Welcome to the Building Mental Wealth (BMW) annual seminar. The aim of the BMW research project is to improve mental health services to ensure better health outcomes among Aboriginal and Torres Strait Islander people.

The BMW team is a multi-site and multi-cohort research group. Geographically, the BMW researchers work with Aboriginal and Torres Strait Islander people living in the Perth and Sydney metropolitan regions, the South West of Western Australia and the Murchison Region in Western Australia. All of the research undertaken by BMW researchers involves the active support and input from the Aboriginal community.

This project developed as a result of a need for further research that specifically focused on mental health issues in the Australian Aboriginal and Torres Strait Islander population. In particular, we know that the Indigenous population has much higher rates of mental health problems in proportion to the non-Indigenous population. However, only a small proportion of Aboriginal and Torres Strait Islanders access available health services. Why is this? This National Health and Medical Research Council (NHMRC) funded project is aimed at increasing the number of researchers, particularly Aboriginal and Torres Strait Islander researchers, investigating this issue of appropriate mental health services for our Indigenous population.

This is the final seminar from the BMW team and is an opportunity for our researchers to provide an update on their research. We are also very privileged to have Professor Sandra Eades from University of Sydney as the keynote speaker. This year the event has been extended to two days and we have two excellent speakers providing workshop presentations, Tammy Solonec, the Secretary of NAIDOC Perth, and Professor Pat Dudgeon from the School of Indigenous Studies at the University of Western Australia.

The Building Mental Wealth project is funded by a NHMRC Capacity Building Grant, and we wish to acknowledge the NHMRC for funding this seminar and Healthway for providing scholarships to several of our BMW researchers.

We wish you welcome and hope you enjoy the presentations.

Jan Piek, PhD
Chief Investigator
BMW NHMRC Capacity Building Grant
Organising Committee

Chair: George Hayden (BMW Member)
Committee Member: Michelle Webb (BMW Member)
Scientific Advisor: Jan Piek (BMW Chief Investigator)
Seminar Coordinator: Daniela Rigoli (BMW Project Coordinator)

Community Members

Judy Bone
Hello everyone,
I am a Whadjuk-Balardong woman from the Nyungar nation. I was born in Pingelly, but my home town is Brookton in Western Australia. My parents are Dick and Milly Reidy. I belong to the Reidy-Collard, McGuire-Bennell families. I have three sisters, (Carol, Dorothy and Rose (Deceased)) and three brothers (Trevor, Richard and Thomas). I am married to Russell Bone and we have three sons Craig, Matthew and Joel and two grandchildren, Hayley and Coby.

I have been working for Yirra Yaakin Aboriginal Corporation (theatre) for the past three and a half years in the position of Office Manager. Joining Yirra has been an amazing experience for me. It has been an exciting new way to be proud of my culture. I am currently an active Community Member Representative with Building Mental Wealth at Curtin University. I have also a wealth of experience over the years and working with other organisations, such as Aboriginal Education in the Midlands District, out in the Wheatbelt, of Western Australia. Also in the Aged Care in Health, and with Housing.

Jeannie Morrison
I am an Aboriginal woman from the South West of Western Australia and identify with the Mineng/Goreng language groups of the Great Southern region. I was born and raised in the wheatbelt town of Katanning in the mid-1950s where I started schooling and later lived in Albany where I attended high school. I have been fortunate to receive a good education, which has led to secure employment in a number of government agencies and Aboriginal organisations.

My current employment is in managing the Resource Library at the Centre for Aboriginal Studies at Curtin University, where I have been gainfully employed for the past twenty years in various positions. During this time I was given the opportunity to study, thus achieving my Bachelor of Applied Science, Honours in Aboriginal Community Management and Development.

My personal ethos is to contribute my knowledge and experiences to benefit community aspirations. I have a partner of eighteen years, three daughters, a stepson and seven grandchildren. My parents lived under the controlling past policies and legislation particularly the 1905 Aborigines Act (WA) which continues to have a devastating impact on families and communities today.
Laurence Krakouer

Laurence is a Noongar man from the Menang, Kenang and Ballardong clan groups of South Western Australia. Laurence is currently employed by the South Metropolitan Health Service as an Aboriginal Health Coordinator. Laurence is a member of the Aboriginal Alcohol and Drug Service and Marr Moorditj Training boards, and an active member of several local and state organisations. Laurence is a qualified Teacher’s Assistant and Home and Community Carer (Aged Care and Disability), whilst also holding Diplomas in both Business and Management. Laurence has previously worked and been involved in the areas of Education, Health, Social and Emotional Well Being/Mental Health, Justice, Housing, Employment Services and Corrective Services.

Laurence is looking forward giving his input at the Building Mental Wealth Symposium so he can assist with the best practice delivery, development, enhancement and management of its future directions.

Laurence is passionate about social justice, equality and better access to services and outcomes for his fellow Aboriginal Brothers and Sisters, Elders and future generations. As a strong advocate for Aboriginal people he brings, on behalf of his people, an endeavor to make changes within our communities and the larger systems, to ensure and provide greater access to services and programs needed for our people and clients.
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WORKSHOP PRESENTATIONS
Thursday 5 December

Morning Workshop
9:00am – 12:00pm

Telling my story – overcoming anxiety and depression through spirituality, self-love and cognitive therapy

Tammy Solonec has enjoyed much success in her life, but it hasn't been all smooth sailing. Tammy has overcome many obstacles as a young Aboriginal woman, including domestic violence and losing primary care of her children. In this interactive workshop Tammy will share her story with participants and reveal how she has been able to overcome her depression and anxiety using spirituality, self-love and cognitive therapy to become the successful leader she is today.

Speaker biography:

Tammy Solonec is a Nyikina woman from Derby in the Kimberley of Western Australia and is the mother of two children. She is currently a Director of the National Congress of Australia’s First Peoples, the Secretary of NAIDOC Perth and a member of the National NAIDOC Committee and the WA Aboriginal Lawyers Committee. Tammy is also Director of a small business, Nyikina Yorga Consultancies. Tammy was awarded Young Female Lawyer and Lawyer of the Year (with less than five years of experience) for WA in 2012. She studied law at the University of Western Australia, and completed her legal qualifications through the Aboriginal Legal Service of WA, where she worked for four years including Managing Solicitor of the Law and Advocacy Unit.

Throughout her career, Tammy has been involved in advocating for Indigenous peoples on local, state, national and international levels, including at the United Nations. As a writer and editor she has had legal articles and social columns published on a variety of topics and throughout the years has spoken at conferences and forums all around the country. Through NAIDOC she has been heavily involved in developing and running an incorporated association, event management, campaigning and media coordination.
Afternoon Workshop
1:00pm-4:00pm

Professor Pat Dudgeon
School of Indigenous Studies, University of Western Australia

Towards an Indigenous psychology: social and emotional wellbeing

This presentation/workshop is from work undertaken by the Australian Indigenous Psychologists Association where a model of social and emotional wellbeing was developed and endorsed in three gatherings of Indigenous social emotional wellbeing professionals across the country. A brief historical overview of how the term ‘social and emotional wellbeing’ (SEWB) emerged as a signifier of Aboriginal and Torres Strait Islander concepts of health is presented. SEWB is defined as a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land, culture, spirituality, ancestry, family, and community. The domains and guiding principles that typically characterise SEWB are outlined and situated within a framework that places Aboriginal and Torres Strait Islander world-views and culture as central. The importance of recognising social, cultural, historical and political determinants in shaping Aboriginal and Torres Strait Islander SEWB is also discussed. Working within a SEWB framework involves developing an understanding of how these principles, domains and determinants manifest and operate at a local level, and explore how to apply these in a practical setting.

Speaker biography:

Professor Pat Dudgeon is from the Bardi people of the Kimberley in Western Australia. She is a Professor at the School of Indigenous Studies, University of Western Australia. She is a psychologist and is well known for her significant involvement in psychology and Indigenous issues, and for her leadership in Indigenous Higher Education. Pat is passionate about working in ways that empower and develop Indigenous people.

In 2008, Pat was the first Aboriginal psychologist to be awarded the grade of Fellow in the Australian Psychological Society. She was the first convener of the Australian Psychological Society Interest Group: Aboriginal Issues, Aboriginal People and Psychology, and has been instrumental in convening many conferences and discussion
groups at national levels to ensure Indigenous issues are part of the agenda in the discipline. She has many publications in this area and is considered one of the ‘founding’ people in psychology for Indigenous people.

Her current projects include an ARC project *Cultural Continuity and Change: Indigenous Solutions to Mental Health Issues*. This project is to develop Aboriginal understandings for improved social and emotional wellbeing in the Aboriginal communities of Broome and Perth. Concepts of cultural continuity and social and emotional wellbeing will be compared and validated by the Aboriginal communities of Perth and Broome through a series of focus groups and community meetings. She is also a Chief Investigator (CI) on the NHMRC Centre for Research Excellence Grant - *Aboriginal Health and Wellbeing: From Marginalised to Empowered: Transformative Methods for Aboriginal Health and Wellbeing* at the Telethon Institute of Child Health Research, Perth Western Australia.
# PROGRAM

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<td>8:30am</td>
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| 9:00am  | George Hayden  
Welcome to Country |
| 9:05am  | Justina Truscott  
Traditional Aboriginal dance performance |
| 9:15am  | Professor Colin Stirling (Acting Vice-Chancellor)  
Welcoming Address |
| 9:25am  | Winthrop Professor Dawn Bessarab (Chair)  
Introducing Keynote |
| 9:30am  | **Professor Sandra Eades**  
*Building mental wealth – like all wealth needs to start early and accumulate over the long term* |
| 10:30am | MORNING TEA |
| 11:00am | Darren Garvey (video presentation)  
*Negotiating the 'contested arena' of Indigenous mental health: A causal layered analysis of the arena and the responses to it of clients, professionals and students* |
| 11:20am | Dr Angela Durey  
*Improving Aboriginal mental wealth through an innovative intercultural leadership program for health science educators* |
| 11:45am | Dr Julia Anwar McHenry  
*Changing tack: positive Indigenous mental health promotion* |
| 12:10pm | Panel Discussion  
*Panel members: Sandra Eades, Pat Dudgeon, Laurence Krakouer and Judy Bone* |
| 12:30pm | LUNCH |
| 1:30pm  | Caris Jalla  
Aboriginality and disability in WA today |
| 1:55pm  | George Hayden  
*An Aboriginal perspective of Attention Deficit Hyperactivity Disorder* |
| 2:20pm  | Dr Michelle DiGiacomo  
*Engagement, trust, and collaboration: critical elements in engaging Aboriginal communities* |
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<td><strong>AFTERNOON TEA</strong></td>
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<td><em>Literacy skills of Australian Indigenous school children with and without otitis media and hearing loss</em></td>
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<td><strong>Michelle Webb</strong></td>
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<td><em>Mental wellbeing and Aboriginal youth: an examination of the attitudes and beliefs of 18-25 year olds residing in Perth WA</em></td>
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<td>4:00pm</td>
<td><strong>Panel Discussion</strong></td>
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<td><em>Panel members: Sandra Eades, Pat Dudgeon, Laurence Krakouer and Judy Bone</em></td>
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<td>4:30pm</td>
<td><strong>George Hayden and Jan Piek</strong></td>
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Emotional and social wellbeing is central to the health of Aboriginal and Torres Strait Islander people, in the diverse settings in which they live. There can be no health without mental health. Mental health and chronic diseases are interlinked in the story of shortened life expectancy and poor health for Aboriginal and Torres Strait Islander people. There are considerable challenges to ensuring every one of the approximately 18,000 Aboriginal babies born each year in Australia has the right supports to good mental health throughout their life. What are the currents supports for good mental health across life? How do we support families to enable optimal infant mental health with good attachment in their first year of life? How do we ensure young children make stable transitions through preschool years nurtured by their families and communities? How do we ensure a safe transition to school communities that embrace and nurture Aboriginal children? How do we support adolescence with the challenges of individuation and personal life choices for young Aboriginal people? How do we support Aboriginal young and middle aged adults with the challenges of caring for self and being parents and care givers for others? For elder Aboriginal and Torres Strait Islander people how do we provide supports that enable them to live with dignity and independence in the face of chronic illness and a life time of grief and loss? How do we ensure we build on the strengths of families and communities to ensure there is enough reserve in the mental health ‘bank’ to draw upon in times of stress? This address will draw on traditional research and policy frameworks to attempt to address some of these questions.

Speaker biography:

Professor Eades is a Professor of Public Health at the University of Sydney with key expertise in Indigenous health. She is a medical epidemiologist and completed her undergraduate medical training at the University of Newcastle and her PhD in epidemiology at the Institute for Child Health Research, Perth. Professor Eades’ PhD
examined causal pathways to poor birth outcomes and significant illness in the first year of life among urban Aboriginal infants.

Her NHMRC research program follows on from this early work and includes work on smoking in Indigenous communities including a randomized controlled trial (RCT) of a culturally specific smoking intervention for pregnant Indigenous women. She is leading a current NHMRC RCT to test the effectiveness of a systems based collaborative to improve treatment for Type 2 Diabetes in Indigenous community controlled health services.

Professor Eades has helped establish a major cohort study that examines various influences on the health of New South Wales urban Aboriginal children (SEARCH study). Another major Capacity Building grant led by Professor Eades supports the training of five Indigenous researchers and six non-Indigenous researchers involved in programs related to Indigenous health. Professor Eades is also developing new research that explores early markers and prospects for prevention of cardiovascular and diabetes risk among Indigenous children.
Negotiating the ‘contested arena’ of Indigenous mental health: a causal layered analysis of the arena and the responses to it of clients, professionals and students

Darren Garvey
PhD Candidate, School of Psychology and Speech Pathology, Curtin University

The project investigated the constructions of ‘Indigenous mental health’ as a concept and practice in Australia and why, in its most recent incarnations, it has been described as a site of ‘conflicting cultural perspectives’ (Reser, 1999), and as a ‘tensely contested arena’ (Hunter, 2004). Interest lay in its various constructions over time, with data drawn from written and verbal accounts of mental health professionals, students and Indigenous people. In doing so, the research elaborates more nuanced descriptions of the arena beyond parochial accounts derived from an individual or particular group. The research was also interested in the ways participants talk about their actions in the arena, particularly in how such talk assists in their negotiation of tension and conflict. This presentation describes several tensions that characterise the arena, offers examples of the means by which they are negotiated, and considers the implications of these for curriculum development, particularly for the conceptualisation and conduct of cultural competence training.
Improving Aboriginal mental wealth through an innovative intercultural leadership program for health science educators

Angela Durey, Kim Scott, Dawn Bessarab, Marion Kickett, Kate Taylor, Simon Forrest, Julie Hoffman and Sue Jones

Building the mental wealth of Aboriginal people includes improving mainstream health service delivery. Aboriginal health and wellbeing remains a national priority given ongoing health disparities and racism in health services. One way to address the issue is effectively preparing health science graduates to deliver high quality, respectful healthcare to Aboriginal Australians. The Office of Teaching and Learning funded the development of an innovative ‘Intercultural academic leadership program’ (IALP) to deepen graduates’ knowledge, skills and understanding when working in this intercultural space. It achieved this by supporting Aboriginal/non-Aboriginal educators who facilitate a compulsory Indigenous Culture and Health unit delivered by Aboriginal presenters across health sciences. This presentation offers an overview of the leadership program where educators are encouraged to critically reflect on the impact of their own racial and cultural narratives on intercultural relations and encourage their students to do likewise. The program builds their leadership capabilities to improve Indigenous health education and practice and contribute to meaningful, institutional and curriculum change.

The ‘intercultural space’ is a contested concept variously described as a liminal space, a space in between cultures that can be experienced as unsettling, ambiguous and risky. Intercultural theory informs the pedagogical framework of the IALP to help educators navigate the complex space and encourage students to engage in open and robust intellectual inquiry, dialogue and critical reflection on Aboriginal/non-Aboriginal relations. The IALP explores how the intercultural space can be a polemic Aboriginal/non-Aboriginal space or one that is more inclusive and expansive. The aim in the IALP is to foster rather than inhibit robust inquiry where educators can support students to explore and reflect on the limits of their knowledge allowing new positions and understandings to emerge that can be discussed and negotiated. While the intercultural space can be a place of struggle, tension and ambiguity, it also offers deep potential for change.
Changing tack: positive Indigenous mental health promotion

Julia Anwar McHenry, Sandra Thompson and Rob Donovan

While mental health is recognised by the World Health Organisation as essential for productivity, functioning and wellbeing, in practice, ‘mental health’ carries connotations of mental disorder. Furthermore, much of what is called ‘mental health promotion’ tends to focus on early intervention for the prevention of mental health problems rather than enhancing wellbeing.1 Similarly, Indigenous health in Australia has a predominant deficit focus that emphasises the various ‘gaps’ between Indigenous and non-Indigenous Australians, and particularly on mainstream socioeconomic indicators. This focus on comparative disadvantage is disempowering and inherently erosive for Aboriginal and Torres Strait Islander notions of identity.2,3 Ironically, Indigenous identity is increasingly viewed as a protective factor for mental health.4

This project aims to document Western Australian Aboriginal ways of knowing about positive mental health and identify specific behaviours known to strengthen and maintain social and emotional wellbeing. This information will be used to develop a model for a culturally-appropriate mental health promotion intervention using the framework of Mentally Healthy WA’s ‘act-belong-commit’ campaign. This approach is unique for its fundamental focus on community-based positive mental health promotion and therefore provides a counterbalance to and complements existing Indigenous mental health and wellbeing interventions that focus on reducing risk factors among specified target groups.

Aboriginality and disability in WA today

Caris Jalla

Supervisors: Jan Piek, Cori Williams, Jillian Pearsall-Jones and Marion Kickett
Cultural Consultant: George Hayden

The health inequality experienced by Aboriginal and Torres Strait Islander people is well known and documented. In this population the rates of disability are higher than non-Indigenous Australians, with young people twice as likely to have a chronic condition or disability. Despite a higher prevalence of disability, access to health and disability services remains low. One barrier is the differing constructions of health and disability between mainstream service providers and Aboriginal and Torres Strait Islander families.

Current research is being undertaken to explore the perceptions of health, wellbeing and disability of Aboriginal youth in Perth, Western Australia. It will include the views of children and young people both with and without a disability. These results will have implications for service providers and policy in the disability sector.

This presentation will provide a summary of literature of the perceptions of disability of Indigenous people groups with a focus on Indigenous Australians. The barriers and facilitators of service access in WA will be described and a brief update of the National Disability Insurance Scheme, Disability Care will be covered.
An Aboriginal perspective of Attention Deficit Hyperactivity Disorder

George Hayden, Pek Ru Loh, Jan Piek, and David Vicary

Current mental health models in Australia ignore the powerful influence that culture has on the accuracy of diagnosis and treatment compliance of psychiatric disorders including Attention Deficit Hyperactivity Disorder (ADHD). The Aboriginal worldview and their approach to ADHD were explored in this qualitative study. The entire research process was overseen by an Aboriginal Reference Group.

Participants were recruited from a metropolitan Aboriginal community and they comprised of (1) Aboriginal community members; (2) Aboriginal mental health and education professionals; and (3) Aboriginal parents of children with ADHD. An audio-tape recorded semi-structured interview was conducted either with the individual participant or in groups. Interview data were analysed via Nvivo 9.

Results suggest that participants viewed a high level of hyperactivity as impairing the child’s functioning and having an adverse impact on the family. Participants identified differences in child rearing practices, expectation of child behaviour in school, higher tolerance of hyperactive behaviour within the Aboriginal community and lack of information about ADHD as the main reasons for parents not to seek medical help for the child. Participants also saw the changes in child’s behaviour after medication as a loss of identity/self and this was reported to be the main contributor to treatment non-compliance. Most participants believed that a more culturally appropriate approach, focusing on an Aboriginal way of life and practices/activities is the more appropriate way of managing ADHD.

These finding provide information that can be incorporated into the development of an ADHD service delivery model that better meets the needs of Aboriginal children affected by ADHD and their families.
Engagement, trust, and collaboration: critical elements in engaging Aboriginal communities

Michelle DiGiacomo, Joyce Davison, Louise Moore, Penny Abbott, Patricia Delaney and Patricia M. Davidson

In this presentation, I will tell the story of the development of a partnership between a Community Controlled Aboriginal Medical Service and a group of university health researchers in New South Wales. The partnership originated in response to a request to assist in building capacity for community-led cardiovascular health-promoting and secondary prevention initiatives, including a smoking cessation program. Issues associated with mental health and wellbeing while living with chronic disease became an important focus of these initiatives which were community-driven, conducted within a context of cultural competence, and led by Aboriginal Health Workers. Eight and a half years later, amidst policy and organisational changes, this partnership has developed and evolved through meaningful and sustained engagement, trust, and true collaboration; all critical to engaging Aboriginal communities. Specific outcomes will be discussed.
Literacy skills of Australian Indigenous school children with and without otitis media and hearing loss

Lydia Timms (PhD Candidate, School of Psychology and Speech Pathology, Curtin University), Cori Williams and Professor Stephanie Stokes

This paper reports the reading and spelling outcomes of Indigenous Australian children in Perth and explores the relationship between these results and the presence of otitis media (OM) and co-occurring hearing loss (HL). There is little empirical evidence to link OM/HL and literacy in this population. However, it is suggested that OM and HL may affect the ability to learn language and phonological awareness skills, a requirement for literacy learning and success in early school years.

The presence of OM and HL was determined by the Telethon Speech and Hearing Centre EarBus screeners in 2011/12. Participants’ reading and spelling skills were tested using the Queensland University Inventory of Literacy. This assessment was used as part of a wider study testing the phonological awareness of the participants. There are no assessments of phonological awareness for Indigenous Australian children. The subtests and procedure assessment were modified to be culturally appropriate for the participants and these changes are briefly documented in this paper.

Ninety-seven children attending primary schools in the Perth metropolitan area participated in the study. Of the 57 Indigenous children, 27 presented with OM and 22 with HL. Indigenous participants had significantly poorer non-word and real word reading and spelling skills than their non-Indigenous peers. There was no significant difference between the groups of Indigenous participants with OM and those with HL on either measure. Indigenous participants with reoccurring OM or HL had similar results to Indigenous participants with no or a single episode of OM or HL. This research provides evidence for ongoing literacy difficulties in Indigenous children and discusses the role that OM plays as one of many impacting factors.
If you’re Kaarty and you know it, clap your hands. Mental wellbeing and Aboriginal youth: an examination of the attitudes and beliefs of 18-25 year olds residing in Perth, WA

Michelle Webb

The yarn so far:
‘If you’re Kaarty and you know it’ is a PhD project aimed at identifying strengths and resilience in young Aboriginal adults living in Perth. By identifying existing strengths the project is exploring the mechanisms and skills used to ‘stay mentally well’ despite internal and external pressures and attitudes. During the initial yarning phase with young people there have been key areas of strength and resilience identified and shared that both support and challenge dominant ideas on Aboriginal mental health and wellness.

Transformative Indigenous methodological approaches and principles have guided and informed the process, and supported a culturally safe and appropriate foundation from which to gather qualitative data. This aligns processes and methodologies with the participants’ needs and issues, and is important in achieving outcomes that are reflective of the cultural and social concerns of Indigenous youth.

This approach to working together to achieve more positive and appropriate outcomes is the driving motivation behind this research and is fundamental to facilitating a process that centres Indigenous young people’s realities. This encompasses the cultural knowledge, understanding and experiences associated with a commitment to Indigenous ways of thinking, working and reflecting, incorporating specific and implicit cultural values, beliefs and priorities from which Indigenous standards are derived, validated and practiced.

How we move from theory to practice and how methodology translates in the field are two of the main areas of discussion as well as some initial analysis of the yarns collected.
Contact

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