Final Report

Building Bridges Project: Co-designing engagement with Aboriginal youth

Project/File Number	31935
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Project Title	*Building Bridges Project: Co-designing engagement with Aboriginal youth*
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Summary

The *Building Bridges: Co-designing Engagement with Aboriginal Youth* project was a partnership between researchers, Nyoongar Elders, youth and three youth mental health services located in the Perth region. The partnership involved collaborating to improve both access and responsiveness of services for Aboriginal and Torres Strait Islander youth. Studies done in Australia and Canada have shown that when mainstream services adapt their practices and change there are positive outcomes for First Nations people. Findings from the *Building Bridges Project* have shown that bringing together the Aboriginal community, Elders and youth, and mental health service staff to build and sustain relationships can improve the accessibility and responsiveness of services, and mental health outcomes. As custodians of culture and leaders of their communities, Nyoongar Elders played a pivotal role in ensuring cultural integrity and protocols were present and adhered to for the duration of the project. The project was held and guided by the Nyoongar Elders and young people and their involvement ensured the outcomes for improving both the access and responsiveness of youth mental health services for Aboriginal and Torres Strait Islander youth. Our research findings revealed a new paradigm for working, and that the solution always lies within the community with meaningful relationships being central to achieving positive outcomes. Meaningful relationships are necessary in the co-design process when embarking on new and innovative ways of working to improve access and the responses of youth mental health services for Aboriginal and Torres Strait Islander youth. Relationships that reflect and embody maturity are essential and crucial for change. Maturity is present when there is understanding and acceptance of both sameness and difference rather than, as often happens, a negative construction of Aboriginal and Torres Strait Islander peoples as the *other*. Meaningful engagement with Aboriginal and Torres Strait Islander young people is required for mental health care to be culturally secure, relevant, and effective. Building better relationships underpinned by trust and collaboration has the potential to greatly shift the narrative surrounding mental health for Aboriginal and Torres Strait Islander adolescents. The *Building Bridges Project* has shown that timely and appropriate intervention will positively influence mental health outcomes for young people.

Objectives

Primary objective: To co-design and evaluate a culturally secure intervention for engaging Aboriginal young people aged 16 – 25 years in mental health services in the Perth metropolitan region using the *Minditj Kaart-Moorditj Kaart ('Sick Head to Good Head') Engagement Framework*. This *Framework* was co-designed by Nyoongar Elders and mental health and drug and alcohol providers in the *Looking Forward Project (*2011-2015) with the aim of achieving systemic change to service delivery. To realise its intended outcomes, *Building Bridges* applied a participatory action research (PAR) approach informed by the validated, locally-derived Nyoongar (Aboriginal) research principles applied in *Looking Forward.* The participant co-researchers included: local Nyoongar Elders; Aboriginal young people; youth mental health service providers; and advocacy and policy partners.

Research Aims: To co-design an intervention to ensure that youth mental health services respond more effectively to the needs of Aboriginal young people in the Perth metropolitan area. The intervention aimed to:

- increase the engagement of Aboriginal and Torres Strait Islander young people
- improve the responsiveness of services to Aboriginal young people seeking mental health support
- improve service provision through a cross-sector collaboration between government and non-government youth mental health services, and
- identify specific health promotion strategies targeting Aboriginal young people seeking mental health support.

The intervention was guided by local Nyoongar Elders and underpinned by the *Minditj Kaart-Moorditj Kaart Engagement Framework*. In the initial proposal, the intention was to have developed and tested the intervention for a period of 12 months to determine its effectiveness. In addition, co-designed implementation strategies and evaluation tools and processes—to aid research translation—were to be created by a Translation Working Group in the final year of the project. This translational work aimed to ensure that strategies for implementing and evaluating health interventions with Aboriginal young people are sustained, culturally appropriate and undertaken by personnel with a high level of cultural competence.

Progress

The *Building Bridges* project successfully applied participatory action research to co-design a working model for culturally secure systems change in partnership with Nyoongar Elders, young people, youth mental health service partners and policy and advocacy partners. This model is a key outcome from the project and is designed to inform how youth mental health services can engage Nyoongar Elders and Aboriginal and Torres Strait Islander young people to improve the cultural security and thus responsiveness of their organisation and the services they provide.

The following section provides an overview of the phases of the project and associated research, which underpinned the development of the working model. A visual representation of the model featuring a tree to represent the elements and their relationship is provided in Appendix A, and greater explanation of the model and relevance to practice is outlined in the "Results," "Implications for Health Promotion," "Translation of Research" and "Community Benefits from the Research" sections.

Data collection and analysis

Qualitative data was collected through interviews and focus groups that were audio-recorded and transcribed. Transcripts were supplemented by researcher observation notes documenting body language and overall group dynamics. Thematic analysis was used to interpret qualitative data (Braun and Clarke, 2006) using the computer-based qualitative data management tool NVivo. A small amount of quantitative data was also collected including priority ranked data and survey data. Quantitative data was analysed using descriptive statistics (mean, range and standard deviation) and proportional frequencies.

Full information on participant numbers in the co-design and data collection activities is provided in Appendix B.

Phase 1: Establishing the participatory team and translation working group

As outlined in the initial proposal, the *Building Bridges* project engaged four core participant groups as co-researchers recognising their role as partners in the research and their contributions to both the project outcomes and its shared, collaborative, consensus-building processes. Co-researchers included:

- Nyoongar Elders
- Aboriginal and Torres Strait Islander young people
- Aboriginal and non-Aboriginal service partner staff, and
- Aboriginal and non-Aboriginal policy officers.

Partner services and peak bodies included:

- Youth Mental Health, North Metropolitan Health Service, Department of Health
- Youth Focus
- headspace Midland
- Commissioner for Children and Young People Western Australia
- Youth Advisory Council of Western Australia

- Aboriginal Health Council of Western Australia
- Western Australian Association for Mental Health, and
- Western Australian Mental Health Commission.

The project established a Community Reference Group to ensure input from additional Aboriginal community members and organisations involved in the health and wellbeing of Aboriginal and Torres Strait Islander young people. An Elder co-researcher provided leadership for the Community Reference Group and a number of the youth co-researchers attended meetings. As a direct result of the project, the membership expanded beyond headspace Midland's existing Aboriginal Reference Group and included representatives from:

- Derbarl Yerrigan Health Service Midland
- Centrecare Djooraminda
- Swan City Youth Service
- Swan Child and Adolescent Mental Health Service
- Maali Centre, Governor Stirling Senior High School
- Clontarf Academy, Swan View Senior High School
- Aboriginal Health Council of WA
- Youth Affairs Council of WA, and
- Neami National Suicide Prevention.

This Community Reference Group met twice in 2017, once in 2018, and attended one project event in 2019. *Building Bridges* also joined together with the *Looking Forward-Moving* Forward project (led by A/Professor Wright) and the Telethon Kids Institute *Ngulluk Koolunga Ngulluk Koort ('Our Children, Our Heart')* project to form a larger sector wide Translation Group. As well as Nyoongar Elders, this Translation Group included senior representatives from:

- Mental Health Commission WA
- WA Commissioner for Children and Young People
- Western Australian Association for Mental Health
- Western Australian Council of Social Services
- Western Australian Network of Alcohol and Drug Agencies
- Western Australian Primary Health Alliance
- Aboriginal Health Council of Western Australia
- Youth Affairs Council of Western Australia
- Mental Health Advisory Council
- Department of Education
- Department of Communities
- Child and Adolescent Health Service
- Western Australia Police Force, and
- Telethon Kids Institute.

As part of the participatory action research, focus groups were conducted with Elders, young people and senior service leaders to determine the parameters of the project and the roles and priorities for the co-researcher participants. Priorities discussed across the focus groups informed the initial co-design workshop in phase three.

Phase 2: Building trust and relationships through the process of 'storying'

To establish a strong foundation for Aboriginal and non-Aboriginal participants to work together effectively the project applied two Aboriginal research principles developed in the *Looking Forward* project, namely: going On Country and engaging in a storying process (Wright, Culbong, Crisp, Biedermann, & Lin, 2019). The On Country and storying research principles are mechanisms to prepare and engage non-Aboriginal participants to cultural ways of relating and sharing knowledge to deepen their understanding of an Aboriginal worldview (Wright, O'Connell, Jones, Walley, & Roarty, 2015; Wright et al., 2019).

The first activity was an On Country event and involved the group visiting two locations that the Elders identified as meaningful to them, including Yagan Memorial Park and Success Hill Reserve. This activity introduced non-Aboriginal participants to Aboriginal people's connection to country and honoured the wisdom and leadership of the Elders (Wright et al., 2019).

Participants then came together over two gatherings and engaged in a storying process. Storying is based on the principle of reciprocity and provides a foundation for building respect, relationships and trust (Wright et al, 2019). After "bearing witness" (Glassman, 1999) to the stories of the Elders and young people, service staff were invited to share the stories of their own lives and the important events that helped shape them as people. The process enabled participants to "hear" each other's stories and build a base for relationships to develop (Wright et al., 2015; Wright et al., 2019).

The storying allowed for deep experiential learning through reflection and the realisation of profoundly different worldviews and lived experiences. The storying process is key to preparing the 'working together' space and creating the conditions for co-design.

Phase 3: Co-design of an intervention

The project then facilitated an in-depth, iterative co-design process to identify what work practice changes are required to better meet the needs of Aboriginal and Torres Strait Islander young people and improve their engagement with mainstream mental health services. A key component of this phase was capturing the process through which the intervention was co-designed and the group processes utilised for gaining consensus on the priorities and components of the intervention.

The co-design phase was centred on three co-design workshops involving Elders, young people and policy and service staff. Workshops were facilitated by the research team and included predominantly focus group discussions. A structured priority ranking activity was also conducted to identify what actions were most important, urgent or meaningful to each participant group and determine the shared priorities across the groups. A summary of priority ranking results are provided in Appendix C.

This priority ranking data as well as the data collected through focus group discussions informed the creation of the working model for culturally secure systems change (Appendix A). This model for work-practice change outlines the key components that must inform service providers' development and implementation of new work practices to better meet the needs of Aboriginal clients and their families. Rather than being prescriptive about specific work-practice changes, the model emphasises the process of working in partnership with Elders, young people and the community to deliver services that reflect a Nyoongar worldview. It sets out the conditions for working together and the importance of services' commitment to building trusting relationships, deepening their understanding of culture and spirit, and being open to new ways of working. Building on these foundations, the model illustrates the overarching organisational domains which services can review in partnership with Elders and young people (engagement, access, response, workforce and leadership) to improve service provision.

During this phase a quantitative questionnaire was also co-designed to measure the experience of Aboriginal clients who were accessing the partner youth mental health services. The Client Experience of Service Survey (see Appendix D) was co-designed and validated by six Aboriginal youth co-researchers and approved by participating Elders, service staff and policy staff. The co-designed survey features seven statements that correlate with key elements underpinning the working model: *trust; relationships; safety; respect; culture and spirit; flexibility;* and *community engagement*. Each statement is rated against a five-point Likert scale depicted by coloured-coded smiley faces, ranging from strongly disagree (red) to strongly agree (green).

Phase 4: Testing the effectiveness of the co-designed intervention

The aim of phase four was to test the impact of Elders, young people and service staff working together to improve services for Aboriginal clients, informed by the working model co-designed in phase three. The implementation plan for this phase was developed in collaboration with co-researchers. Each partnering service was paired with two Elders, two young people and one policy officer, establishing three separate groups at each service. Meetings—following the same co-design working together approach—were convened with the intention that Elders, young people, service staff and policy staff would further deepen their relationships and practice shared decision-making. Each group met frequently to review current service work practices within their respective organisation. It was important for services to refrain from rushing to find solutions to organisational issues, and to trust the process of working together. Across the three services, a total of 21 working together meetings were held over the 12-month period.

During this phase, the Research Associates Tiana Culbong and Nikayla Crisp also met frequently with the youth co-researcher group to seek feedback about their experiences to resolve any concerns. The youth meetings allowed the research team to stay connected to the needs of the young people and support them in their work with the services. It also allowed the youth co-researchers to develop an identity as a collective group, to share experiences, and benefit from peer-learning. The Research Associates played an essential facilitation role in creating a safe space for the less experienced young people to contribute their ideas through managing interactions with Elders and service staff and translating service language. The Research Associates established this process early in the three year project, checking in regularly with the young people, supporting them to feel empowered and their contribution valued and heard.

This phase saw additional interviews conducted with Aboriginal workers. The aim being to explore and better understand the work practices of Aboriginal service staff and how they were unique to them as Aboriginal people. Specifically, how their ways of working could be translated to non-Aboriginal service staff and implemented across mainstream organisations more broadly. Final interviews were also conducted with Elders, young people and service leaders to capture change over the duration of the project.

The co-designed Client Experience of Service Survey was administered by partnering youth mental health services to Aboriginal clients during this phase. A summary of survey results is provided in Appendix D.

Phase 5: Health promotion and translation

A key priority of the project was disseminating research information in a format that was relevant and accessible to the community. As well as academic publications and seminars, the project team produced and distributed annual community reports to share progress and outcomes in plain language:

> Wright, M., Lin, A., Crisp, N., Culbong, T. (2017). Building Bridges Community Report 2017. Curtin University, Perth, Australia.

> Wright, M., Lin, A., Culbong, T., Crisp, N., Biedermann, B. (2018). Building Bridges Community Report 2018. Curtin University, Perth, Australia.

The project team also produced a short video capturing project activities. Video footage was collected by the research team during co-design workshops and final interviews, with the consent of co-researchers, and edited by media students at SAE Creative Media Institute Perth. The 17-minute video was screened to stakeholders at a final project event in December 2019.

The project video and community reports are available online on the *Building Bridges* project website: www.buildingbridgesproject.info/

To support the development of targeted translation strategies to ensure broader impact, the project team developed a survey instrument to scope services' current engagement with Aboriginal young people across the broader social and health sectors. Survey content was validated by an Elder, young person, service manager and policy officer, and aims to capture the views and experiences of service staff across the three translational areas of demographics, individual work practices, and organisational practices. The instrument (see appendix E) is ready to be distributed across the sector and we anticipate it being administered in future research projects in partnership with sector peak bodies.

Results

Building Bridges aimed to co-design an intervention to ensure youth mental health services respond more effectively to the needs of Aboriginal young people in the Perth metropolitan area. The intention was that the co-designed intervention would enable mental health services to be more responsive to the needs of Aboriginal young people seeking mental health support. In addition, the intervention would facilitate greater cross-sectional collaboration between government and non-government mental health services and identify mental health promotion strategies for Aboriginal young people.

As described earlier, the co-designed working model for culturally secure systems change (Figure 1 below and Appendix A) is the key outcome from the project and demonstrates the achievement of the primary aim of the research. The participatory action research approach, combined with the emphasis on Aboriginal ways of working centred on relationships and the three year timeframe for the project has, however, resulted in limited application of the systems change working model. As a result, full evaluation of the model's impact on service provision has not been undertaken as part of this project although the findings are being applied in further research (see the "Research Translation" section later in the report). The involvement of peak agencies, government and non-government services and policy officers in the co-design of the systems change model holds promise for future youth mental health services funding and models of practice. Furthermore, the development of additional resources for the sector (i.e. the youth client satisfaction questionnaire and instrument to scope current Aboriginal youth engagement practices) should assist services to improve their responsiveness to Aboriginal young people seeking mental health support. Specific health promotion strategies for Aboriginal and Torres Strait Islander young people were not identified as part of this project, although the co-designed working model and co-design process could be used to underpin the development of health promotion strategies and resources for Aboriginal and Torres Strait Islander young people. Having their active involvement—underpinned by a culturally secure engagement process—could significantly impact on the effectiveness of public health messages with campaigns more likely to 'speak' to the communities of young people they aim to target.

Working model for culturally secure systems change—decolonising mainstream youth mental health services

Very importantly—as represented by the elements of the figure featuring a tree—the systems change model is held by a Nyoongar worldview through the cultural leadership of Nyoongar Elders, the lived experience of Aboriginal and Torres Strait Islander young people and the voice of the local community. As symbolised by the tree roots, foundational to achieving greater capacity for cultural security is youth mental health service providers' commitment to: building trusting relationships; deepening their understanding of culture and spirit; and developing new ways of working. In other words, the systems change model provides a guide to the necessary process to decolonise mainstream youth mental health services.

Figure 1: Co-designed working model

Through working together with Elders and young people (represented by the tree trunk), services can take meaningful action across all areas of their organisation (the tree canopy). This includes an investment in community engagement, facilitating easy access to services and responding to the needs of Aboriginal and Torres Strait Islander young people and their families. Cultural security involves both Aboriginal and non-Aboriginal workers and requires strong service leadership.

The analysis of the qualitative data collected throughout the project revealed three key themes which both align with the co-designed systems change model and provide further understanding of what is required to implement the model to create culturally and age appropriate youth mental health services. First, recognition of the layers of leadership between young people, Elders and service staff; second, an awareness of how perceptions and attitudes from both Aboriginal and non-Aboriginal service staff impact on the safety of young people; and, third, how meaningful engagement and relationships are essential to improving access.

Recognition of the layers of leadership between young people, Elders and service staff

Organisational leadership and commitment are key to sustaining relationships to effect change. Non-Aboriginal organisational leaders require specific qualities including empathy, humility, high levels of emotional intelligence and capacity for critical self-reflexivity. The research suggested that if leaders lacked these qualities there would be limited or no capacity for mainstream organisations to adopt cultural ways of doing and being to better respond to the needs of Aboriginal and Torres Strait Islander youth. Aboriginal leadership was also highlighted as essential to improving access and responsiveness; however, Aboriginal co-researchers conceptualised leadership very differently and wholly within a cultural framework. In other words, to build trust, deepen knowledge of culture and spirit and Aboriginal ways of working, the cultural wisdom and leadership role of Elders needed to be recognised and respected by non-Aboriginal leaders and staff. Respect for Elders, and a deepening of understanding of cultural ways of working, often manifested through slowing down, staying with questions that arose even if they were challenging, and taking time to explore with Elders and young people the options for addressing issues that were raised.

Perceptions and attributes of Aboriginal and non-Aboriginal workers that make them safe for young people

The value of Aboriginal workers—their role of increasing cultural security and youth engagement—was highlighted. Aboriginal workers are invaluable as they are better able to understand the lived experience of young people and reduce the shame or stigma associated with mental health. Of note, employing Aboriginal workers is often the 'go to' solution to increasing cultural security and engagement, however, this alone was not enough. Systemic change within organisations is essential to improving organisational cultural security and this includes building cultural capability across all organisational levels. Negative perceptions of Aboriginal young people, a lack of knowledge of colonisation and racism (past and present effects) were major barriers to Aboriginal young people accessing services.

How meaningful engagement and relationships are critical for effective access of services for Aboriginal young people

Building and sustaining meaningful relationships through engagement was a key finding, however, the importance of relationships was often not well understood by non-Aboriginal service staff. Throughout the project it was clear that non-Aboriginal service staff needed certain capabilities to begin their journey to meaningful engagement to deepen their understanding of Aboriginal cultural practices including: humility, openness and curiosity (Wright et al., 2016). Relationships were also essential to establishing trust given the history of colonisation and the ongoing failure of mainstream services to provide culturally secure services to improve the social and emotional wellbeing of Aboriginal young people. Reciprocity grounded in cultural practices was also highlighted as essential to building and sustaining relationships; for example, non-Aboriginal staff needed to be able to self-disclose and tell Aboriginal people (clients, Elders and young people involved) about themselves. Aboriginal participants were, however, optimistic that non-Aboriginal staff could develop their cultural capabilities and change work practices.

Of note, the priority ranking activity conducted in co-design workshop two (phase three of the project) reiterated the qualitative findings, and informed the working model for culturally secure systems change model. For example, "Recruiting a workforce who are culturally fit within the organisation, passionate, empathetic, self-aware" was the top priority under "Trust." Under "Culture and Spirt," "Understanding the history from the Aboriginal perspective" was similarly ranked as priority one, as was "Elders as consultants" under "Ways of Working." It is worth noting—as represented by the image of the tree—the interdependent relationship between the elements of the working model for culturally secure youth mental health systems.

Key policy and practice recommendations from the *Building Bridges* project

The following recommendations are informed by Nyoongar culture as the project was undertaken on Nyoongar *boodja* (country) in partnership with Nyoongar Elders. We, therefore, advise that when applying the recommendations and engaging Aboriginal communities in co-design local cultural protocols and practices are observed.

To improve the accessibility and responsiveness of services, and therefore the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people, their families and communities, we recommend the following:

1. Youth mental health services develop sustainable, trusting and meaningful relationships with the Nyoongar community by working with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to negotiate priorities.

2. That the *Minditj Kaart-Moorditj Kaart (Sick Head-Good Head) Engagement Framework* be used to inform the engagement and co-design process.
3. The Mental Health Commission and peak bodies work with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to identify and implement strategies to reduce racism within the youth mental health sector and, specifically, in youth mental health services.
4. The youth mental health sector review their cultural training, both content and process, in consultation with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to improve the confidence, capability and competence of all staff to work in genuine partnership with Aboriginal and Torres Strait Islander people.
5. Youth mental health services review workforce recruitment strategies, including the recruitment of senior leaders, in partnership with Elders and young people.
6. Youth mental health services and peak bodies improve cross-sector collaboration and coordination to ensure sector-wide change and the provision of accessible and responsive mental health care for Aboriginal and Torres Strait Islander young people. This includes the development of co-designed cultural security measures for benchmarking and quality assurance purposes.
7. Youth mental health services prioritise community engagement, trust building and sustained relationships with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to identify and implement strategies to enable services ensure their relevance by increasing their visibility in the community; thereby, ensuring greater access to and use of services.
8. Youth mental health services engage Aboriginal and Torres Strait Islander young people at the centre of co-design processes to ensure culturally and age appropriate services. This requires a staff member accepted by the community and Aboriginal participants to support Aboriginal and Torres Strait Islander young people to engage in co-design, build their confidence and capacity, and educate staff in how to work with young people as equal partners in co-design.
9. Youth mental health services commit adequate resources to enable meaningful partnership with the Nyoongar community. Engaging in sustaining practices includes: senior management and key service staff meeting with Nyoongar Elders and Aboriginal and Torres Strait Islander young people on a regular basis, renumerating community members appropriately for their time and expertise, and resourcing community engagement.

A flyer presenting the recommendations for policy and practice will be distributed to the sector as a translational resource (appendix F).

Effect of Research on Professional Development

Research Associates Tiana Culbong and Nikayla Crisp developed valuable research skills which have strongly supported their professional development. This included skills in stakeholder engagement, community engagement, recruitment of research participants, data collection, data storage and management, adherence to ethical requirements, transcription, qualitative and quantitative data analysis, reviewing literature, report writing, contributing to academic manuscripts and presenting research at academic conferences. As a non-Aboriginal researcher, Nikayla Crisp also gained valuable experience in Aboriginal health research and an increased confidence and capacity to build and maintain meaningful relationships with Aboriginal Elders and young people. Both Tiana Culbong and Nikayla Crisp developed strong skills in facilitating co-design processes and supporting Aboriginal young people to engage in co-design.

Their experience in co-design methods led to both Research Associates being engaged as Associate Investigators on the Healthway funded '*Increasing Aboriginal people's use of*

services that reduce harm from illicit drugs' project (32924). They have also been invited to consult on other research projects including '*Breaking the silence: Identifying indigenous and LGBTIQ'* led by Edith Cowan University, the '*Young Carers Project'* by Youth Affairs Council of Western Australia, and the '*Chatsafe'* project about suicide prevention and social media by Orygyn Youth Health. Tiana Culbong is also member of the Mercycare Youth Mental Health Outreach Service Steering Committee. Both Research Associates plan to begin Doctor of Philosophy research degrees in 2020.

Implications for Health Promotion

As this research was applied and practice-led, the research process was an intervention in itself. Shifts in work practices have been observed as a direct result of the project and the strong relationships built and maintained between service providers, Elders and young people. For example, Youth Mental Health Service, North Metropolitan Health Services developed a new program to recognise the Aboriginal Mental Health Practitioners and their cultural ways of working with Aboriginal youth. The service staff co-designed the *Moorditj Wirn* (Strong Spirit) program in partnership with the Elders and young people and collaboratively launched it in NAIDOC Week 2019. The service has continued to consult with the Elders and young people beyond the completion of the project, and are developing succession plans to ensure this way of working is sustained long-term. Another example of changes in work practices is headspace Midlands's recruitment of an Aboriginal community engagement officer. The Elders were involved in both the interview and selection process for this position. Furthermore, through their work with Elders and young people, Youth Focus has recognised the importance of establishing the foundations of a culturally secure workplace before hiring Aboriginal staff, and have committed to working towards this in partnership with the Aboriginal community. The *Building Bridges* project confirmed the relevance of the *Minditj Kaart-Moorditj Kaart Engagement Framework* for the youth mental health sector, and demonstrated the critical importance of engaging Elders and Aboriginal young people as partners in co-design.

Community Benefits from the Research

Through the *Building Bridges* project, youth co-researchers developed their capacity to work alongside Elders and in partnership with senior mental health service staff. The leadership skills developed by young people will strongly support their confidence to engage in consultation roles in the future and advocate for meaningful systemic change in the delivery of mental health services to Aboriginal young people, families and communities.

> *"The Building Bridges project has been an enriching experience that has provided me with knowledge and an opportunity to give back to my community. I have long desired to contribute the Aboriginal community and Building Bridges has allowed me to do so in a progressive manner. Through this experience, I've developed insights into mental health, the mental health sector and cooperative ways of working which have been highly valuable. It has allowed me to be educated on mental health issues which affect the Aboriginal community while also refining my ability to give back and assist"* (Aboriginal young person, male, aged 19).

Networking with Aboriginal and non-Aboriginal service staff also led to new leadership opportunities for young people outside the project and across the sector. For example, one young person participated in the co-design of a Peer Support Worker Course facilitated by MercyCare. Another young person received mentorship from one of the participating service leaders who supported them to apply for grants for the youth-led reconciliation organisation they were leading at the time. These collaborations and partnerships demonstrate the reciprocal nature of the relationships developed between participants. As well as having

gained an increased understanding of the mental health sector, Elder and youth co-researchers learnt valuable research skills and gained experience in data collection and analysis, publication writing and presenting at conferences.

Partnerships

The project established strong partnerships with each of the three partner services: Youth Mental Health Service, North Metropolitan Health Services; headspace Midland; and Youth Focus, who were involved in all stages of the project. Their engagement was key to translating research into practice and ensuring the suitability and sustainability of new work practices. The project facilitated cross-sector collaboration between these government and non-government services, who worked closely together during project activities and also took the initiative to establish their own meetings to ensure the transfer of learnings. This cross-sector collaboration was highly valued by service partners, for example, the headspace Midland service manager reported meeting with Youth Mental Health Service, North Metropolitan Health Service and developing a more comprehensive understanding of the services more flexible, community-based intake and assessment procedures and their established Aboriginal workforce. Such collaboration allowed services who were at different stages to share their learnings and their service approaches to improve the accessibility and responsiveness of their services for Aboriginal youth. Such collaboration between government and non-government services is key to improving service provision and coordination across the sector. As previously outlined in the "Implications for Health Promotion / Translation of Research into Practice" section, headspace Midland and Youth Focus are partners on the new *Our Journey, Our Story* project.

Partnerships were also built and maintained with the five policy and advocacy organisations. Specifically, the Western Australian Mental Health Commission provided overall support to the project, and policy staff from the Commissioner for Children and Young People Western Australia, Western Australian Association for Mental Health, Youth Affairs Council of Western Australia, and Aboriginal Health Council of Western Australia worked directly with the research team, Elders, young people and service staff to co-design and implement the intervention. Participating in the project allowed non-Aboriginal policy staff, in particular, to deepen their understanding of a Nyoongar worldview, and introduced policy officers to culturally safe co-design methods that could potentially be applied in their organisations.

The project established partnerships with a number of community organisations involved in the health and wellbeing of Aboriginal young people through the Community Reference Group. This included: Derbarl Yerrigan Health Service Midland; Centrecare Djooraminda; Swan City Youth Service; Maali Centre, Governor Stirling Senior High School; Clontarf Academy, Swan View Senior High School; and Neami National Suicide Prevention. Some of these community partners also provided resources to the project, including Swan City Youth Service who hosted a project community event and Derbarl Yerrigan Health Service Midland Health Promotion team who catered the event. Through their involvement, these partners had the opportunity to network with other local community organisations which led to new collaborations outside of the project. Partners had the opportunity to learn more about the youth mental health sector and research context, and offered the project invaluable direction from a community perspective.

Finally, the project developed a strong partnership with SAE Creative Media Institute Perth. As discussed in the "Progress" section "Phase 5: Health promotion and translation", the research team worked closely with a small group of media students to produce a short-film about the project. This involved students interviewing CIA Wright about the project, collecting footage of culturally significant locations around Perth, and editing the footage collected by the

project team. Through this process, students developed a deeper understanding of Nyoongar culture and people and an increased awareness of cultural protocols that will benefit them in future media work with Aboriginal communities. For example, the importance of including a cultural warning if an Aboriginal person in the footage has passed away, and including an Acknowledgment of Country. The research team has established an ongoing partnership with SAE Creative Media Institute Perth and will continue to work with staff and students in the new *Our Journey, Our Story* project.

Translation of Research: Medical Research Future Fund: *Our Journey, Our Story: Building Bridges to Improve Aboriginal Youth Mental Health and Wellbeing* project

The strong outcomes from the *Building Bridges* project led to CIA Wright being awarded $2.45 million by the Federal Government through the Medical Research Future Fund's Million Minds Mental Health Research Mission, administered through the National Health Medical Research Council (NHMRC). The *Our Journey, Our Story: Building Bridges to Improve Aboriginal Youth Mental Health and Wellbeing project* is a five-year project due for completion May 2024. The *Our Journey, Our Story* project will scale up the methodology applied in the *Building Bridges* project and measure the impact of Aboriginal Elders and young people working directly with mental health services across six sites in Western Australia. A key component of this research will be understanding whether Aboriginal young people from the regions understand cultural security differently and/or identify priorities other than those found from the Building Bridges project. headspace Midland and Youth Focus will also be partners on the *Our Journey, Our Story* project. The involvement of headspace Midland in the *Building Bridges* project led to a new research partnership with headspace National and up to five additional headspace centres across Western Australia (including Broome, Joondalup and Osbourne Park) who will be applying the methodology in each of their services. *Our Journey, Our Story* is a significant research grant and outcome from Building Bridges with the potential to impact on how youth mental health services are delivered in Western Australia.

Publications

The project has published one peer-reviewed academic paper (see appendix G):

> Wright, M., Culbong, T., Crisp, N., Biedermann, B., & Lin, A. (2019). "If you don't speak from the heart, the young mob aren't going to listen at all": An invitation for youth mental health services to engage in new ways of working. *Early Intervention in Psychiatry,* 1-7. DOI: 10.1111/eip.12844

Two Community Reports have also been published:

> Wright, M., Lin, A., Crisp, N., Culbong, T. (2017). Building Bridges Community Report 2017. Curtin University, Perth, Australia.

> Wright, M., Lin, A., Culbong, T., Crisp, N., Biedermann, B. (2018). Building Bridges Community Report 2018. Curtin University, Perth, Australia.

An additional six academic publications will be finalised and submitted in 2020:

- Youth voice: Co-writing with youth co-researchers about their experience of the project, in particular, their experience of finding and expressing their voice as a young person in the space.
- Engaging Aboriginal young people in participatory action research: Methods of recruitment, the brokerage role of the research team, relationship building and confidence building.
- Qualitative research methods: Interview methods and thematic analysis.
- Qualitative findings: Key themes of leadership, workforce and engagement; building the confidence, competence and capacity of services.

- Client Experience of Service Survey: Co-designing and administering the quantitative survey for young Aboriginal clients.
- Priority ranking methods and findings: Quantitative methods in a decolonising context.

Seminars

A total of ten presentations were delivered by the research team at five local, four national and one international conference. Four of these conferences were delivered in partnership with co-researchers, including two Elders, three young people, and two service leaders.

Local

Wright, M., Harris, C., & Phillips, P. (2019). Who Should Do Co-design? Working together makes us stronger. *WA Social Research Network: Insights to Action*. Perth, Western Australia.

Crisp, N., Ramirez-Watkins, A. Manel, A., & Phillips, C. (2018). The Building Bridges Project: Unpacking the relationship between Aboriginal and Torres Strait Islander young people and mainstream youth mental health services. *2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference*. Perth, Western Australia.

Culbong, T., O'Connell, M., Ramirez-Watkins, A., Culbong, H. & Kickett, C. (2018). Working together to create systems change in the provision of mental health services for Aboriginal families. *Association of Australian Magistrates Biennial Conference*. Perth, Western Australia.

Crisp, N. & Culbong, T. (2018). The Building Bridges project. *Social Policy Symposium: Research in Demand*. Perth, Western Australia.

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National

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International

Culbong, T. (2019). Co-design of a quantitative client experience of service measure with Aboriginal and Torres Strait Islander young people: Were we really listening? *Mixed Methods International Research Association Conference*. Wellington, New Zealand.

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Wright, M., O'Connell, M., Jones, T., Walley, R., & Roarty, L. (2015). Looking Forward Aboriginal Mental Health Project Final Report 2011-2015. Telethon Kids Institute.

Appendices

Co-designed working model

Figure 1

Co-designed working model

Appendix B

Participants involved in research activities

Table 1

Number of co-researchers and other participants involved in each research activity across project phases

Research activity	Project phase	Number of co-researchers				Number of other participants	
		Elders	Young people	Service staff	Policy staff	Community members	Clients
Baseline focus groups	1	3	4	10			
Community Reference Group meetings	1	1	3	2	3	6	
On Country	2	3	4	8		2	
Storying	2	3	7	11			
Co-design workshops	3	5	7	14	6		
Working together meetings	4	6	6	18	5		
Youth meetings	4		6				
Interviews	4	5	5	6			
Client Experience of Service Survey	4						29

Priority ranking results

Quantitative findings from the priority ranking activity conducted with Elders (n=3), young people (n=4), service staff (n=10), and policy officers (n=3) in phase three are provided below. Within and across group priority rankings are presented in Table 2 and 3 respectively.

Interpreting results: As each participant group consisted of a different number of participants, proportional scores were calculated to identify rankings. In table 2, the proportional score indicates the percentage of votes against that sub-theme out of the total amount of votes used by that participant group. In table 3, the proportional score indicates the percentage of votes against that sub-theme out of the total amount of votes used by that participant group, combined across participant groups. In brief, higher scores indicate a greater number of votes against that sub-theme after accounting for proportions.

Table 2

*Top priority within each participant group. *Multiple actions were ranked equally*

Theme	Participant group	Sub-theme (Priority 1)	Proportional score (%)
Trust	Young people*	Authenticity and genuineness	0.17
		Community engagement	0.17
	Elders	Shared decision-making	0.14
	Service staff	Community engagement	0.15
	Policy officers	Consistency	0.17
Culture and spirit	Young people	Staff reflection and acknowledging their own cultural boundaries and limitations	0.17
	Elders	Learning from history	0.14
	Service staff*	Attending community events	0.07
		Working with family	0.07
		Staff reflection and acknowledging their own cultural boundaries and limitations	0.07
	Policy officers*	Attending community events	0.11
		Working with family	0.11
Ways of working	Young people*	Working together with Elders and the community	0.09
		Aboriginal (Nyoongar) workers	0.09
	Elders	Working together with Elders and the community	0.21
	Service staff	Cultural training: Staff skills and knowledge	0.10
	Policy officers	Working together with Elders and the community	0.11

Table 3

*Shared priorities across participant groups. *Multiple actions were ranked equally*

Theme	Ranking	Sub-theme	Proportional score (%)
Trust	Priority 1	Authenticity and genuineness	0.44
	Priority 2	Community engagement	0.40
	Priority 3	Consistency	0.29
Culture and spirit	Priority 1	Learning from history	0.38
	Priority 2*	Working with family	0.25
	Priority 2*	Attending community events	0.25
Ways of working	Priority 1	Working together with Elders and the community	0.48
	Priority 2	Aboriginal (Nyoongar) workers	0.28
	Priority 3	Cultural training: Staff skills and knowledge	0.20

Co-designed Client Experience of Service Survey

Figure 2

Client Experience of Service Survey tool

Figure 3

Information Sheet for Staff Administering Survey

LOOKING FORWARD
BUILDING BRIDGES

BUILDING BRIDGES CLIENT EXPERIENCE OF SERVICE SURVEY INFORMATION SHEET FOR STAFF

This information sheet is for staff administering the *Building Bridges* Client Experience of Service Survey to Aboriginal and/or Torres Strait Islander clients.

Background: The Building Bridges Project

The *Building Bridges* project is currently working in partnership with three mainstream youth mental health services (headspace Midland, Youth Focus and Youth Mental Health, North Metropolitan Health Service) in Perth, Western Australia. Local Nyoongar Elders, Aboriginal and Torres Strait Islander young people and key staff from these services are partners on the project.

The aim of the project is to build better relationships between the local community and youth mental health services for more sustainable long-term partnerships that improve mental health outcomes for Aboriginal and Torres Strait Islander young people. The group have been working together to co-design practices that will enable youth mental health services and workers to better connect and work more effectively with Aboriginal and Torres Strait Islander young people.

Client experience of service survey

The Elders, young people and service staff have co-designed a client survey that will be administered by the partnering youth mental health services to all Aboriginal and/or Torres Strait clients for a 12 month period (July 2018 to June 2019). The information obtained through the survey will be used by each service to better understand Aboriginal and Torres Strait Islander client's experience of the service and respond to their needs.

Guidelines for administration:

- The survey should be administered to all new and existing clients who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander, and readministered approximately once every three months.
- It should be reiterated to clients that the survey is voluntary and anonymous.
- The survey is to be administered as a hard paper copy and after the survey has been completed the client is to place it inside an anonymous box in the waiting room of the service. If the client is being seen offsite, the survey may be placed into a sealed envelope which is to be then held securely by the clinician until their return to the office.
- Transparency is also critical, so when administering the survey, clients will need to be told the survey was co-designed with Elders and young people, whilst making clear their anonymity in participating in the survey.

If you have any questions about the administration of this survey or the *Building Bridges* project, please discuss this with your service manager. Thank you.

headspace Midland   Government of **Western Australia** **North Metropolitan Health Service**   **youth**focus

Survey results

The Client Experience of Service Survey administered by partnering youth mental health services in phase four produced 29 valid responses. All clients identified themselves as Aboriginal, eighteen clients identified as female, seven as male and one as "FTM." Age ranged from 15 to 24 years, and length of time at service ranged from "first visit" up to "over 4 years." Descriptive statistics (mean and standard deviation) were used for averaging scores across clients (See Table 3). Each rating on the survey had a value of 1 to 5 respectively (strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5).

Table 4

Client Experience of Service Survey average scores across clients

Statement	Mean rating	Standard deviation
I trust the people here	4.77	0.43
I can relate to the people here	4.19	0.69
I feel safe here	4.73	0.45
I feel respected here	4.81	0.40
The people here understand my culture and spirituality	4.69	0.55
This service is flexible and works to meet my needs	4.81	0.40
People in the community know about this service	3.81	1.10

Survey instrument to scope engagement with Aboriginal young people across the sector

Summary only: For full instrument please contact research team

Building Bridges Youth Mental Health Sector Survey

In what ways does our sector work meaningfully with Aboriginal and Torres Strait Islander young people?

The aim of this survey is to capture your experiences, views and ideas about the ways in which your organisation currently engages Aboriginal and Torres Strait Islander young people and their families. You will be asked about your own work as an individual, as well as your organisation's policies and practices more broadly.

Please set aside 15 minutes to complete this survey. Please be aware that you can only take the survey once, and you will need to complete it in one session. If you exit the survey half-way through, unfortunately your responses will not be saved and you will need to start again from the beginning. Your responses are anonymous and your organisation will not be identified in the survey. Your participation in this survey is very important as your contribution will enable a better understanding of how the youth mental health sector is currently working with the local Aboriginal community in Perth, Western Australia. This survey will be open until DATE. This research is funded by Healthway (31935) and is approved by the Western Australian Aboriginal Health Ethics Committee (762) and the Human Research Ethics Committee at Curtin University (HRE2017-0350). If you have any questions, comments or concerns relating to this survey, please contact Associate Professor Michael Wright, Curtin University, m.wright@curtin.edu.au. A summary of findings from the survey will be available on the project website www.buildingbridgesproject.info. Thank you for taking the time to complete this important survey.

The following questions ask you to reflect on your organisation broadly:

- Does your organisation engage and deliver services to young people?
- What services and resources does your organisation provide to young people?
- Does your organisation engage and deliver services to Aboriginal and Torres Strait Islander young people?
- Is your organisation an Aboriginal Community Controlled Organisation?
- On average, what percentage of your organisation's clients are Aboriginal and/or Torres Strait Islander young people?

The following questions ask you to reflect on yourself as an individual worker:

- What is your current role in your organisation?
- How long have you worked in your current organisation?
- How long have you worked in the youth mental health sector?
- What is your professional background?
- Do you identify as Aboriginal and/or Torres Strait Islander?
- What is your age?
- What is your gender?
- In your current role, do you provide direct clinical work?
- On average, what percentage of your clients are Aboriginal and/or Torres Strait Islander young people?

- Can you very briefly describe the nature of your work with Aboriginal and Torres Strait Islander young people?
- How would you rate your confidence in working with Aboriginal and Torres Strait Islander young people?
- "I have sufficient knowledge about Aboriginal history to prepare me to work with Aboriginal and Torres Strait Islander young people" (Rate extent to which you agree or disagree).
- "I have sufficient knowledge about Aboriginal culture to prepare me to work with Aboriginal and Torres Strait Islander young people" (Rate extent to which you agree or disagree).
- "Sharing about who I am as a person (beyond my professional role) is important for building trusting relationships with Aboriginal and Torres Strait Islander young people"(Rate extent to which you agree or disagree).
- Personally, do you practice self-disclosure in your work with Aboriginal and Torres Strait Islander young people? (I.e. sharing about who you are as a person beyond your professional role).
- Provide one or two examples of ways in which you have practiced self-disclosure in your work with Aboriginal and Torres Strait Islander young people.
- "My organisation provides me with sufficient training and resources to work in a culturally appropriate way with Aboriginal and Torres Strait Islander young people"(Rate extent to which you agree or disagree).
- In the past year, have you engaged in any cultural awareness training?
- Can you very briefly describe the nature of the cultural awareness training you engaged in?
- What else does your organisation do to support you to work in a culturally appropriate way with Aboriginal and Torres Strait Islander young people?

The following questions ask you to reflect on Aboriginal workforce within your organisation:

- Does your organisation currently have any Aboriginal and/or Torres Strait Islander staff?
- Has your organisation set a benchmark for the number of Aboriginal and Torres Strait Islander staff? If so what is the benchmark?
- Is your organisation meeting its own benchmark for employing Aboriginal and Torres Strait Islander people?
- Does your organisation currently have any Aboriginal and/or Torres Strait Islander staff in leadership roles?

The following questions ask you to reflect on your organisation's engagement with Aboriginal community members to improve service delivery:

- Does your organisation currently engage Aboriginal and Torres Strait Islander young people in consultation about service development and provision?
- Provide one or two examples of ways in which your organisation has engaged Aboriginal and Torres Strait Islander young people in consultation about service development and provision.
- Does your organisation currently engage Aboriginal Elders in consultation about service development and provision?
- Provide one or two examples of ways in which your organisation has engaged Aboriginal Elders in consultation about service development and provision.
- While at work, have you personally had any contact with Aboriginal Elders?
- Can you very briefly describe the nature of your contact with Aboriginal Elders while at work?

This final set of questions ask you to reflect on your organisation broadly:

- In your organisation, how often do staff provide an Acknowledgment of Country?
- While at work, have you ever personally provided an Acknowledgment of Country?
- Does your organisation currently have a Reconciliation Action Plan?
- Does your organisation currently have any policies in place for working with Aboriginal and Torres Strait Islander young people?
- Provide one or two examples of your organisation's policies for working with Aboriginal and Torres Strait Islander young people.
- Does your organisation do any of the following to visibly show Aboriginal and Torres Strait Islander young people they are welcome in your organisation? (Tick all that apply).
- "My organisation is meaningfully engaged with the local Aboriginal community" (Rate extent to which you agree or disagree).
- Provide one or two examples of how your organisation currently engages the local Aboriginal community.
- What do you see as your organisation's key barriers to engaging with Aboriginal and Torres Strait Islander young people and communities?
- In your opinion, how could your organisation improve its engagement with Aboriginal and Torres Strait Islander young people and the local community?

LOOKING FORWARD
BUILDING BRIDGES

Curtin University

GOVERNMENT OF WESTERN AUSTRALIA

healthway

WORKING IN PARTNERSHIP WITH ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE, THEIR FAMILIES AND COMMUNITIES

KEY RECOMMENDATIONS FOR THE YOUTH MENTAL HEALTH SECTOR

Aboriginal and Torres Strait Islander young people's rate of engagement with youth mental health services is very low. This is of grave concern given the high rates of mental health distress. Whilst services have good intentions, they are unsure how to improve the accessibility and responsiveness of their organisations.

Building Bridges: Co-designing Engagement with Aboriginal Youth was an Aboriginal-led three-year project funded by Healthway. The project brought together Nyoongar Elders, Aboriginal and Torres Strait Islander young people, policy and advocacy organisations, and youth mental health services in Perth, WA. Engagement, based on meaningful relationships, was critical as it established trust to co-design new ways of working with Aboriginal youth. The following recommendations developed as part of the project are informed by Nyoongar culture for the project was on Nyoongar *boodja* (country). In implementing the recommendations local cultural protocols and practices need to be observed when engaging Aboriginal communities in any co-design. The culturally secure engagement framework provides instructions and guidance on the recommendations and is described overleaf.

Recommendations:

- Youth mental health services develop **sustainable, trusting and meaningful relationships** with the Nyoongar community by working with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to **negotiate priorities.**

- The **Minditj Kaart-Moorditj Kaart (Sick Head-Good Head) Engagement Framework** be used to inform the engagement and co-design process.

- The Mental Health Commission and peak bodies work with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to **identify and implement strategies to reduce racism** within the youth mental health sector and, specifically, in youth mental health services.

- The youth mental health sector review their **cultural training**, both content and process, in consultation with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to **improve the confidence, capability and competence of all staff** to work in genuine partnership with Aboriginal and Torres Strait Islander people.

- Youth mental health services **review workforce recruitment strategies**, including the recruitment of senior leaders, in partnership with Nyoongar Elders and Aboriginal and Torres Strait Islander young people.

- Youth mental health services and peak bodies **improve cross-sector collaboration and coordination** to ensure sector-wide change and the provision of accessible and responsive mental health care for Aboriginal and Torres Strait Islander young people. This includes the development of co-designed cultural security measures for benchmarking and quality assurance purposes.

- Youth mental health services **prioritise community engagement**, trust building and sustained relationships with Nyoongar Elders and Aboriginal and Torres Strait Islander young people to identify and implement strategies to enable services ensure their relevance by increasing their **visibility in the community**; thereby, ensuring greater access to and use of services.

- Youth mental health services engage Aboriginal and Torres Strait Islander **young people at the centre of co-design processes** to ensure culturally and age appropriate services. This requires a staff member accepted by the community and Aboriginal participants to support Aboriginal and Torres Strait Islander young people to engage in co-design, build their confidence and capacity, and educate staff in how to work with young people as equal partners in co-design.

- Youth mental health services **commit adequate resources** to enable meaningful partnership with the Nyoongar community. Engaging in **sustaining practices** includes: senior management and key service staff meeting with Nyoongar Elders and Aboriginal and Torres Strait Islander young people on a regular basis, renumerating community members appropriately for their time and expertise, and resourcing community engagement.
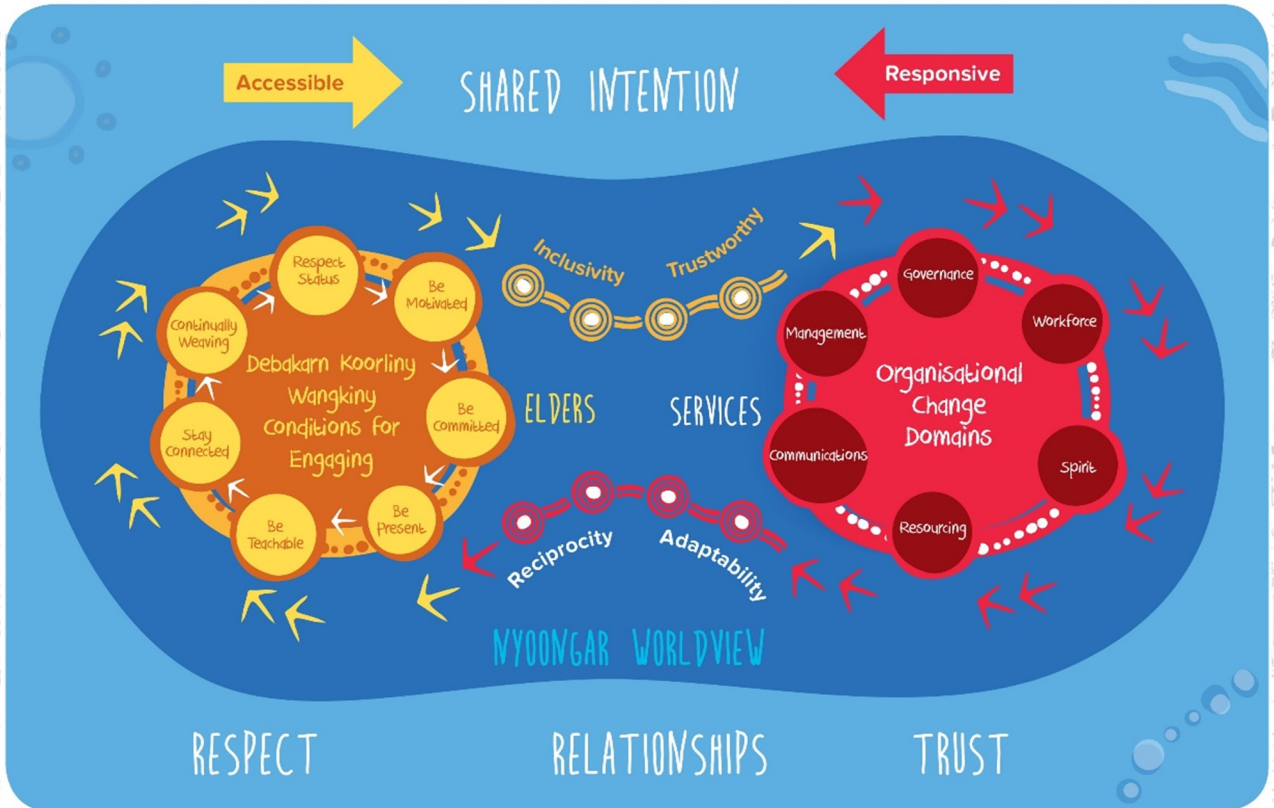
Contact the *Looking Forward* team for more information

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www.buildingbridgesproject.info

The ***Minditj Kaart-Moorditj Kaart* (Sick Head-Good Head) Engagement Framework** (below) sets out a **culturally secure process to build trusting relationships to effect organisational change**. It is held by Aboriginal ways of working and the cultural leadership of Nyoongar Elders who are recognised as the traditional custodians of culture and leaders of their communities. A key component of the *Framework* is *burdiya* to *burdiya* (boss to boss): a partnership between senior organisational leaders and Nyoongar Elders who work together to co-design culturally secure work practices. As emerging leaders and experts in their lived experience, Aboriginal and Torres Strait Islander young people are also engaged as co-design partners.

Framework diagram

SHARED INTENTION

Accessible →

← Responsive

ELDERS

Debakarn Koorliny Wangkiny Conditions for Engaging

- Respect Status
- Be Motivated
- Continually Weaving
- Be Committed
- Stay Connected
- Be Teachable
- Be Present

Inclusivity — Trustworthy

Reciprocity — Adaptability

SERVICES

Organisational Change Domains

- Governance
- Management
- Workforce
- Communications
- Spirit
- Resourcing

NYOONGAR WORLDVIEW

RESPECT   **RELATIONSHIPS**   **TRUST**

Respect, relationships and trust are essential and must be sustained. This requires non-Aboriginal staff to slow down and understand how colonisation has resulted in a reluctance to use mainstream services. Through the engagement process (left-hand side of the Framework), non-Aboriginal staff recognise the limitations of current services and open themselves to new ways of working informed by an Aboriginal worldview. Two processes support **relationship-building in preparation for co-design** and introduce non-Aboriginal people to **cultural ways of relating and sharing knowledge**:

Storying: facilitates Elders, young people and service leaders to share their life stories. Through deep experiential learning and reflection non-Aboriginal staff build connection and recognise profoundly different worldviews and lived experiences.

Going **on Country** with Elders and young people: enables non-Aboriginal staff to deepen their understanding of culture, kinship and spirit.

EARLY INTERVENTION IN THE REAL WORLD

WILEY

"If you don't speak from the heart, the young mob aren't going to listen at all": An invitation for youth mental health services to engage in new ways of working

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Abstract

Aim: Aboriginal and Torres Strait Islander young people are more likely to experience mental health issues or end their life by suicide than non-Aboriginal youth, but are less likely to access mental health services for support. Systemic change is required if mainstream youth mental health services are to be relevant and culturally secure for Aboriginal and Torres Strait Islander young people.

Methods: *Building Bridges* (2017-2019) is a three-year participatory action research project being conducted in partnership with the Nyoongar community and three mainstream youth mental health services in Perth, Western Australia. The project involves Nyoongar Elders and Aboriginal and Torres Strait Islander young people working directly with senior management and key staff of youth mental health services to co-design, implement and evaluate a framework for systems change. The aim of the project is to increase Aboriginal and Torres Strait Islander young people's engagement with services and improve mental health outcomes for young people and their families.

Results: This paper outlines the engagement process that underpinned the first phase of the project. Our research methods are premised by an investment in establishing safe spaces for the Elders, young people and service staff to engage in open, honest dialogue. We present two key activities that illustrate this process of building trust and deepening understanding, namely: spending time "On Country" and engaging in a "storying" process.

Conclusions: *Building Bridges* demonstrates the centrality of trusting relationships for systemic change and the way in which meaningful engagement is at the core of both the process and the outcome.

KEYWORDS
aboriginal, cultural security, indigenous, mental health services, youth

1 | INTRODUCTION

Early and appropriate intervention is crucial to altering the trajectory of mental illness experienced by young people (McGorry & Purcell, 2009). This relies on access to, and engagement with, age- and culture- appropriate mental health services. For Aboriginal and Torres Strait Islander young people, access to culturally secure mental health care in an early and timely manner has the potential to have significant impact across the life-span. Cultural security is an essential component of health services delivered to Aboriginal people, however it is

often misunderstood or unaddressed in mainstream services. Culturally secure practice goes much deeper than basic cultural awareness; it demonstrates both an understanding and a skill set to implement the necessary actions for ensuring services are culturally safe for Aboriginal clients, and embedding these work practices at an organizational level (Coffin, 2007). Despite the research conducted in recent years, little progress has been made to reduce the risks and impact of racism, poverty, high rates of unemployment and disenfranchisement that affect the mental health and wellbeing of Aboriginal and Torres Strait Islander young people (Australian Institute of Health and Welfare, 2011; Blair, Zubrick, & Cox, 2005; Brown et al., 2013; Haswell, Blignault, Fitzpatrick, & Jackson Pulver, 2013; Kelly, Dudgeon, Gee, & Glaskin, 2009; Mitchell & Gooda, 2015). There is still far higher burden of disease and injury for Indigenous Australians than for non-Indigenous Australians (Vos, Barker, Begg, Stanley, & Lopez, 2008). Community surveys show that psychological distress is three times higher for Indigenous people than for non-Indigenous people (Jorm, Bourchier, Cvetkovski, & Stewart, 2012). Suicide remains the leading cause of death for Aboriginal and Torres Strait Islander young people between 15 and 34 years of age, with an age-specific death rate of 47.2 per 100 000 persons and suicide rates over three times that of non-Indigenous young people of the same age. This age group accounted for 67.3% of all Indigenous intentional self-harm deaths (Australian Bureau of Statistics, 2018). Young peoples' ongoing mental health issues and high risk of suicide is of significant concern within the Aboriginal and Torres Strait Islander community. While Aboriginal and Torres Strait Islander young people experience high rates of mental health concerns, they are less likely than non-Aboriginal young people to access mental health services, are more likely to present in crisis or at a chronic stage and often engage with services for shorter periods of time (Westerman, 2010). Deferring timely access is primarily due to mistrust and the belief that mainstream services do not understand and respect Aboriginal people and their culture (Wright, Lin, & O'Connell, 2016).

Improvements in the design, development and delivery of mental health services requires urgent attention to ensure they are accessible and responsive. The Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Australian Government, 2013) highlights the need for health programs and interventions that acknowledge the unique health experiences of Aboriginal and Torres Strait Islander peoples. The social and emotional wellbeing of Aboriginal and Torres Strait Islander youth is inextricably linked to their cultural heritage and a sense of belonging and identity (Australian Government, 2017). For positive change to occur, it is imperative that Aboriginal and Torres Strait Islander people have direct input into the design, development and implementation of the programs delivered to them. A new paradigm is required that is innovative, inclusive and sustainable, that allows for both community members and service systems to be committed and engaged. Mainstream youth mental health services have to be included as change partners because they play an important and critical role in the lives of Aboriginal and Torres Strait Islander young people. It is our view however, that the answers lie within the community.

This paper is structured around three themes and outlines the engagement process that underpinned the initial phase of the *Building Bridges* project. First, we provide a brief overview of the *Building Bridges* project and the participatory action research methodology employed, specifically engaging local Aboriginal Elders and young people as co-researchers. Second, we discuss the importance of preparation and engagement, and the value of cultural immersion for service providers, such as spending time "On Country" and engaging in a "storying" process. Finally, we present some of the implications of this engagement process and how it translates to meaningful change in work practices.

2 | THE BUILDING BRIDGES PROJECT

The *Building Bridges* project (2017-2019) is a three-year participatory action research project located in Perth, Western Australia, on Wadjuk Nyoongar *boodja* (country). Wadjuk is one of 14 clan groups that make up the Nyoongar Nation in Western Australia's southwest, as shown in Figure 1.

Participatory action research involves participants, or co-researchers, being actively and meaningfully involved in all stages of the research process. This methodology maintains a commitment to local contexts, with researchers working in partnership with local communities toward action and social change (MacDonald, 2012; Minkler & Wallerstein, 2010; Wallerstein, 1999; Wright, 2011). The *Building Bridges* project engages a number of co-researcher groups including local Nyoongar (Aboriginal) Elders, Aboriginal and Torres Strait Islander young people and senior managers and key staff from mainstream youth mental health services.

The *Building Bridges* project builds upon the foundational research of the *Looking Forward Project* (2011-2015) (Wright et al., 2016; Wright, Culbong, Jones, O'Connell, & Ford, 2013; Wright & O'Connell, 2015; Wright, O'Connell, Jones, Walley, & Roarty, 2015). In the formative *Looking Forward Project*, the team worked in collaboration with
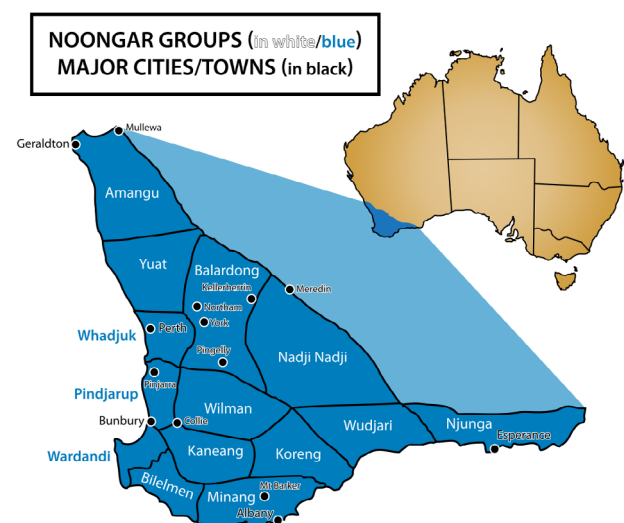

FIGURE 1 Map of Nyoongar *boodja* (country) in the southwest region of Western Australia (Whadjuk Trail Network, 2018)

the local Nyoongar community and developed an approach that is grounded in relationships and recognizes and promotes the cultural leadership of Elders to effect systemic change. Engaging Elders as co-researchers provides cultural security, cultural insight and authenticity to the research process, and their status as custodians of culture and *budiyas* (bosses/leaders) in their community naturally affords them a position of legitimate authority (Wright et al., 2015). Given the youth context of the *Building Bridges* project, it was essential that Aboriginal and Torres Strait Islander young people also be engaged as co-researchers alongside the Elders. As one of the participants expressed:

> *"Elders are the keepers of the knowledge and a very important part of the process, but just as much are the young people, their voices need to be put out there."* (2018).

Central to the research process is attention to ensuring meaningful engagement and the building and sustaining of relationships between the Elders, young people and service staff. The key lesson learned from the *Looking Forward Project* (Wright et al., 2015) was the critical element of relationships. Working together, the *Looking Forward Project* Elders and senior executives co-designed the *Minditj Kaart-Moorditj Kaart (Sick Head-Good Head) Engagement Framework* (Wright et al., 2015). The Framework is held by a Nyoongar worldview. It describes how Elders can guide and mentor service providers to better understand Aboriginal culture, recognize the real impact of colonization and build service partners capacity to work more effectively with Aboriginal people in a culturally secure way (Wright et al., 2015).

Applying the key findings from the *Looking Forward Project* (Wright et al., 2015) of working relationally, the aim of the *Building Bridges* project is to develop the capacity of mainstream youth mental health service providers to be flexible, confident and competent in their interactions with Aboriginal and Torres Strait Islander young people. Most mainstream services recognize the need for change and convey a strong desire to better engage with Aboriginal and Torres Strait Islander clients, but realize their inability to do so. Our hypothesis is that when youth mental health services undertake systemic change through their direct collaboration with Elders and young people, their work practices will be more culturally secure, resulting in an increase of Aboriginal and Torres Strait Islander youth engagement and better mental health outcomes for young people and their families. Furthermore, we hypothesize that the local Aboriginal community will develop greater trust and confidence in the services and their ability to meet the mental health needs of young people.

3 | PREPARATION AND ENGAGEMENT: HOW CULTURAL IMMERSION DELIVERS CHANGE

Successfully working and capturing young people's experience of mental health care is complex and requires significant time and effort.

Translating experiences with the aim of facilitating systems change is even more challenging (Wright et al., 2016). Moral and ethical research practice with communities who have been, and continue to be, disenfranchised and marginalized requires translating findings responsibly. Being responsible means research findings should challenge and dismantle oppressive structures that create situations of power imbalance (Wright et al., 2016). Meaningful relationships in a research context is therefore essential, as it provides both the foundation and the glue for holding the research process. From the beginning of the *Building Bridges* project there was an investment in establishing *safe spaces* for the Elders, young people and service providers to engage in open, honest dialogue. Safe spaces in this context requires service providers having a heightened awareness of their role and actively addressing the power imbalances between young people and themselves as clinicians and service managers. Safe spaces is about ensuring the voices of the young people and the Elders are heard and respected. We also applied a decolonising research framework, as outlined by Bartlett, Iwasaki, Gottlieb, Hall, and Mannell (2007) that "employ[ed] iterative, culturally based and process-oriented methods" (p. 2374) that privileged a Nyoongar worldview. In using a decolonizing approach, the dominant worldview through which the western mechanisms, structures and value systems are produced and supported recede to the background, allowing Nyoongar mechanisms, structures and value systems to stand in their own right (Wright et al., 2016).

A critical element for building relationships and building capacity involves cultural immersion practices, which provide and allow for deeper experiential change. For example, the first *Building Bridges* engagement activity that brought the Elders, young people and service staff together was an "On Country" event. This involved the group visiting two locations that the Elders identified as meaningful to them, where they spent time walking, sitting and being on *boodja* (country), and the Elders sharing stories about place and history. These "On Country" activities place Nyoongar culture and country at the centre of the engagement and honours the wisdom and leadership of the Elders. It also immediately disrupts the service provider's typical ways of working and asks them to demonstrate flexibility and trust in the process. Being "On Country" helps service staff develop a deeper understanding of a Nyoongar worldview. As one of the young people expressed:

> *"The experience so far has been incredible, the stories shared and knowledge passed on is invaluable. Either in a room or out 'On Country', hearing and working in hand with the Elders is key to sustaining the future."* (2017).

It is also of note that such rich, experiential activities are significantly different to other "cultural competency" activities that mental health service providers have completed as a way of "preparing" them to work with Aboriginal people. As one of the Aboriginal participants stated:

> *"I think part of the problem is how we already approach cultural competency, we have this idea that you do a two hour lesson and you've ticked a box, and I don't know*

who came up with that because it definitely wasn't Aboriginal people." (2018).

After the "On Country" experience, the group engaged in a "storying" process over two workshops. In the *Looking Forward Project* (Wright et al., 2015), a research method was developed for sharing stories by bringing Elders and service staff together over a series of gatherings, which enabled staff to "hear" past and present experiences of Elders and their families and build a base from which relationships could be developed. Storying is a shared healing process involving participants, Aboriginal and non-Aboriginal, listening, being present and "bearing witness" (Glassman, 1999) to each person sharing their story. Shared storying is a cross-cultural research methodology that involves deep listening and cyclical reflection of lived experience captured in stories recounted by participants from different cultures (Geia, Hayes & Usher, 2013). Engagement in shared story experiences lays the foundation for locating and reconciling points of difference and confirmation of mutual benefits and concerns that are often not discussed in cross-cultural settings.

Storying is based on the principle of reciprocity and provides the necessary foundation for trust and inclusivity. Direct engagement and exchanges of this kind provide service staff with the opportunity to undertake profound shifts in their thinking, based on first-hand accounts of the impact of colonizing forces. Shared storying is a powerful process which provides a conduit for deeper understanding and appreciation of shared histories, shaping new possibilities and shared understandings about health, wellbeing and identity. Storying is central to Aboriginal peoples' ways of being and doing for it enables engagement, inclusivity and reciprocity, and is critical in understanding both the depth and closeness of relationships. In practical terms it also serves to connect people over space and time to remember, place, and recall people and events. Story sharing gatherings provide a safe space in which people can move away from the conventional "business like" interactions and connect at a more personal level. Connecting in this way was a new experience for many participants.

To illustrate this process, the Elders typically begin the storying and may share stories about where they were born, where they grew up, about their parents, siblings, childhood home, relationships, working life, and families. Interspersed within these personal stories are insight about the impact of colonization, structural racism, oppression, discrimination and intergenerational trauma on Aboriginal peoples. Amongst this, we also hear stories of strength of spirit. Ultimately, through the Elders we hear the true history. As one Elder stated:

> *"It's important, it's very, very important, because history was told on lie, it was not the truth... there was nothing about being Aboriginal, how brilliant our people were, you know how they can go out and live in the bush, you know and live off the land, but still survive. But none of that is [recorded] in the history, because they don't want it to be told. But you know what, our people are that strong, we're still here, we're not going nowhere."* (2018).

As well as bearing witness to the powerful stories of the Elders, the service staff were also invited to share their own story. The Elders provide a template for others to follow for introducing themselves, indirectly inviting staff to reflect on who they are and what their story is, to participate in the process as a whole individual rather than isolating their professional and personal identity. This is a stark contrast to the introductions usually experienced in a working environment, which typically include name and profession. As well as developing a deeper understanding of others worldviews (or potentially learning for the first time that there are multiple worldviews), this process encourages service staff to engage in self-reflection and starts dismantling their own worldviews and assumptions. In reflecting on their participation in the storying activities, one staff member described:

> *"I feel privileged to hear the stories which have been shared today. It's always powerfully moving and stirs up a lot of sorrow and emotion to hear about the deep injustices and terrible things which have happened in the course of the shared life stories, but also good to hear of the successes and strengths which came through."* (2017).

As well as building relationships between participants, the practice of sharing their own story is a valuable experience for non-Aboriginal staff to help them become more comfortable with this way of working and translating it into their work with Aboriginal and Torres Strait Islander clients. As two of the Aboriginal staff explained:

> *"It's natural for an Aboriginal clinician to be able to give their story whereas it might not be as normal or easy for a non-Aboriginal clinician to give their story because it's how we grow up, you meet someone 'aw who's your mob?' it's just natural. So, I feel like that's an important factor in trust and relationship is, you know, even though we're still clinician's we still have to give a little bit to build that trust."* (2018).

> *"If you don't speak from the heart, the young mob aren't going to listen at all."* (2018).

In the Elders quote below, we can see the interconnectedness between this more personal way of relating and creating the conditions to build trust:

> *"Let me tell you something as an Elder and an Aboriginal person, it's called ignorance, all ignorance is; is a lack of knowledge. There is a wall between you and another person and you can't see that person, how are you going to trust that other person? For Aboriginal people we don't know who we're dealing with in the organization. The first thing you do is look at them, and say hello, breaking down that wall of ignorance. The more you talk, the more you become friends, and when you become friends, you start*

trusting. If we can break down that wall of ignorance, that ignorance is from not knowing history, so once they start learning about who we are and where we come from we become really good friends. And we tell our story, and our stories might be really similar. As you learn together you become friends and you start trusting, we start learning together." (Elder, 2018).

The attributes of authenticity, openness and reciprocity are key to building trusting relationships. This is true in the context of staff working with the Elders and young people as co-researchers, as well as their work with Aboriginal and Torres Strait Islander clients and families. To date, this question of trust has been given little consideration when it comes to engaging Aboriginal people, which has significantly compromised the effectiveness of mental health service delivery (Wright, Davison, & Petch, 2017).

4 | HOW MEANINGFUL ENGAGEMENT TRANSLATES TO NEW WAYS OF WORKING

The impact of investing in these personal, experiential activities has been both positive and evident as we move in to the next stage of the project. Services involved in the project are now more reflective in their practices and decision making. Their involvement with the Elders and young people has allowed and given them permission to work in a more attentive, considered and safe manner. For example, one of the services recently employed an Aboriginal worker, and the service engaged the Elders to assist with the recruitment process. The Elders provided advice with the job description and had a role on the interview panel, and the selected candidate was approved by the Elders. Unfortunately, the candidate decided that the role did not fit their expectation and has since left the service; this transition from the worker being employed and moving on was managed appropriately by the service in discussions with the Elders. This experience far exceeded the expectations of the service, who now feel more confident that they have the support of the local community. The success of this initiative cannot be underestimated for it has resulted in a significant shift in the improvement of the relationship between the Aboriginal community and the service.

Another example of the shifts is the change in communication style within services; rather than an impersonal approach to communicating, staff are now seeing the benefits in moving toward a more personal approach. Again, this was a suggestion by the Elders and young people and has been wholeheartedly embraced by service staff. This was demonstrated by a non-Aboriginal service manager who premised his introduction in a meeting by reflecting on his experience engaging in the *Building Bridges* project. He shared that he previously introduced himself by his work role and professional background, however this information has since become less significant to him. He described going away from these activities and investigating his family origins, having a sense of needing to figure out where he fits in terms of Australian and Aboriginal culture, and questioning the lessons he

received through his schooling. He shared that as a result of this process, he has developed more curiosity about himself and who he is. Similarly, we observed another non-Aboriginal service manager begin a meeting by introducing herself by her name and position. She then stopped mid-sentence and exclaimed "actually, I'm a human" and began to introduce her life outside of her work, such as being a mother of four children. The *Building Bridges* project encourages youth mental health service providers to bring their whole self to this process, for this provides the foundation for building meaningful relationships.

Participatory action research in this context is the preferred research methodology for the project as it fits with the needs of the community. The community has its own unique rhythm and it moves with the reciprocal demands and expectations of that community. For example, funerals take precedence and the research has to fit with these events. Participatory action research is premised on working *with* the rhythms of the community; not forcing and rushing participants, simply being where there they at. As one of the Elders always says, "we are timeless people" (2018). This methodology is about respecting and acknowledging local contexts, and working in partnership with participants on the issues important to them.

Building Bridges has shown that positive outcomes can occur when inclusive research techniques are used. Critical to the process has been the work of facilitating participants to move deeper and be self-reflective in their practice and engagement. Going "On Country" and engaging in a process of shared storying did move participants into a space that was neither familiar nor stable. This can be disconcerting if you are not familiar or are uncomfortable working with uncertainty. Regardless, we, the project team and the participants intuitively understood that we were fine, for the Elders provided the necessary leadership and authority. The Elders remind us of the importance of staying with the process, recounting the Nyoongar words, *debakarn*, *debakarn*, *debakarn* (steady, steady, steady).

When participants were asked to reflect on their engagement with the project and the experience of working together, one of the senior managers chose to trace his own hand and an Elder's hand (Figure 2). This, we believe, creatively speaks to the power of relationships and the engagement approach employed. By investing in this engagement phase, service providers are encouraged to look at systems change through a lens of trust, relationships and a Nyoongar worldview.

As participants move in to the next stages of the project, they will work together to co-design, implement and evaluate new work practices within the partnering services that better respond to needs and priorities of Aboriginal and Torres Strait Islander young people. The reflective and experiential nature of the initial engagement process has allowed the service staff, Elders and young people to move in to this next stage with a shared intention for change, an openness to challenging, robust discussions and a commitment to the process of working together. The *Building Bridges* project has the potential to offer a new way of working to the wider health sector and other service sectors more broadly; one that is grounded in an Aboriginal worldview.
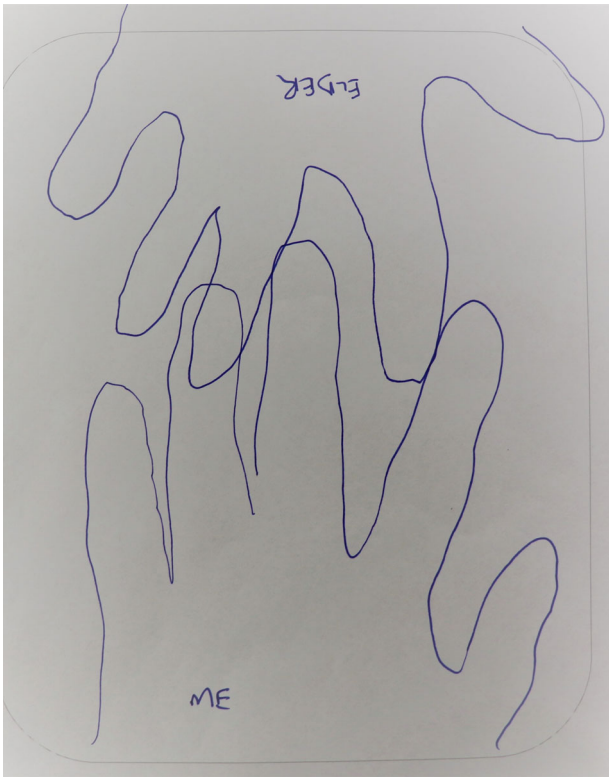
FIGURE 2 Reflective activity: Service managers drawing of his own and an Elder's hand

ACKNOWLEDGEMENTS

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How to cite this article: Wright M, Culbong T, Crisp N, Biedermann B, Lin A. "If you don't speak from the heart, the young mob aren't going to listen at all": An invitation for youth mental health services to engage in new ways of working. *Early Intervention in Psychiatry*. 2019;1–7. https://doi.org/10.1111/eip.12844