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**Executive Summary**

**Background**
Funded by the Department of Health and Ageing, the Australasian Centre for Rural & Remote Mental Health (ACRRMH) developed and piloted a series of one-day workshops called “Deadly Thinking”, specifically designed for Aboriginal and Torres Strait Islanders.

The “Deadly Thinking” pilot workshops were designed to provide awareness, basic literacy and knowledge to equip individuals and families to work towards building and sustaining social, emotional and mental wellbeing in a “whole person, whole community” context.

The workshops targeted community members and ‘natural helpers’, community members who don’t necessarily work in the health or mental health field but who play active, leadership roles in their communities.

**Rationale**
Like all remote communities, Indigenous communities face incessant and destabilising change, economic disadvantage, social dysfunction, extreme weather events and the sharp end of climate change. However, Indigenous communities also face the specific threat of the loss of culture and identity. These are serious challenges and they precipitate low resilience, low self-esteem and compromised physical and mental health and suicide.

It’s well known that Indigenous community members are at greater risk of suicide than their non-Indigenous counterparts.

**Locations**
The pilot workshops were delivered in five communities:

- Normanton (Qld) 11 participants
- Mornington Island (Qld) 9 participants
- Bamaga (Qld) 8 participants
- Gove (NT) 17 participants
- Roebourne (WA) 15 participants

**ACRRMH’s Staged Intervention Approach**
The Centre’s interventions, as exemplified in the Deadly Thinking project, are proactive and can be characterised as ‘primary’ and ‘secondary’.

In a ‘primary intervention’, the Centre uses a series of devices and techniques to make mental health a safe topic in the workplace and/or social/community context. Other devices include musical performances, arts-based activities, community discussions etc.

The Centre’s ‘secondary interventions’ are characterised by a greater formality and are exemplified by workshops like Deadly Thinking and activities of the Creative Livelihoods program as well as activities including, but not limited to, the creation and production of posters, booklets and documentary DVDs.

In contrast, ‘tertiary’ interventions are reactive and outside the realm of the Centre’s activity. Tertiary interventions occur “after the fact” and are the prerogative of service providers, doctors, psychologists and psychiatrists. They involve formal counselling, medical and psychological consultations, formalised rehabilitation and medication.

The Centre argues strongly that interventions like Deadly Thinking are effective and cost-effective. Building awareness and understanding is a critical first step in fostering mental wellbeing in individuals and communities.

**Objectives**
The objectives of the workshops were to raise awareness, improve understanding and provide some strategies and pathways to help to address social, emotional and mental wellbeing issues in a “whole person, whole community” context.

**Methodology**
Each workshop provided an introduction to mental health and wellbeing and stressed the importance of “yarning” and the development of social and emotional wellbeing support networks. Self-help techniques, help-seeking behaviours, change management skills and problem solving skills were also key parts of the workshops. Importantly, people were made aware of the pathways to care and help which are accessible to remote Indigenous communities.

The Deadly Thinking workshops were constructed around, and delivered according to, three fundamental precepts: culture, language and confidentiality.

Workshops were conducted by respected Indigenous facilitator, Johnathan Link, who paid great attention to local culture and ensured that the material was presented in accessible language. A feature of all the workshops was the safe, confidential environment that Johnathan established and the way participants were comfortable enough to tell their own stories and share their personal experiences.

**Outcomes**
Each workshop effectively addressed:

- those things that give rise to stress, anxiety, depression and substance abuse, with particular regard to the Indigenous context;
- how to recognise the symptoms in yourself and others;
- information about suicide;
- the affects of substance misuse;
- self-help techniques, help-seeking behaviours and their effectiveness;
- how to build social and emotional wellbeing support networks;
- problem solving;
- how to develop and utilise change management skills;
- referral processes/pathways to care (which are accessible by remote Indigenous individuals and communities); and
- the identification of community members interested in and able to undertake more advanced programs such as the Aboriginal Mental Health First Aid course.
Executive Summary

Materials
The Deadly Thinking materials were derived from the Australian Integrated Mental Health Initiative NT resources and tools (AIMhi, 2008*) and repackaged by ACRRMH into booklets for distribution to participants of the Deadly Thinking workshops.
These materials were universally well received by participants.

Feedback
The workshops were very well received by all who attended and the feedback, written and verbal, was overwhelmingly positive. It is noteworthy that no participants in the Deadly Thinking workshops rated the content or the delivery as poor, inappropriate or unhelpful. Written comments and verbal feedback reaffirmed the facilitator’s and the Centre's view that the workshops addressed important issues successfully and that the content was well received by participants from all five locations.
That said, observations, comments and some suggestions for improvements were made by all stakeholders. Some of these key observations are addressed below and canvassed in more detail in the body of the report.

Key Observations, Comments, Recommendations

Attendance
While some workshops were “about the right size” (15-17), it must be said that some were less well attended. Participants from all workshops, including the less well attended ones, were unanimous that there is a need for more people to attend.

It is recommended that future participants should also be drawn from schools, correctional facilities, community health centres and the ranks of the young. A majority of the attendees were women and it was often observed that more men need to be encouraged to participate.

Promotion
It is also recommended that more attention be paid to pre-workshop promotion and that it should be done over a longer time-frame with a greater focus on community grassroots/word-of-mouth promotion.

The Indigenous comedian/social commentator 'Mary G' was engaged to promote and introduce the Roebourne WA Deadly Thinking workshop. Her participation was enthusiastically received and her interest in the issue of Indigenous mental health is genuine and passionate. Mary G’s good relationship with the Centre is such that we believe she would be amenable to working with the Centre to promote Deadly Thinking nationally.

Venues
The workshops were held in established health and/or training centres. This was to facilitate organisation, administration, transport, computing and projection equipment, promotion and catering.

Nonetheless, it was suggested by many participants that future Deadly Thinking workshops be held in the communities themselves. This would present challenges but is worthy of consideration.

Pre-workshop visits
The facilitator and convenors from the Centre visited each location well ahead of each workshop to establish relationships, promote the workshops and determine logistics. In hindsight, these advance visits were critical to each workshop’s success.

It is recommended that future Deadly Thinking workshops are marked by more and/or longer advance visits.

Workshop length
There are varying opinions as to the optimum length of the Deadly Thinking workshops. Again, these are canvassed in the body of the report but drawing on the experience of the five pilot workshops it’s the Centre’s considered view that a one-day workshop is optimal.

Materials
As observed earlier, the AIMhi resources and tools were well received by participants. Nonetheless, on the basis of experience and some feedback the Centre intends to make some minor changes to the next print run to enhance resonance and cultural affinity.

Requests for Deadly Thinking Workshops
Perhaps the most eloquent evaluation of the ACRRMH’s Deadly Thinking pilot workshops is the over 30 requests (as of mid November 2011) from communities, organisations and prospective facilitators in Queensland, Northern Territory, Western Australia, South Australia and Victoria who have heard about the pilot and wish to host workshops.

Equally, a number of the communities who hosted the pilot workshops have requested repeat workshops, though in the communities themselves, as observed above.

There has been an increasing policy focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and several key policy documents have been endorsed by the Australian Government. In 2003, the National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013), identified social and emotional wellbeing as one of nine key areas for government action to address disparities in the health of Indigenous Australians when compared with their non Indigenous counterparts. The Australian Government Implementation Plan (2007-2013) also focuses on social and emotional wellbeing and identifies key objectives, including the need for population health strategies that encompass promotion and prevention approaches to enhance social, emotional and cultural wellbeing for Aboriginal and Torres Strait Islander health. Previously, the Ways Forward Report (1997) and the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan (2000) also highlighted the importance of social and emotional wellbeing in relation to Indigenous individuals, families and communities. In the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing (2004-2009) five key strategic directions are provided, including a focus on children, young people and families, the need to improve access and responsiveness of mental health care and the need to coordinate resources and programs.

More recently, the Council of Australian Governments (COAG) has agreed to six long term targets for closing the gap between Indigenous and non Indigenous Australians on health, education and economic outcomes. This is an important recognition that policy areas relevant to social and emotional wellbeing extend beyond the health and mental health sectors to include education, justice systems and human rights (Zubrick, Kelly & Walker). As part of the ‘Close the Gap’ campaign, a broad range of strategies, policies and health promotion initiatives have been developed that include training programs to recognise and address mental illness in Indigenous communities (such as Aboriginal Mental Health First Aid).

Current literature supports the above policy development and confirms that Australia’s Indigenous people have limited access to culturally appropriate medical, social, educational and legal services and that this continues to impact upon their health status and general wellbeing (Grote, 2008). Furthermore, Indigenous people are less likely to seek access, accept and/or comply with recommendations made by practitioners in government sponsored organisations because of a general lack of trust in the services provided (Health Department of Western Australia, 2003). This highlights the need for careful consideration about how service models are delivered to Indigenous communities and how Indigenous perspectives can be incorporated to inform health promotion, training and education programs.
Mental Health Literacy

The need to improve mental health literacy has been enshrined in four national mental health plans in Australia and is beginning to be integrated into policy (Vass, Mitchell & Dhurrkay, 2011). Indeed, low levels of health literacy have been identified as a key issue that continues to have a negative impact on health outcomes and patient safety (Vass et al., 2011). Much effort has gone into developing programs that raise health awareness among Indigenous communities but this is complicated by the fact that there is a paucity of data on national mental health that is even more pronounced in relation to Indigenous mental health. Furthermore, most studies on the health of Indigenous Australians refer mainly to Aboriginal people only and Torres Strait Islanders may or may not be included. Studies of Aboriginal mental health face the additional challenge of applying western diagnostic models and concepts to articulate the mental wellbeing problems of Aboriginal people. For this reason, there is clearly a need for inductive approaches that help to articulate the nature of mental health problems in Aboriginal people and their cultural and historical contexts. By definition inductive research methods are open ended and exploratory and allow findings to emerge. This is clearly an important approach for programs that aim to enhance mental health literacy in an Indigenous context.

Vass and her colleagues (2011) argue that programs designed to raise health literacy among Australia’s Indigenous communities need to incorporate Indigenous worldvies and language if they are to be effective. The authors identify several domains of health literacy (fundamental, scientific, community and cultural) but argue that cultural literacy is a most significant factor in health literacy (Vass, et al., 2011). Cultural literacy is defined as recognising and using cultural beliefs, customs and world views to interpret and act on health information (Greer, Pleasant & Zarcadoolas; Vass et al., 2011). Hence, cultural literacy involves the recognition that the interplay between Indigenous worldviews and western health systems is important to ensure the effectiveness of health promotion initiatives. In the mental health context, such an approach would require inductive methods that help service providers better understand and appreciate how social and emotional wellbeing problems are conceptualised and described in an Indigenous context.

Currently, there are few documented mental health literacy programs in Australia that incorporate inductive methods or that address cultural literacy and language around mental health problems. As mentioned previously, health promotion programs may have limited impact unless they incorporate some understanding of cultural concepts, worldview and the language used to describe emotional problems (Vass et al., 2011). In fact, cultural literacy is a crucial domain in raising health literacy and offers the potential for true inter-cultural dialogue about health. A lack of congruence between health related values, beliefs and the behaviours of service providers compared with the communities they serve, continues to contribute to misunderstandings and ineffectiveness of interventions (Donnelly, 2000; Taylor, 2005).

This report presents the findings from a pilot series of workshops, “Deadly Thinking”, that were implemented in five Indigenous communities in Australia between June and August, 2011. The workshops were designed for all community members and particularly, elders, those with leadership roles, ‘natural helpers’ or those with an interest in promoting awareness and discussion about social and emotional wellbeing issues. They aimed to elicit two-way understanding about emotional wellbeing problems and protective factors and to provide a framework for community leaders to facilitate ongoing discussion and information sessions. For this reason, inductive methods that included a participant evaluation, semi-structured interviews and discussion groups were utilised to identify broad findings about the impacts and dissemination processes involved in delivering the workshops. Because of the short time frame involved in delivering the workshops, outcome measures that would be expected to occur over time could not be gleaned. Since this report presents only post intervention findings, any changes reported by participants subsequent to the program must be interpreted with caution, especially in relation to whether they are sustained over time.

The workshops ... aimed to elicit two-way understanding about emotional wellbeing problems and protective factors and to provide a framework for community leaders to facilitate ongoing discussion and information sessions.
The Deadly Thinking workshops were developed by the Australasian Centre for Rural & Remote Mental Health (ACRRMH) in response to an identified need for a program to raise awareness and engage Indigenous communities in a process of ‘yarning’ about social and emotional wellbeing issues. The rationale for this approach was the need for an inductive method that could help identify emotional wellbeing problems impacting on individual communities, and to identify and empower community members who have a key role in providing emotional support to their families, clan groups etc. Given that Aboriginal Mental Health First Aid (AMHFA) is currently being disseminated in Indigenous communities in Australia it was also envisaged that such a program could help identify key community members or local champions who might be best placed to undertake instructor training in the AMHFA program.

The Deadly Thinking workshops utilised materials developed by the Menzies Institute and from a Commonwealth publication entitled “Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice” (Purdie, Dudgeon & Walker, 2010). The Menzies Institute is a leader in Indigenous and tropical health research and has developed a range of educational resources that help to articulate Indigenous perspectives on mental illness. In particular, the materials developed for the Deadly Thinking workshops include a facilitator’s kit with information on delivering the workshop, a participant’s kit with a workbook, and an information booklet entitled “Making Change? No Worries!” that includes information on promoting emotional wellbeing and managing stress and substance use.

During the workshops, the tree of social and emotional wellbeing was used to help identify worries that impact on individual strengths and to identify those factors that help keep communities strong. The Deadly Thinking workshops also provided information on common mental health problems including anxiety and depression using culturally informed resources. The workshops included the following eight sessions:

1. **Yarning session**: who to yarn to and discussions about balance in life
2. **What keeps us strong**: tree of social and emotional wellbeing
3. ** Worries that take our strength away**: tree of social and emotional wellbeing
4. **Strengthening spirit (Ngarlu)**
5. **What happens when we get sick**: anxiety, depression, stigma, recovery
6. **Risks**: risk factors for suicide and safe plans
7. **Making change? No worries!**: no stress, no worries
8. **Review and certificate presentation**

Funding to conduct a pilot of the Deadly Thinking workshops was provided by the Commonwealth Department of Health and Ageing. An Aboriginal facilitator, who had extensive experience and expertise in developing and facilitating social and emotional wellbeing programs with Indigenous communities, was recruited to deliver workshops in five pilot sites. Additional staff members from the ACRRMH assisted with the management and delivery of workshops and provided professional support to the facilitator. The Deadly Thinking Workshops differ from other mental health literacy programs in two important respects:

1. The workshops are community focused and inductive to elicit feedback about particular mental health problems impacting on communities
2. The workshops are proactive and all resources are designed to remain in communities as a healing tool so that counsellors and community members have a framework that can be used to raise awareness and promote social and emotional wellbeing.

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**Workshop Objectives**

The ACRRMH identified several broad objectives for developing and implementing the Deadly Thinking workshops in Aboriginal communities, including:

- Increasing mental health literacy and knowledge about promoting emotional wellbeing and knowledge of where to go and what to do to access mental health services
- Increasing community participation and community empowerment
- Identifying and building the capacity of local champions and community leaders to facilitate informal learning about mental health within their communities
- Increasing community capacity to make informed choices about their mental health and wellbeing.

In addition, the Deadly Thinking workshops identified the following objectives for participants:

- Learn the importance of yarning with family and friends
- Provide some plans and pathways to help deal with social and emotional wellbeing issues for individuals, families and their community
- Raise awareness and improve understanding of depression, anxiety, Ngarlu and suicide
- Understanding change and how it contributes to stress
- Identify community members interested in and able to undertake more advanced programs such as the Aboriginal Mental Health First Aid course.
Workshop Planning
Prior to the delivery of the Deadly Thinking workshops, a forum was convened with a range of Indigenous service providers including Queensland Health, the Division of General Practice, James Cook University, Menzies School of Health Research and community controlled Aboriginal health services. Participants at this forum reviewed the draft workshop materials and provided feedback about its implementation in Aboriginal communities. Stakeholders identified the importance of the session on strengthening Ngarlu (spirit) and noted that “To try and resolve conflict with a weakened Ngarlu doesn’t work well for our people. It’s a very physical sensation – that feeling in your stomach. We need to get back to country – cultural safety is very important”. The forum was, therefore, an important strategy in terms of ensuring the workshop materials were relevant and culturally appropriate.

Workshop Locations
Pilot sites for the workshops were identified based on pre-existing links that the ACRRMH had already established with Indigenous communities. The rationale for this approach was that it was necessary to work in communities where site coordinators could be recruited to guide the promotion and organisation of each workshop within the timeframe of the pilot. In addition, site coordinators assisted with the identification of key community members to invite to the workshops and assisted with the organisation of transport (a key issue in the success of workshops). The five pilot sites included Mornington Island (Qld.), Normanton (Qld.), Bamaga (Qld.), Roebourne (WA) and Gove/Galuwinku (NT). Workshops were delivered between June and August 2011. Table 1 provides information on the dates of workshops and the number of participants in attendance:

<table>
<thead>
<tr>
<th>Site</th>
<th>2011 Dates</th>
<th>Numbers of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mornington Island, Qld</td>
<td>30 June</td>
<td>9</td>
</tr>
<tr>
<td>Normanton, Qld</td>
<td>13 July</td>
<td>11</td>
</tr>
<tr>
<td>Bamaga, Qld</td>
<td>20 July</td>
<td>8</td>
</tr>
<tr>
<td>Roebourne, WA</td>
<td>9 August</td>
<td>17</td>
</tr>
<tr>
<td>Gove/Galuwinku, NT</td>
<td>24 August</td>
<td>15</td>
</tr>
</tbody>
</table>

Prior to the delivery of the Deadly Thinking workshops, staff from the ACRRMH conducted site visits to all communities to:
- identify issues impacting on the emotional wellbeing of community members
- discuss cultural protocols for implementing the workshops
- identify suitable locations for the delivery of the workshop
- identify and organise logistical matters
- identify other challenges (e.g. local events which would impact on timing).

These visits were an important aspect of ensuring the workshops met community needs and were delivered within the timeframe. These will be important factors to be taken into account in the future delivery of Deadly Thinking. Flexibility will be essential when identifying the location (e.g. indoors or outdoors) and fitting in which known community events.

Workshop Protocols
Because a key aim of the workshops was to allow people to tell their stories and promote emotional healing, it was important to ensure the safety and comfort of all participants. Before commencing the workshop, participants were all reminded that if they experienced strong reactions to any of the issues raised, they could leave the workshop at any time and that the co-facilitator would be available to support them if required. Participants were also reminded about the need for confidentiality and the importance of a safe space for sharing stories. At the completion of workshops, all participants were awarded a certificate.

Evaluation Methods
This study used quantitative and qualitative methods to collect information about the impact and dissemination of the Deadly Thinking workshops. A range of techniques including facilitator field notes, narratives, semi-structured interviews, video recordings and a participant evaluation (Appendix 4) were used to identify social and emotional wellbeing issues in communities, the relevance of the Deadly Thinking workshop, whether it met participant needs and how it was received. By using a broad range of information sources, richer information about the program was gleaned. Information sources were compared and contrasted, similarities and differences were noted and common themes were identified in line with grounded theory approaches that use constant comparison to identify and code themes and categories.

All surveys and qualitative comments were de-identified and participants were provided with information on the program and its evaluation and invited to consent to participate in recorded interviews and group discussions. In addition, at one site the program and selected interviews were video recorded as a further source of feedback that, when complete, will help inform and promote future delivery of the program. This report focuses on findings from the post workshop evaluations, facilitator field notes and interviews.
Workshop 1: Mornington Island QLD

Mornington Island is located in the Gulf of Carpentaria and is the northern most of 22 islands that form the Wellesley Islands group. The population was estimated to be 1,101 in 2010 (ABS population data, 2010), and the majority of islanders are Aboriginal. The Lardil clan are the traditional owners of the land and surrounding seas but more recently a number of people from the Kiadilt and Yangkal clans have arrived from Bentinck Island.

During the workshop, participants spoke of ‘Mulgurrii’ that is “… the core of our spirit”. This is the term used to describe Ngarlu. Participants also described a sense of shame that people can feel when experiencing emotional wellbeing problems; “People won’t come near us when we get sick – we might catch their mental illness”. At the same time, participants acknowledged the importance of addressing emotional wellbeing problems; “Many of our men suffer from anxiety and self medicate to cope”. Participants also identified that they feel concerned for young people in their community; “Once upon a time we went fishing together or stayed out at the camp but now young ones just wish to stay and play computer games or get drunk or some gunja”.

Evaluation Feedback:

Of the nine participants who completed evaluations, 33% provided the highest rating in relation to whether the workshop topics met their expectations and the same percentage provided the highest rating for understanding the material presented. One participant provided the lowest rating when asked if the topics were important in their life and one provided a similar rating for the one day workshop format. Five participants had heard of AMHFA and two had completed the training. Interestingly, one participant provided an additional comment, recommending that the AMHFA and Deadly Thinking programs could be linked and made available to the whole community.

Additional Comments:

- Link the 2 courses (AMHFA) together and would like to see these resources made available to the whole community – would like to see community awareness program developed and a list of service providers (including contacts) that can aid. Give practical exercises to de-stress.
- Enjoyed the workshop – would be good for others in the community. I would like to see another one held with a bit more notice given. End section could be more interactive by asking people how to address issues and then run through powerpoint to confirm what they have said and give more options. A bit flat by arvo.
- A community need – conduct workshops for specific community groups, e.g., Community Development Employment Projects, football team, school staff, community health, etc.
- Hands up to the presenters who had to work through interruptions and noise in the room. Very impressed with the booklets and the content. It will be an asset for any work with offenders.
- I was really disturbed by the background noise in the room.
- I think it was deadly.

... participants acknowledged the importance of addressing emotional wellbeing problems.
Workshop 2: Normanton QLD

Normanton is located 712 km west of Cairns and 681 km west of Townsville and is situated just south of the Gulf of Carpentaria, on the Norman River. The population of Normanton is approximately 1,600 (Normanton local government webpage, 2011), around 60% of whom are Indigenous Australians. Local Indigenous groups include the Araba, Kereldi, Kalibamu, Marrago, Kukaṭja, Kunggara, Walangama and Maikulan clans.

Participants expressed concern about the emotional wellbeing of children in their community; “Young people have no connection whatsoever to culture. With technology kids are just playing computer games – or looking for an escape through substance misuse, mainly gunja (marijuana).” Participants also identified depression and anxiety as particular issues impacting on men in their community; “Our men are anxious, that’s why they drink and turn to violence”. They also spoke of the importance of identity; “a sense of being hard on ourselves, feeling like a failure” and that “…when I tried to find out about culture no one could tell me my stories, my song, my culture”. Participants noted the links between culture and stories and emotional wellbeing.

Evaluation Feedback:

A total of 11 participants completed evaluation feedback forms and 82% of participants provided the highest rating to indicate that the workshops met their expectations. In addition, 73% gave the highest rating to indicate that they understood the material and the same percentage of participants had heard of the AMHFA program. Only one participant had completed the training. Additional comments provided by participants are included below.

Additional Comments:

• Content was very relevant and participants interacted very well and released information confidently. The environment was friendly, open and relaxing. Conversation around personal issues and problems was easy for participants to discuss without any presence of value judgements. A very positive and well planned content which was relevant to the needs of the participants. The facilitator delivered the program in a way that ensured involvement from the participants – was direct and touched on very important issues, without being overpowering. The use of technology which assisted with the presentation was very well presented. This workshop will work excellently across communities. Fantastic work Jo and Johnathan – very deadly.

• I would like to see more people come to the workshop because I learn about it and see it work for me.

• Everything talked about today was good. I understand what was said was good. I understand to teach our young people about language and culture so that they learn it for when we are gone.

• I would like to see more people at the workshop – support people at every other community.

• I had questions regarding things that are listed in this workshop and all have been answered. I enjoyed this workshop and think that this workshop should be part of cultural awareness training for health services and other businesses in and around community. Good Job!

• I am happy with everything today. I was able to talk about my feelings and problems. I would like more of these meetings (every week). It was deadly meeting Johnathan and Jo. Gave me a lot of understanding. Would be good to have this workshop at men’s group. I would love Johnathan to be based here, he is great.

• The things we talked about today really help me understand the things that are happening in our community.

• Get more community members involved – too deadly, awesome. Get men’s group involved.

• The workshop was very well presented and it met my needs. It also gave me ways of dealing with and recognising signs of mental health in individuals and our community.

• This has been a deadly day.

A particular feature of the Normanton workshop was the participation of two community members with severe physical disabilities who spoke of the difficulties they experienced in accessing support services. The workshop closed with a 10 minute guided relaxation activity using Geoffrey Gurrumul’s music.
Workshop 3: Bamaga QLD

Bamaga is near the northern tip of Cape York and is located 2,677 kilometres north west of Brisbane and 1,019km north of Cairns. The population of Bamaga was approximately 960 in 2010 (ABS population data, 2010), with 75% of the population identifying as Torres Strait Islander and 20% as Aboriginal. Although Bamaga is not on the coastline, residents hold a close affiliation with the sea. The community languages of Bamaga are Kalaw Kawaw Ya, Brokan (Torres Strait Creole) and English.

Participants identified that their word for Ngarlu is “Mourri” and described how it is connected with physical symptoms, “…stomach pain means something is wrong – its my intuition”. In addition, participants referred to “Birrimbirr” as a language word for spirit and noted that they felt the strength of Birrimbirr when they were on ancestral land. They also identified a need to promote emotional wellbeing with men in their community; “…men don’t get help. They don’t understand depression”. At the same time, participants noted that; “People don’t take antidepressants and they still get well – this is because family get behind them supporting them and getting them back to work. Activities have more of a beneficial impact than medication”. Participants were unanimous that suicide was a significant problem impacting on their community; “Plenty of our mob have attempted suicide. There are many threats and attempts … our men hang themselves, our women overdose”. In terms of accessing mental health services, participants stated that psychiatrists do not take into account what family members say about the cause of the problem.

Evaluation Feedback:
Seventy five percent of participants (n=6) in the Bamaga workshop provided the highest rating for the topics meeting their expectations and all participants gave the highest rating for understanding the material presented. No participants ranked any items as ‘gammon’ and 75% stated they had heard of the AMHFA program.

Additional Comments:
- Fantastic program, framework towards enhancing social and emotional wellbeing understanding. Great mental health literacy and promotion, prevention and early intervention approach. Meaningful visuals and dialogue to engage and create discussions. Johnathan will promote this effectively and gain much success in the targeted communities. Look forward to program feedback, teachings and report.
- Meaningful for individuals etc. May be useful for clients with mental illness with other disabilities, i.e., hearing loss etc.
- Great to see these initiatives happening. Excellent.
- I felt the workshop was excellent.
- I think the powerpoint slides need to be much less dense.
- I was unsure about the combination of workers and clients in the workshop. On completion I felt it worked.
- Reflects things that could or would have happened in my past life.
- Good facilitation, perhaps talk a little slower at times. Half day might be more appealing to community.
Workshop 4: Roebourne WA
Roebourne is a town located in Western Australia’s Pilbara region. It is 202 km from Port Headland and 1,563 km from Perth. Roebourne township has a population of 1,150 (Roebourne local government webpage, 2011), while in excess of 19,000 people live in the wider Roebourne local government area (ABS population data, 2010). Until the 1960’s Roebourne was essentially a non-Indigenous town and strict controls were placed on the movement of Aboriginal people to and from the town. With the establishment of Dampier and Wickham, the non-Indigenous population tended to relocate and Roebourne is now essentially an Aboriginal town. The area is home to the Ngarluma people but many Yindjibarndi and Banyjima people also live in the town. During the late 20th century, Roebourne became notorious for struggles between Aboriginal people and police that were noted in the Federal Report on Aboriginal Deaths in Custody.

The Deadly Thinking workshop was facilitated at the Mawarankarra Health Service in Roebourne. The workshop was delivered outdoors and 17 community members (mainly women) participated. A distinctive feature of the Roebourne workshop was the involvement of Dr Mark Bin Baker (aka Mary G) who opened the session and provided entertainment for community members. The involvement of Mary G was important because it provided cultural vouching for the program and also enhanced attendance at the Health Centre because of the widespread esteem with which his work is held among Aboriginal Australia. Dr Baker also agreed to participate in a recorded interview.

Workshop participants provided information on some of their cultural beliefs about emotional wellbeing. They described the emu bird in the stars as a spiritual healer. The emu laid eggs that ultimately became the Milky Way and the emu was described as; “…a sorcerer, a law maker and a big player”. Several participants identified that they would look to the emu before using pills (psychotropic medicine). Participants also described their concept of spirit and noted that this is damaged by emotional wellbeing problems. The word that is used for spirit is “Maangarrn” but participants also referred to “Witarrg” that relates more to feelings and intuition. Although the majority of participants were women, they were unanimous that the most vulnerable groups in their community were men and boys.

Evaluation Feedback:
Most participants in the Roebourne workshop 70.5% (n=12) provided the most positive rating in relation to the workshop meeting their expectations, although several participants also provided additional comments about the need for a longer workshop. In addition, 70.5% of participants reported that they understood the material presented. Over half the participants (65%) agreed that participation in the workshops would result in a community expectation that they would/could help others. The majority of participants (83%) had heard of the Aboriginal Mental Health First Aid (AMHFA) program and five had completed training in that program. Only three participants had not heard of the AMHFA program and 12 had not completed training.

Additional Comments:
- Need ongoing training with cultural developers, to be implemented into the emu centre. I want to be a freelance program developer, freedom of adventure and journey.
- All items ticked as deadly – had heard about AMHFA but not done training.
- Have some more meetings, have a community meeting and with community workshops, with interested people organised by the Aboriginal Medical Service.
- The course needs to be run over two days – 1 day is too short. Mental health awareness courses need to be run in communities like prisons. These courses need to be run with our youth also. Mental health awareness among our youth and community is very, very important.
- A very worthwhile and relevant workshop.
- Recommend this workshop be for the men in our community. Suggest two day workshop – one day for younger men and one day for older men.
- Presentation workshop – needs to do more than one day workshop. Well confident and spoken and presented well.
- The session in Roebourne was creative. Workshop held outside the social emotional wellbeing garden. Very relaxing and great learning environment. Great participation from community – well received.
- Fantastic workshop for community. I feel this is great ground level entrance for Aboriginal communities.
- It was good but more of this.
- Deadly Thinking – is important to our mind, social and spiritual outgoing – feelings emotions and wellbeing. Keep up the good work and presentation.
- By listening for everything that was said today, the 9/8/11 was very good to deadly.
- Roebourne definitely needs more workshops like this in this community.
- Really enjoyed it and I want to learn more so I can help myself then others
- Excellent – more workshops like this. Thank you.
Workshop 5: Gove NT

The Gove peninsula is in the north eastern corner of Arnhem Land in the Northern Territory. The town of Nhulunbuy, with a population of 2,964 in 2010 (ABS population data, 2010), is the main commercial and service centre of the peninsula and is located 600 km east of Darwin. The Yolngu are the traditional owners of the land. The population on the Gove Peninsula is 14,115. The Yolngu people have maintained strong ties with their land, religion and traditions. Many people still primarily live a traditional life. The Yolngu word for ‘two way learning’ is “Garma”.

Evaluation Feedback:

Of the 15 participants who provided evaluation feedback, the vast majority (80%; n=12) gave the highest rating for the topics meeting their expectations and 93% gave the highest rating for understanding the materials (n=14). Sixty percent of participants had heard of AMHFA and three had completed the training.

Additional Comments:

- More DVD’s.
- Make it be longer – two days.
- Feedback to communities.
- So we want to use your resource from DVD in our project to help our people so therefore send us resource for community workers because we have a big task to work with our children.
- More visuals, DVD’s for people who have English as a second language – more simple English and maybe two days.
- Do projects for people in the future see in our own Yolngu language.
- We appreciate your understanding re filming within the training. Participants are more interactive when the cameras aren’t present. Thank you.
- Sharing stories – personal, work practice, cultural methods.
- Yes, it is good workshop and it is first time to hear story about mental people so I can learn more story.
- This workshop is very good to understand and to help other people in community so I look forward.
- More visits/workshops.

Evaluation Survey

The evaluation sheets were aggregated in order to identify how the workshop was received across communities. Of the 60 participants who returned evaluation sheets, 70% (n=42) provided the highest rating in relation to whether the topics met their expectations. In relation to whether participants liked the way the workshop was delivered, 80% (n=48) provided the highest rating. Participant responses were also favourable in relation to the one day format, although one participant provided the lowest rating in relation to whether this met their needs. In addition, 70% of participants had heard of the Aboriginal Mental Health First Aid program and 25% had completed the training. Overall, Table 2 (following) demonstrates that the majority of participants rated the program highly and all agreed that they would recommend the workshop to others.
Findings and Recommendations

It is noteworthy that, overall, no participants in the Deadly Thinking workshops rated the content as ‘gammon’. The qualitative comments further substantiate that the workshops addressed important issues and were well received by community members across all five sites. Furthermore, 42 participants (70%) had heard of Mental Health First Aid and 15 (25%) had completed the training.

Several common themes emerged from the additional comments provided by participants. Most themes related to workshop processes, such as the length of the workshop. The responses were largely equivocal, with some comments suggesting that a half day might be more viable, while other comments recommended a longer workshop. Although a number of participants identified one day as too short a timeframe, it must be noted that some were service providers (who are not the target audience for Deadly Thinking) and it is possible that a two day workshop would be a difficult commitment for community members. It is also possible that Deadly Thinking workshops may act as a precursor for the delivery of AMHFA to self-selecting community leaders or service providers. In addition, longer site visits and a clear process for providing feedback to communities could address this perceived need for a longer workshop.

Table 2: Combined Survey Responses from 5 Deadly Thinking Workshops
Combined Data from 5 Deadly Thinking Workshops (N=60)

<table>
<thead>
<tr>
<th>Item</th>
<th>Gammon</th>
<th>Agree</th>
<th>Deadly</th>
</tr>
</thead>
<tbody>
<tr>
<td>The topics we talked about today met my expectations</td>
<td>17</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>I like the way the presenter ran the workshop</td>
<td>12</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>I understood what was presented and what we talked about</td>
<td>14</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>I think this type of 1 day workshop suits my needs more than shorter or longer workshops</td>
<td>1</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>The things we talked about today are important in my life</td>
<td>1</td>
<td>19</td>
<td>40</td>
</tr>
<tr>
<td>My overall impression of today’s workshop is really positive</td>
<td>13</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Now that I have attended this workshop my family and community will expect me to help others</td>
<td>1</td>
<td>19</td>
<td>33</td>
</tr>
<tr>
<td>I will recommend this type of workshop to others</td>
<td>20</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

*3 Additional Questions from Workshops 1 and 4 (n=28)

<table>
<thead>
<tr>
<th>Item</th>
<th>Gammon</th>
<th>Agree</th>
<th>Deadly</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel the workshop was planned to meet the needs of this community</td>
<td>8</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>I feel my contribution to the overall planning and promoting of this workshop was important</td>
<td>1</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>I will recommend supporting this type of workshop again</td>
<td>7</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

MHFA Questions

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of AMHFA</td>
<td>42</td>
<td>14</td>
</tr>
<tr>
<td>Have you completed training</td>
<td>15</td>
<td>40</td>
</tr>
</tbody>
</table>

The need for more people to attend the workshop was another recurring theme across sites. In particular, comments were received about broadening the workshops to include youth, men and those incarcerated in jails as well as specific community groups, such as school and community health staff. Feedback from the pilot also supports the need to strategically target some workshops to men and boys and young people. In order to cater for particular community members it may be necessary in some communities to modify the resources to ensure they were engaging and relevant for youth or those with low literacy levels or for whom English may be a second language. Given the diversity of Indigenous communities across Australia, it may ultimately be appropriate to modify the program according to local needs and the development or documentation of broad guidelines for adapting the content could be helpful for community members.

Another theme to emerge from the additional comments was the need for community feedback – identified in three workshops. Indeed, staff from the Aboriginal community controlled health service in Roebourne specifically invited the ACRRMH to return for a follow up session within six months. This is an important issue to ensure ongoing dissemination and sustainability of the workshops and will need to be addressed in any future implementations of the program. In the current trial, the workshop in Roebourne was video recorded and, when production is complete, this will be an important resource for providing feedback to the community. The ACRRMH commissioned Schumann and Associates to develop a DVD that will also inform future evaluation and further promotion of the workshops across Australia.

Community members interviewed for the DVD confirmed the importance of ‘yarning’ – especially for men and also identified suicide as a significant problem that impacts on their communities. In addition, the DVD contains an interview with Dr Mark Bin Baker (aka Mary G) who noted that the Deadly Thinking workshops provided communities with the tools to understand mental health and stated “To me, this is the road to healing”. Importantly, comments were also received from participants that it was rare for community members to come together to discuss emotional wellbeing and that the Deadly Thinking workshops were a vehicle for promoting discussion (an important objective of the workshops).
Findings and Recommendations

Interviews were also conducted with the CEO, workshop facilitator and staff from the ACRRMH to assess the implementation of the program and to provide important information on program processes. It would appear that the workshops had their desired reach in terms of engaging with key community members who provide social and emotional wellbeing support within their communities. Facilitators of the workshop emphasised the need to include elders/healers or health workers in all workshops to provide additional support for participants – especially in relation to discussions about Ngauru and suicide. It is possible that the program would benefit from some modifications to ensure that any discussion of suicide occurs earlier in the day and that this is not the last issue addressed.

In addition, facilitator feedback identified a need for more resources to assist with promotion of the workshops within communities, including the production of T-shirts, fridge magnets and a DVD.

Overall, the varying circumstances and diversity of Indigenous communities means that no one size fits all approach to mental health promotion is likely to be successful. At the same time it is important to ensure that all communities have equitable access to programs that have some evidence of their impact. Wider dissemination of the Deadly Thinking workshops will depend on several factors, including the availability of trainers, the momentum and expectations that have been generated subsequent to the delivery of workshops and the need to work flexibly in identifying and prioritising communities. Although some communities clearly have a high need for programs like Deadly Thinking, it is crucial that local support services are engaged and available to support the ongoing dissemination of the program. Preliminary site visits will be an important strategy for identifying the ‘readiness’ of communities to undertake the program. For this reason, flexibility in the selection of communities will be a key to being able to progress the workshops. Hence, preliminary site visits will continue to be essential for the future implementation of the program. This acknowledges the need for flexible processes based on the site, organisational capacity, prevailing climatic conditions, available resources and the particular community population mix.

In the current pilot, sites were chosen based on pre-existing links with communities and this also highlights the importance of coordinating activities (where possible) with current initiatives such as Aboriginal Mental Health First Aid. A national dissemination would require the identification and training of potential trainers in all states and territories and there is some logic to including accredited AMHFA instructors in the ongoing delivery of the Deadly Thinking program within communities. It would also be appropriate (in terms of building community capacity) if Deadly Thinking workshops are facilitated by community champions who are supported by local service providers or AMHFA instructors. The evaluation of the pilot program demonstrates that a number of participants had heard of Mental Health First Aid and 15 had undertaken training (several of whom expressed a strong interest in being involved in any future implementation of Deadly Thinking workshops). For this reason, instructors in the AMHFA program would be key stakeholders in terms of helping to identify community leaders. The ACRRMH would be well placed to coordinate the national dissemination of Deadly Thinking because of its expertise in community development approaches and its strong links with Indigenous communities across Australia.

One of the most significant strengths of the Deadly Thinking workshops is that they help to identify appropriate community leaders and local champions who may continue to utilise the resources for generating ongoing discussion about emotional wellbeing within their communities. Hence, Deadly Thinking dovetails with current initiatives in mental health promotion such as AMHFA and has the potential to enhance the coordination of efforts — especially in relation to the establishment of formal and informal support networks for community members who may subsequently use the Deadly Thinking materials to facilitate ongoing discussion groups. Given that the materials are designed to remain in communities this is an important consideration for sustaining the ongoing dissemination of workshops. In addition, the development of a DVD for training and support purposes could be a useful means of supporting community members.

The Deadly Thinking workshops have the potential to progress culturally informed models of mental health promotion. One challenge in evaluating health promotion programs is the issue of adverse selection — the fact that those who self-select to participate in activities are most likely to achieve a positive impact (Australian Institute of Primary Care, 2008). For this reason, more rigorous evaluation of the impacts on participants and the wider community should be considered in the implementation of future workshops.

Deadly Thinking is a culturally acceptable model for improving mental health literacy that involves Indigenous leadership and processes for consulting and collaborating with community members that is largely unique in the documented literature on mental health literacy programs in Australia. The positive responses from the participants of the workshop pilot and the significant number of requests subsequently received for the delivery of Deadly Thinking in pilot and other communities indicate that wider dissemination of the program is not only warranted but highly recommended.
References


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