torres Strait Islander social and emotional well being for a number of years.

The program has been piloted in Far North Queensland at several sites including: Hopevale, Wujul Wujul and Yarrabah.

Aims and objectives

The FWB program, as adapted in north Queensland, is a two-step participatory action research (PAR) process that helps people explore the important issues affecting their daily lives, recognise their own strengths and resources, generate knowledge and take action to improve their situation, often in solidarity with external facilitators.

The program aims to empower participants and their families through training in analytical and problem solving skills in order to assume greater control and responsibility over the conditions which influence their lives.

Focus

This is a mental health promotion initiative. The FWB program is premised on the notion that all humans have basic physical, emotional, mental and spiritual needs, the denial of any of which may result in difficulties including lack of resilience and associated inability to cope with everyday challenges of life.

Target group

The program is targeted broadly to parents and families.

Project structure

Lead agencies

The program has been piloted in Far North Queensland by:

- Apunipima Cape York Health Council (Hopevale and Wujul Wujul)
- Gurriny Yealamucka Health Services Aboriginal Corporation (Yarrabah), and
- Indigenous Youth and Family Support workforce of the Queensland Department of Communities, Far North Queensland region.

Partnerships

James Cook University and The University of Queensland have been project partners at all sites, with roles in evaluation and facilitator training.

Funding

The project has been mainly funded under the National Suicide Prevention Strategy. Additional funding has been provided by the Co-operative Research Centre for Aboriginal Health and the National Health and Medical Research Council to develop quantitative tools to measure outcomes in relation to cost effectiveness.

Project description

'Step One' of the program is about personal development and empowerment. It involves structured personal development workshops, in a safe group environment, which provide opportunities for participants to build trusting relationships, think about their individual needs and aspirations, and develop life skills, strategies and support mechanisms to help each other meet those needs. Some of the workshop topics include leadership, relationships, conflict resolution, life journey, understanding emotions and understanding the meaning and purpose of crisis and ways of dealing with crisis.

'Step Two' is about applying new skills at the broader family and community level. It involves follow-up community development processes aimed at supporting participating groups to collectively address



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community issues identified from the personal development training. Community development processes initiated by the program have focused on: poor school attendance, child-care planning, exploring meaningful work for men, and addressing the shortage of housing.

Additional readings and resources

Aboriginal and Torres Strait Islander Family Well Being.
Auseinetter, Issue 26, no.1, p.32. 2006.

http://www.auseinet.com/resources/auseinet/netter26/auseinetter_26.pdf

Evaluation of an Aboriginal Empowerment Program.
Tsey K. & Every A. 2000.

Co-operative research Centre for Aboriginal Health, Casuarina, NT.
<http://www.crcah.org.au/documents/OP1.pdf>

Adapting the Family Wellbeing Empowerment Program to the Needs of Remote Indigenous School Children.

Tsey K, Whiteside M, Daly B, Deemal A, Gibson T, Cadet-James, Y, Wilson A, Santhanam R & Haswell M. 2005.

ANZ Journal of Public Health, vol. 29, no.2, p 112-116.

<http://www.phaa.net.au/anzjph/anzjph/2005%20Edition/Vol%2029%20no2%20-%20April/112.htm>
(abstract only)

The Family Wellbeing Empowerment Program: A tool for family violence prevention?

Proceedings of the CROCCS International Conference: Building Stronger Families, August 2004.

http://www.croccs.org.au/downloads/2004_conf_papers/040803MaryWhitesidePaperPUBLISH16.pdf

Evaluation

The program continues to be evaluated at all the sites using mainly qualitative information from participants about the changes they have experienced and the impact of such changes on their health and well being. Both the Hopevale and Yarrabah projects have been evaluated. Findings to date indicate that participation in structured empowerment initiatives developed for Indigenous settings can significantly enhance participants' feelings of control and responsibility for the conditions affecting their health and well being. Participants have demonstrated enhanced self worth, resilience, ability to reflect on the root causes of problems, problem solving ability, as well as an improved sense of hope that their situation can change.

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Let's Start, Northern Territory

Overview

History

The Let's Start Program is based on an earlier initiative called the Ngaripirriga'ajirri Early Intervention Program set up for Tiwi children of primary school age. Domestic and family violence, suicide rates and substance abuse were seen to be having a major effect on the behaviour of children in the Tiwi Islands. The initiative was developed in response to this crisis amongst children and families in the communities.

Aims

The primary aim of Let's Start is to identify and support families with pre-school children experiencing emotional and behavioural difficulties. Support will be provided for parents to develop their parenting skills, and for the children to develop problem solving and social skills. Families will be encouraged to identify positive behaviour and build family strengths. Other issues that are addressed during the course of activities are domestic and family violence and suicide.

Focus

This is an early intervention program. Children are referred to the program after showing signs of targeted negative behaviours.

Target group

The target group is Indigenous Tiwi Island pre-school children (4-6 years of age) with conduct disorders or behavioural difficulties, along with their parents or primary care-givers.

Project structure

Lead agency

School for Social Policy and Research, Charles Darwin University.

Partnerships

Let's Start is being delivered through partnerships between Charles Darwin University and

- the Northern Territory Government,
- the Catholic Education Office,
- Cooperative Research Centre for Aboriginal Health,
- Tiwi Health Board and
- participating schools.

The initiative also involves a range of organisations that provide support for families within the communities.

Funding

Funded by the Australian Government under the Stronger Families and Communities Strategy. Additional funding has been received from the NT Government and the Australian Research Council.

Project description

The initiative consists of 10 weekly sessions where parents, children and trained group leaders participate in small group activities that are aimed at:

- Developing children's social skills;
- Reducing identified problem behaviour;
- Assisting parents and children to learn problem-solving skills; and
- Assisting parents to identify family strengths and to encourage positive behaviour in their children.

Additional readings and resources

Let's Start Website.

<http://www.cdu.edu.au/letsstart/>



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Ngaripirliga'ajirri: Cross-cultural issues in evaluating an Indigenous early intervention program.

Robinson G. & Tyler W. 2005.

Proceedings of the TASA Conference 2005, University of Tasmania.

http://www.cdu.edu.au/sspr/documents/indigenous_robinsonpublishedpaperinproceedings_000.pdf

Ngaripirliga'ajirri: Evaluation of an early intervention program on the Tiwi Islands: Interim report, December 2003.

Robinson G. & Tyler W. 2003.

http://www.cdu.edu.au/sspr/documents/7879_Interim_Report_FINAL.pdf

Investing in Futures: A critical view of options for early intervention and prevention in Indigenous communities.

Robinson G. 2003.

Northern Australia Research Unit, Australian National University, Canberra.

<http://naru.anu.edu.au/papers/robinsonpaper.pdf>

Evaluation

An evaluation of the Ngaripirliga'ajirri Early Intervention Program was conducted in 2003 by Dr Gary Robinson and Dr Bill Tyler, School for Social and Policy Research, Charles Darwin University. The findings of this evaluation can be found in the document:

Ngaripirliga'ajirri: An early intervention program on the Tiwi Islands – Final evaluation report

Robinson, G. & Tyler, B. 2006,

School for Social and Policy Research, Charles Darwin University, Darwin.

<http://www.cdu.edu.au/sspr/documents/Ngaripirliga'ajirri.pdf>

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Yarrabah Men's Health Initiative, Queensland

Overview

History

During the 80's and 90's the Yarrabah Aboriginal community suffered from the effects of a cluster of violent suicides by young men. These events prompted a range of local initiatives aimed at strengthening the community. The Yarrabah Men's Health Initiative was one such activity, and was formed in 1997 as a voluntary support group.

Aims

The main aim of the group according to the original vision statement was: 'to restore men's rightful role in the community using a holistic healing approach, encompassing in the program the spiritual, mental, physical, emotional and social aspects of life'.

Focus

The Yarrabah Men's Health Initiative is primarily a suicide prevention project.

Target group

Aboriginal men living in the Yarrabah community.

Project Structure

Lead agencies/partnerships

The project is a collaboration between:

- University of Queensland
- James Cook University
- Gurriny Yealamucka Aboriginal Health Service, Yarrabah.

Funding

The Yarrabah Men's Health Initiative started with no funding in 1997 and was run by volunteers from the community. In 2001 it secured 2 years of National Suicide Prevention Strategy funding. This allowed two local men to be employed (1 full-time and 1 part-time) to co-ordinate and support the activities of the Men's Initiative.

In January 2004 the National Health and Medical Research Council (NHMRC) provided funding for 3 years to consolidate the initiative and extend it to one other community.

Project Description

The Men's Health Initiative is based on a Participatory Action Research (PAR) model of intervention. One of the first steps of the PAR process is to encourage the men to translate their 'vision statement' into concrete achievable goals. As part of this the men describe the characteristics and behaviour patterns of a 'Yarrabah man playing his rightful role in community'. This has taken the form of the 'Dos and Don'ts Chart' listing positive personal qualities to develop, and negative qualities to avoid.

Other key activities are:

- Development of a Strategy Plan focusing on: employment, education and training, tradition and culture; leadership and personal development, and health services for men;
- Weekly education meetings, bonding activities, hunting and fishing trips;
- Organising referrals from the local magistrate courts;
- Development of a Small Business Feasibility Study;
- Detailed business plans for 3 potential business initiatives for men: cultural dancing, landscaping, and stone masonry;
- Extension of the PAR process to one other Indigenous men's group;
- Support for a group of young men to transform their church-based dance group into a viable small business;
- Development of a literature review of business enterprise development in Indigenous communities; and
- Partnerships with Indigenous dance groups in White Buffalo, Canada.



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(from "Social Determinants of Health, Rural Indigenous Men and Participatory Action Research", Wenitong, M. et al. 2004).

All participants are involved in personal evaluations to rate their individual performance and behaviours.

Resources

Yarrabah Men's Health Group website:

<http://www.yababimbie.org.au/mensgroup.html>

Social Determinants of Health, Rural Indigenous Men and Participatory Action Research. Wenitong M, Baird L, Tsey K, McCalman J, Patterson D, Baird B, Whiteside M, Fagan R, Cadet-James Y & Wilson A. (2004).

Proceedings of 2004 World Congress for Rural Sociology, Trondheim, Norway.

<http://www.yababimbie.org.au/Resources/2.Social%20determinants%20%23%2325B.pdf>

A Participatory Action Research Process with a Rural Indigenous Men's Group: Monitoring and Reinforcing Change.

Tsey K, Wenitong M, McCalman J, Baird L, Patterson D, Baird B, Whiteside M, Fagan R, Cadet-James Y, & Wilson A. (2004).

Australian Journal of Primary Health, Vol.10, no.3, p.130-136

<http://www.yababimbie.org.au/Resources/3.A%20participatory%20actio%23258.pdf>

(Other reports may be made available from

<http://www.yababimbie.org.au/paperspublished1.html>.)

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