



Cooperative Research Centre for
Aboriginal Health

**Social and Emotional Wellbeing
Aboriginal
Health**

**Industry Roundtable
7 September 2006
CAIRNS**

Contents

Introduction.....	2
The Social Emotional Wellbeing Industry Roundtable.....	2
CRCAH Overview	3
SEWB Program Overview.....	3
SEWB Scoping Paper Overview.....	4
Indigenous Men’s Groups Overview.....	6
Two Trees Exercise.....	17
Circles Exercise.....	8
Questions Exercise.....	9
Session Roundup.....	10
BalunuDVD.....	11
APPENDICES.....	12

Introduction

The Social Emotional Wellbeing of Aboriginal Health (SEWB) Industry Roundtable was held in Cairns on 7 September 2006.

The aim of the Roundtable was to examine the current Cooperative Research Centre for Aboriginal Health (CRCAH) activities within the Social Determinants of Health Program and produce a list of research questions as prioritised by the Community Controlled Health Sector and other organisations servicing Aboriginal peoples.

(APPENDIX 1. Agenda)

The generated list of activities will go to the CRCAH Board who will then direct the further development of the Social Emotional Wellbeing Program.

The Social Emotional Wellbeing of Aboriginal Health Industry Roundtable

The Social Emotional Wellbeing of Aboriginal Health (SEWB) Industry Roundtable was opened by Mr Mick Gooda, CEO, CRCAH. The Goal of the CRCAH's Social and Emotional Wellbeing Program is to “strengthen resilient relationships in Aboriginal families and communities by appropriate interventions: including a better understanding of the role of social and cultural relationships as determinants of health”.

The focus of the Social Emotional Wellbeing program is to undertake collaborative research that will meet the priorities of Aboriginal communities and organisations, and which can be translated into policy and practice and make a difference in improving the health and wellbeing of Aboriginal people.

Mick acknowledged the Traditional Owners of the Land and welcomed all participants to the Roundtable from the Community, Research, Health and Government sector.

He then invited all attendees to introduce themselves and Mick acknowledged the attendance of Mr Mike Degagne, Executive Director of the Aboriginal Health Foundation in Canada.

(APPENDIX 3. Attendance List)

CRCAH Overview

A presentation by Mick provided an overview of the CRCAH's role and function and included background on the current five program areas of the CRCAH, with Social and Emotional Wellbeing being one of those programs. Mick stressed the importance of this roundtable meeting in terms of the priorities raised at the meeting guiding the development of future research in the area of SEWB. **(APPENDIX 2. CRCAH Overview)**

Mick then invited Mr Mike Degagne to give an overview of the Aboriginal Healing Foundation in Canada. Mick spoke about some of the historical issues that led to the creation of the Aboriginal Healing Foundation and the current situation of Governance by the First Nation people.

Mick wrapped up the session by saying that doing good research today may in fact overcome problems in the future.

SEWB Program Overview

Ms Jenny Brands, Research Director, CRCAH, gave a short overview of the Social and Emotional Wellbeing Program and requested participants to identify gaps and priorities within the area of SEWB and provide advice to the CRCAH about possible future research.

Jenny then highlighted that the program is broader than just mental health, it's also about resilience, strengths and the positives of social and emotional wellbeing as opposed to the negatives of chronic mental health. However the CRCAH does recognise the strong connection between social and emotional wellbeing and mental health. Individuals reiterated that the focus of the Roundtable was to look at setting priorities for the program.

Mr Tom Brideson and Ms Melissah Feeney, SEWB Project Leaders gave a brief overview and summary on their involvement within the program.

SEWB Scoping Paper Overview

Ms Wendy Edmondson, a consultant to the program, gave a short presentation about the social and emotional wellbeing scoping paper and research priorities in this area.

Social and emotional wellbeing is a relatively new concept which has gained currency over the last decade. It is a broad complex term that is both multi-dimensional and multi-layered. Interpretation of what social and emotional wellbeing means varies across groups and through the life course. It has been described variously as ranging from “being connected to country” to encompassing serious mental health issues.

The scoping paper draws on Aboriginal perspectives of health in seeking to understand social and emotional wellbeing, particularly holistic concepts that incorporate the collective social, spiritual, emotional and cultural wellbeing of Aboriginal people. Many Aboriginal languages do not have a word that readily translates into “health” instead wellbeing is described as happiness, land, law, strength and social responsibility. In a historical context, the psychological, economic and social framework in which people lived was socially determined through relationships with the land and with all living creatures.

Although there has been little documentation of social and emotional wellbeing interventions, much of the activity attributed to this domain addresses the impact of colonisation - grief, loss, stress, anger and despair, that manifests in family breakdown and violence, substance use, suicide, high levels of incarceration. At a societal level loss of land and culture, successive government policies, racism, oppression, and lack of equality and social justice, have all contributed to social and cultural dislocation.

There has been a degree of uncertainty about where the concept of mental health sits in relation to social and emotional wellbeing; it has been suggested that it complements, or can be used interchangeably, with SEWB. Alternatively, SEWB is viewed as less stigmatised than mental disorders, and provides a more holistic approach to mental health. Mental health needs to be recognised as part of the discussion around SEWB as policy makers, service providers and funding agencies have generally incorporated mental health considerations in SEWB programs and policy. Much of the current policy and strategy around SEWB has been strongly influenced by the National Aboriginal

Health Strategy (1989), and the Ways Forward evaluation (1995), the Royal Commission into Aboriginal Deaths in Custody and the Bringing Them Home report.

The Commonwealth Government has developed a Framework for Aboriginal social and emotional wellbeing and mental health, and most states and territories have developed SEWB strategies to guide their work. Interventions at the community level include the provision of SEWB counselling for individuals, and families, healing programs, men's and women's programs, community development and empowerment programs, early intervention and education programs. Specific programs and strategies that address the effects of colonisation and fall within the scope of SEWB include substance use, family violence, child abuse, and suicide prevention. Current discussion around SEWB has identified the need to develop research around the following issues:

- **Resilience**

What is resilience? Why are some families and communities doing better? How can information about resilience be translated into policy and practice?

- **Protective factors**

What factors offer protection in an Aboriginal context? Connectedness to culture and country, family and community promote positive self-esteem and sense of identity. Relationship with a primary care giver and the opportunity for bonding and attachment act as buffers against negative influences.

- **Risk factors**

Aboriginal communities, and in particular children, may be negatively affected by multiple life stress, racism, community deaths, bullying and social exclusion.

- **Promotion, Prevention and Intervention**

What strategies are effective in promoting social and emotional wellbeing? Identify and evaluate those that build on a community strengths approach. Much work is being done around children and families.

- **Measuring Social & Emotional Wellbeing**

How is social and emotional wellbeing measured? Need to identify appropriate ways to assess improvement. There is a need to culturally appropriate data collection and evaluation methodologies.

- **What works and sustainable strategies**

Examine successful interventions to determine what makes them work. How can existing interventions be adapted to meet needs in other contexts?

- **Dissemination the research**

Need to examine ways of sharing information, research and research transfer.

Indigenous Men's Groups Overview

Associate Professor Komla Tsey, James Cook University is the Program Leader for a 10 year Empowerment Research Program (2001-2010). The overall aim of the program is to examine the roles and contribution of concepts of empowerment and control in enhancing Indigenous social and emotional health. The research has so far focussed on the Indigenous developed Family Wellbeing empowerment program and Men's Groups as the main vehicles for researching the contribution of empowerment and control to improving social and emotional health.

The main collaborating partners are James Cook University, University Queensland, Gurriny Health Service in Yarrabah, Apunipima Cape York Health Council, Men's Groups in Yarrabah and Innisfail, Queensland Department of Communities. For further information on the program, publications and report:

http://www.faess.jcu.edu.au/sias/research/empowerment_research_program.html.

Two Trees Exercise

Dr Tarquam McKenna led an exercise using the 2 Trees Metaphor.

The first tree was old, grey and desolate and the second tree was new, brown and flourishing. Tarquam facilitated discussion on what the 2 trees represented and how they were connected. Participants identified with both trees, but also saw the need to have a connecting root system that acknowledged the past and the present.

As part of the exercise, participants were then asked to summarise in words what the grey tree represented and how this can reflect how people lived in the past. The participants were then asked to do the same process to the young brown healthy tree and to think about what needs to happen for positive transition and change to occur for individuals, families and communities, to enable them to move forward.

Finally, participants were asked to write words or expressions on how to facilitate this positive change.

The exercise highlighted the positive thoughts and expressions associated with the future as opposed to the past.

OLD GREY TREE	TRANSITION	NEW BROWN TREE
Rape	Solutions for Identity Issues	Education
Loss Of Culture	Talk To The People	Holding
Loss Of Land	Culturally Appropriate Counselling	Look At Own Healing
Massacre	Healed Workers	Family Together
Oppression	Recovery from Addictions	Pride From
Genocide	Personal Healing	Country Of 1 st
No Opportunity	Sobriety	Nation Peoples
Loss Of Authority	Guiding	Support
Abuse	Healing Centres	Knowledge
Loss Of Family	Our Children Are Our Future	Respect & Strength
Loss Of Language	Programs To Address Real Issues	Telling The Story Of
The		
Frustration	Develop From Grass Roots	Past
Survival	God & Spirit	Sober Workers
Pain	Conciliation	Conciliation
Racism	Hope	Resilience

Circles Exercise

Following general discussion about the tree exercise, participants were given circles that had been sectioned into quarters.

This exercise originated from the First Nation people of Canada, from the idea of “My Circle Pure and Strong” meaning a balance of mental, physical, spiritual and emotional keeps your culture and identity close to your heart and helps to protect you.

The quarters handed out for the exercise were labelled; Resilience, Emotional, Physical & Spirituality. Participants were asked to write words or expressions relating to these 4 headings. Groups moved away to discuss what these words meant and were then invited to stand and give an overview of their findings and thinking. The feedback:

RESILIENCE	EMOTIONAL	PHYSICAL	SPIRITUALITY
<ul style="list-style-type: none"> · Mobilising people to heal themselves in peer group, through grass roots action 	<ul style="list-style-type: none"> · What are the impact & coping mechanisms of communities to trauma & how to bring about CHANGE, building capacity & sustainability 	<ul style="list-style-type: none"> · Identify external factors that impact on family & work to change study groups that look at issues impacting on them & what can be done to change it (facilitated discussions, newspapers, analysing, developing action. 	<ul style="list-style-type: none"> · Role of kinship, caring for country, participating in family writing, fishing trips
<ul style="list-style-type: none"> · Look at what's working & enhance that 	<ul style="list-style-type: none"> · Shaming processes 	<ul style="list-style-type: none"> · Connection to land 	<ul style="list-style-type: none"> · Joy of a simple life
<ul style="list-style-type: none"> · Develop a simple, agreed common language about building strength 	<ul style="list-style-type: none"> · Facing what has happened & moving on 	<ul style="list-style-type: none"> · Building on what's come before 	<ul style="list-style-type: none"> · Can't capture in words, label, not tangible
<ul style="list-style-type: none"> · Role of language, learning about 	<ul style="list-style-type: none"> · What we feel or our feelings 	<ul style="list-style-type: none"> · Need to go beyond silos 	<ul style="list-style-type: none"> · “if you haven't got it, you haven't got it”

.	.	.	· Power of it is strong
.	.	.	· Learning of respect
.	.	.	.
.	.	.	· Everybody has it, most common element between all Indigenous people

Questions Exercise

As a final exercise, Tarquem encouraged participants to identify and develop research questions for the Social and Emotional Wellbeing Program.

Some of the questions developed and identified included:

1. What makes a strong family? How have we been strong enough to survive?
2. Parenting programs – what works?
3. How do we evaluate what is working and why? Identifying good models.
4. How do we become more active or advocate, ensuring that what is working is then passed on to funding organisations and service providers, such as Governments?
5. How do we validate what parenting is, within a broader context than just being parents?
6. What is parenting? And what does that mean within our Communities?
7. What makes one family more resilient than another family? Is it kinship structures? What are some of the opportunities? Is it financial? How can this notion of resilience and opportunities be transferred to others?
8. What is family? And what makes a family?
9. What are the similarities within strong families? And what are the similarities within dysfunctional families?
10. Communication and respect for elders, their view of things both passed and present and younger generations perspective, how do we bring them together?
11. Spirituality, is it a part of resilience? There is very little evidence in the literature about the importance of Aboriginal spirituality on an individual, family and community level.
12. What is the role of spirituality with social and emotional wellbeing? How is it legitimised?
13. What if any is the evidence of the role of spirituality in the promotion of or enhancing Indigenous social and emotional wellbeing?
14. Issues around workforce, what skills are needed, including the 'invisible' skills needed to work in this area of mental health?
15. What are some of the gaps within the workforce, ie: skills required versus available trained workforce? And how this might be addressed?
16. Building capacity within individuals, families and communities – to build a network of researchers and practitioners within this field through regular roundtables and workshops, learning workshops and forums.
17. To establish a central home for information and resources within this area of social and emotional wellbeing.

Session Roundup

Mick summarised the events of the day and highlighted the emerging themes around: spirituality, resilience, evaluation, resource allocation, workforce issues and the importance of family.

Mick then invited Ms Vicky Grieves, a Consultant, to present a brief overview of a 3 year project that she had done for the NSW Department of Environment and Conservation regarding Parks and Land and Aboriginal ownership and management which highlighted significant links to wellbeing.

Ms Paula Arnol, CEO Danila Dilba Aboriginal Medical Service, Darwin suggested that a definition of resilience should be discussed in order to develop common language, so that we all have the same understanding of such terms as resilience. Paula offered to facilitate a 'think tank' around these issues.

Mick then thanked participants for their efforts and requested for people to 'go away thinking'. He also invited the participants to consider best practices and ways of doing things that work and to share this with others. Mick felt that the roundtable built strong networks and was a good exercise in building relationships.

The CRC AH would like to stay connected to participants. Contact details for the CRC AH and this report will be circulated and featured on the CRC AH website, which is currently under construction www.crcah.org.au

Balunu DVD

Following dinner, participants watched a short video on Balunu Development Aboriginal Corporation Cultural Healing Program. David Coles, Director highlighted the program his team has developed working with young vulnerable Indigenous boys within the Darwin area.

Balunu is dedicated to relieving suffering, distress and hopelessness in Indigenous youth, through a holistic healing approach. Culture, Identity and spiritual healing are the foundation our program. Breaking the negative generational dysfunctional cycles and creating positive ones is our long term goal. Balunu means Creation and that is what we are about the creation of Strong Culture, Strong Youth, and Strong Leaders for a Strong Future. Unity is our best way forward, working together to find solutions to the issues we face and striving to heal and strengthen our youth is vital for our future.

David Coles contact details:

Director

Balunu Development Aboriginal Corporation

PO Box 40798 Casuarina 0811

Mobile: 0424 108 979

APPENDICES

APPENDIX 1..... Social and Emotional Wellbeing - AGENDA

APPENDIX 2..... CRCAH - Overview

APPENDIX 3..... Attendance LIST

Appendix 1.

AGENDA

Time:	Thursday 7 September	notes
8:30	Tea & Coffee available on arrival	Tea/coffee
9 – 9:15am	Welcome & Introductions Agenda & Purpose of the Meeting	15 mins: Welcome from local Elder, Roundtable introductions Mick
9:15 – 9:30 am	Introduction to CRC for Aboriginal Health & Facilitated program development approach. Scoping paper & Draft Program Statement. Drs Inge and Charlotte's Projects and Ass Prof. Komla Tsey Men's Project	30 mins: Mick Gooda Jenny Brands Wendy Edmondson
10 – 10:15am	Morning Tea	15 mins
	Introduction to Social Emotional Wellbeing of Health Program – Introduction of themes.	Introduce the two trees & the themes. Dr Tarquam McKenna
	Discuss and explore systematic research and sustainable programs in the areas of resilience and attachment - What was the catalysts that improved this? What caused the shift?	Have two trees design on a wall/whiteboard and have people place words/expressions on each tree. Form groups to fill in the circles on the tables.
12:30 – 1pm	LUNCH	1 hour
	Facilitated discussion to identify knowledge and gaps in current activities/funding/research etc	
	Afternoon Tea	15 mins
	Where to from here?	
4:00pm	Wrap up, Next steps, Close	1 hour

Power Point Overview CRCAH

Appendix 2.

The Social Emotional Well Being of Health Roundtable

7 September 2006

The Cooperative Research Centre for Aboriginal Health

- Formerly the Cooperative Research Centre for Tropical and Aboriginal Health
- In year 3 of a 7 year funding cycle from the Department of Education, Science & Training (DEST) under the CRC Program
- 12 Core Partners
- 7 Associate or Supporting Partners

The CRC Program Objectives are to:

- Enhance the contribution of long-term scientific and technological research and innovation to Australia's sustainable economic and social development
- Enhance the transfer of research outputs into commercial or other outcomes of economic, environmental or social benefit to Australia

- Enhance the value to Australia of graduate researchers; and
- Enhance the collaboration among researchers, between researchers and industry or other users, and to improve efficiency in the use of intellectual and other research resources

(At present there are about 72 CRCs funded across Australia)

CRCAH PARTICIPANTS

The CRCAH is made up of Participants (Core Partners) which are organisations representing either the Health Industry (Industry) or Research Institutions or Universities (Researchers)

INDUSTRY

- Central Australian Aboriginal Congress (Congress)
- Danila Dilba Butji Binnitulum Medical Service (Danila Dilba)
- Commonwealth Department of Health & Aging (DoHA)
- Northern Territory Department of Health & Community Services (DoHCS)

RESEARCHERS

- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
- Flinders University (FU)
- La Trobe University (La Trobe)
- Menzies School of Health Research (MSHR)
- Melbourne University (MU)
- Charles Darwin University (CDU)
- University of Queensland (UM)
- Queensland Institute of Medical Research (QIMR)

CRCAH GOVERNANCE

The CRCAH is governed by a Board, the majority of which are Aboriginal.

It consists of at least 12 Members who are either Independent or representatives of Industry or Researchers

The Independent Members can only be Aboriginal and includes the Chair and at least 2 other Members

Our Vision

Sustained improvement in Aboriginal Health through strategic research and development

Our Objectives

To ensure highest quality research is carried out with greatest impact on Aboriginal health outcomes through improved partnerships, greater Aboriginal participation and control and better ethical practices.

We do this by

- Carrying out research that Aboriginal People and Health Services need
- Making research meaningful to our people by transferring into practical change
- Ensuring specific plans are made and acted upon to promote the transfer of findings into policy and practice including:
 - the application of research findings,
 - address barriers to uptake,
 - advocate change which will enable the use of research findings in policy and service provision

The Programmatic Approach

The key CRCAH principles include:

- potential users of research are involved in its planning, conduct and dissemination, both within individual projects and the programs as a whole;
- projects/programs are targeted towards specific outcomes and planned to achieve these outcomes;
- research is of high quality and credibility;
- specific plans are made and acted upon to promote the transfer of findings into policy and practice.

- capacity development for those involved in our research
- cooperation between different parties, organisations and between different disciplines;
- solves identified problems or to show how to break down a structural barrier to health for Aboriginal people.

The Programs

- Healthy Skin;
- Chronic Conditions;
- Primary Health Care, Systems and Workforce;
- Social Determinants and the Physical Environment; and
- Aboriginal Social and Emotional Wellbeing.

The CRCAH Budget

- Is used to articulate the CRCAH priorities;
- Provides certainty to develop project proposals;
- Is considered a 'work in progress' and is revised at regular intervals; and
- Forms the basis for reporting and therefore is a vital element in the accountability process.

Proposed program allocations 2006-2008, NOT including existing project commitments



Facilitated Research Development

- Not a typical 'Expression of Interest' process
- Has the Board deciding its priorities as the first step in the process
- Facilitates the development of a research proposal around the identified priorities
- Aboriginal involvement in each step is non-negotiable

The Process

- Development of research concepts
- Consultation with the Aboriginal health sector
- Board deciding priorities
- Program Leaders and Managers identify Project Leaders then jointly develop the research proposal
- Quality Assurance
- Project approval

Attendance list

Appendix 3.

Name	Position/Area	Organisation	Phone	Fax	Mobile	Email
Ada Parry	Coordinator - Cultural Educators / Mentors	NTGPE	08 89467079			ada.parry@cdu.edu.au
Alexis Higlett	Councillor	Danila Dilba Health Service	08 89423144			ahiglett@daniladilba.org.au
Allen Smith	Regional Manager	DEWR	07 40487151	07 40487164	0408 744 624	allen.smith@dewr.gov.au
Annette Jackson	Research Manager	Take Two - Berry Street Victoria	03 94792742		0400 032 475	ajackson@berrystreet.org.au
Arwen Pratt	Program Manager	CRCAH	08 82017761	08 89227797	0411 084 787	arwen.pratt@flinders.edu.au
Barbara Beacham	Program Manager	CRCAH	08 82017767		0428 740 001	barbara.beacham@flinders.edu.au
Brian McCoy	NHMRC - P / Doc Fellow	ARCShS / Centre of Health Society Melbourne	03 92855775	03 92855220	0438 811 803	b.mccoy@latrobe.edu.au
Carolyn Thompson	Research Officer	Menzies School of Health Research	08 89227945		0411 466 613	carolyn.thompson@menzies.edu.au
Charlotte De Crespigny	Professor - Alcohol & other drugs	Flinders University	08 82015226		0434 019 403	charlotte.decrespigny@flinders.edu.au
Connie Salamone	Program Manager - Development & New initiatives	VACCA	03 83881855	03 83881898		connies@vacca.org.au
Cyril Oliver	Link Person	Danila Dilba Health Service	08 89819700	08 89813688		cyril.oliver@daniladilba.org.au
David Cole		Balunu Development Aboriginal Corporation	08 89278207		0424 108 979	one1111@hotmail.com
Donna Ah Chee	Deputy Director	Central Australian Aboriginal Congress	08 89514403	89530350		donna.ahchee@caccongress.com.au
Elizabeth Hayden	Senior Social Worker	Yorgum Aboriginal Family Counselling Service	07 40801000		0402 763 105	
Fiona Haddon	Branch Manager SEWB	Central Australian Aboriginal Congress	08 89584516	08 89514440	0439 815694	fiona.haddon@caac.org.au
Gregory Phillips	National Program Manager	CDAMS / University or Melbourne	03 83440640	03 83440824		gphil@unimelb.edu.au

Inge Kowanko	Flinders Aboriginal Health Research Unit	Flinders University	08 82015898		0439 661 079	inge.kowanko@flinders.edu.au
Jane Harrison	Aboriginal Research Officer	La Trobe University			0408 908 638	j.harrison@latrobe.edu.au
Jenny Brands	Research Director	CRCAH	08 89228811	08 89227797		jenny.brands@crcah.org.au
Julie Wallis	Manager - A.C.H.A Program	A.I.A.R.S	07 40446900	07 40446990		
Kerry Arabena	Visiting Research Fellow	AIATSIS	02 62614228		0418 159 820	kerry.arabena@aiatsis.gov.au
Kim Manias	Medical Educator	NTGPE	08 89467079		0410 315 854	
Komla Tsey	Researcher	James Cook University			0428 282 806	komla.tsey@jcu.edu.au
Kyllie Cripps	Indigenous Post Doc Research Fellow	Onemda VicHealth Koori Health Unit UniMelb	03 83440716	03 83440824	0400 142 730	kcripps@unimelb.edu.au
Les Corlett	Senior Aboriginal Clinician	Take Two - Berry Street Victoria	03 93591900		0407 502 408	lcorlett@berrystreet.org.au
Letisha Petterson	Medical Educator	NTGPE	08 89467079		0417 454 320	latisha.petterson@ntgpe.org.au
Linda Quall	Admin Officer / Research Support	CRCAH	08 89228777	08 89227797		linda.quall@crcah.org.au
Liz Pearson	Health Policy & Planning	Apunipima Cape York Health Council	07 40517450	07 40517940		
Mark Munnich	Manager - DDHS Youth Services	Danila Dilba Health Service	08 89323166	08 89329762	0414 892 044	mark.munnich@daniladilba.org.au
Melisah Feeney	Program Leader	FACS	02 62447545			melisah.feeney@fac.gov.au
Melissa Haswell - Elkins	Senior Lecturer & Unit Head	University of Queensland	07 40468563	07 40468555		melissa_haswell@health.qld.gov.au
Mick Gooda	CEO	CRCAH	08 89228473	08 89227797		mick.gooda@crcah.org.au
Mike Degagne	Executive Director	Aboriginal Healing Foundation Canada	1 (613) 237 4441			mdegagne@ahf.ca
Mona Phillips	GRHS - Manager	OXFAM Australia	07 47495755	07 47495892	0407 956 788	monap@oxfam.org.au
Nick Tolhurst	Senior Program Manager Public Health	Beyondblue	03 98106100	03 9810 6111	0401 323 767	nick.tolhurst@beyondblue.org.au
Nikki Clelland	Manager - Health Promotion	NT DHCS	08 89858019	08 89858016		nikki.clelland@nt.gov.au

Paula Arnol	CEO	Danila Dilba Health Service	08 89819700	08 89813688		paula.arnol@daniladilba.org.au
Rayleen Burns	SEWB Policy Officer	QAIHC	07 33608444		0438 197 983	rayleenburns@qaihc.com.au
Richard Garling	Indigenous Mental Health	Top End Mental Health	08 89994988			richard.garling@nt.gov.au
Robyn Moglan	Stolen Generation Counsellor	Wu Chopperen Health Service	07 40801036			rmoglan@wuchopperen.com
Ross Morgan	Program Coordinator	Maya Healing Centre	03 94801111	03 94801422	0431 478 469	ross@mayalivingfree.org.au
Sarah O'Regan	Suicide Prevention Coordinator	NT DHCS	08 89992789	08 89992530		sarah.oregan@nt.gov.au
Shelley Beard	Scribe	Consultant	08 89812003	08 89812003	0439 812 007	SHEB@BIGPOND.NET.AU
Steven Kelly	Student	Charles Darwin University			0400 756 611	swellkell2004@yahoo.com.au
Tarquam McKenna	Senior Lecturer	University of Melbourne			0411 400 281	tarquam.mckenna@vu.edu.au
Teresa Gibson	Project Coordinator	Apunipima Cape York Health Council	07 40517450	07 40517940	0439 532 741	teresa.gibson@apunipima.org.au
Tom Brideson	Assistant Director	OATSIH	02 62895254		0404 633 486	Tom.Brideson@health.gov.au
Tricia Nagel	Consultant Psychiatrist	Menzies School of Health Research	08 89227943		0401 116 058	trish.nagel@nt.gov.au
Vanessa Harris	Program Manager SEWB & SD	CRCAH	08 89227968	08 89227797		vanessa.harris@crcah.org.au
Vicki Grieves	Consultant	Minimbah Consultant	02 96995594		0421 966 300	vickigrieves@gmail.com
Wendy Edmondson	Consultant - Scoping paper	Consultant				edmow@bigpond.net.au
Yvonne Clark	Councillor / Psychologist - Child & Adolescent Mental Health	Mary St Adolescent Program	08 83404422			clark.yvonne2@saugav.sa.gov.au