

Yarnin Together

Statewide Coordination Unit

Welcome to Yarnin Together. This communication tool emerges from the Aboriginal Mental Health Workforce Program, Action Plan 2014 – 2017. The Action Plan builds upon the NSW Health response to the external evaluation by ARTD Consultants into the NSW Aboriginal Mental Health Worker Training Program, 2013.

Yarnin Together was selected as a title to ensure consistency with the comprehensive Program resource: *walk together, learn together work together, A Practical Guide for the Training of Aboriginal Mental Health Professionals in New South Wales*.

In this edition we introduce some of the people involved in the Program. We have highlighted a number of good news stories from across NSW to demonstrate the approaches to supporting and expanding the Program. A focus on Aboriginal Mental Health Trainee experiences and showcasing the importance of Aboriginal Mental Health Clinical Leadership within the Murrumbidgee Local Health District is highlighted.

The education component of the Program provides an understanding of the detail of theoretical and clinical studies being undertaken at Charles Sturt University. A detailed description of the AH&MRC SEWB Workforce Support Unit is listed.

The celebration of 21 years of the Djirruwang Program and Program Graduates in 2014 are highlighted.

Summary of the Program

The NSW Health Aboriginal Mental Health and Wellbeing Policy 2006 – 2010 (PD2007_059) established the Aboriginal Mental Health Workforce Program. One of the policy's key strategies is to build a skilled and supported Aboriginal workforce.

The Aboriginal Mental Health Workforce Program is consistent with the NSW Government policy NSW 2021, and the NSW Health Policy

Good Health, Great Jobs: Aboriginal Workforce Strategic Framework 2011 – 2015, which sets a target of 2.6% of NSW Health employees being Aboriginal people.

The Aboriginal Mental Health Workforce Program is supported by a full-time State-wide Coordinator who oversees and supports the Training Program, with assistance of a part-time Administrative Officer, and contributes to a variety of other Aboriginal Mental Health projects and policy areas.

Using a traineeship model, Aboriginal Mental Health Worker Trainees are employed full-time within NSW Health Local Health Districts and Justice Health & Forensic Mental Health Network while they undertake a three year degree course through block release at Charles Sturt University Bachelor of Health Science (Mental Health) known as the Djirruwang Program. The degree has compulsory clinical placements. Alongside the university component all Trainees are required to complete on the job training in teams across mental health settings, over the duration of their Traineeship.

Aboriginal Mental Health Clinical Leader positions have been established in a number of Local Health Districts (LHDs). These positions play a vital role in supporting the developing Aboriginal Mental Health Workforce; supporting the Training Program implementation at LHD level; assisting to promote the use of services by Aboriginal people; providing consultation in complex cases; developing and monitoring Aboriginal Mental Health Plans; providing training and clinical supervision and ensuring the provision of culturally appropriate services to Aboriginal communities.

We hope you find this edition and our Program resource links interesting and valuable.

Tom Brideson and Robyn Owens



Tom Brideson

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Good Support, Good Practice: Outreach in Western Sydney

A Memorandum of Understanding aimed at achieving a coordinated response to alcohol and other drug issues within the Aboriginal community was negotiated with the then Sydney West Area Health Service and Aboriginal Community Controlled health service providers. Marrin Weejali is emerging from a phase of change, additional staff are designing and delivering new programs, and new relationships are being forged both with our LHD and other agencies, NGOs and community-based providers.

My relationship with Marrin Weejali and the Aboriginal community spans ten years with Marrin Weejali playing a major role in my commitment and connection with the Aboriginal community of Blacktown and Mt Druitt. Marrin Weejali have always been supportive of myself and the NSW Aboriginal Mental Health Workforce Program, taking trainees on placements and, more recently providing learning opportunities in addictions for our most recent trainee, John.

In an effort to address chronic illness in the Aboriginal community, Marrin Weejali in partnership with the WentWest Closing the Gap in the Division of GPs consulted community organisations and planned a health outreach program designed at screening Aboriginal people for chronic illness.

At the outreach John and I work alongside an NGO, Partners in Recovery, using a version of the K10, modified by WentWest Closing the Gap team. Together we screen for depression, anxiety and suicide. . Being part of this outreach has proven to be invaluable and the insights and teachings gained by myself and our trainee cannot be duplicated within any mainstream hospital or community setting. Our support comes from both the organisations at the outreach and the community itself. The number of Aboriginal people who just come to sit, rest and yarn is heartfelt. Their feedback is genuine and sincere. The numbers of people attending the outreach is growing with well over 100 people being screened for diabetes, cancer, kidney, heart and lung disease as well as Emotional Well-being, sexual health and podiatry in the first two months. The Mootand Tarimi: Live Longer Health bus, dietician and diabetes educators are also present to screen and provide invaluable support to those who attend.

The outreach, held on the first Monday of the month, commences at 10am and finishes at approximately 2pm, with a healthy lunch for all and a debriefing for staff. Marrin Weejali consults with service providers on an ongoing basis and so the support continues. This outreach

although in the early stages is proving to be very successful not only in engaging the community, but also in addressing the chronic health needs of the Aboriginal community of Blacktown/Mt Druitt.

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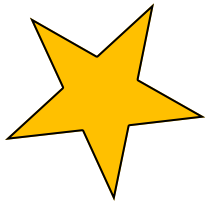


John Fetuani, Sandra Kelty

Program Snapshot: from strength-to-strength

34 LHD-based trainees currently in the Aboriginal Mental Health Workforce Training Program
11 trainees commenced first year at Charles Sturt University, February 2015
54 Training Program completions, with graduates awarded the Bachelor of Health Science (Mental Health) aka the Djirruwang Program
7 graduates in December 2014
13 people employed in Clinical Leadership (Aboriginal Mental Health) roles.





2014 Graduates

NSW Aboriginal Mental Health Workforce Program

In December 2014, seven new graduates finished their traineeships, bringing the number of graduates since 2007 to 54.

Congratulations to Tammy Sampson (Coffs Harbour, Mid North Coast LHD), Kieralea Baxter (Queanbeyan, Southern NSW LHD), David Bobongie (Kempsey, Mid North Coast LHD) Rodney Cain (Dubbo, Western NSW LHD), Sarah Dawson (Maroubra, South East Sydney LHD, now Melbourne), Gloria Spencer (Broken Hill, Far West LHD) and Corina Kemp (Broken Hill, Far West LHD). This is a great

achievement for the graduates and a significant milestone for the Program.

Minister for Mental Health, Jai Rowell MP, recently recognised the graduates in letters of congratulations, noting that the graduates have joined a growing number of Aboriginal people who are qualified as mental health clinicians. The Minister also congratulated Local Health Districts and community organisations that have hosted the trainees, mentors, supervisors, managers, Aboriginal Clinical Leaders, and Charles Sturt University staff.

NSW AMHWP 3rd Year Trainee: Sean Owen Deniliquin, Murrumbidgee LHD

Tell us about your mob?

My grandfather is Yorta Yorta and my grandmother is Wemba Wemba. In Deniliquin where I live and work is Wemba Wemba. It is a quiet, beautiful place and has the great Edwards River running through it.

What has been your career pathway to where you are now?

For my career path I became a carpenter after I finished school. I stayed in the building game until I moved to Deniliquin where I applied for the Aboriginal Mental Health Trainee position and am now in my third year.

Describe yourself in three words?

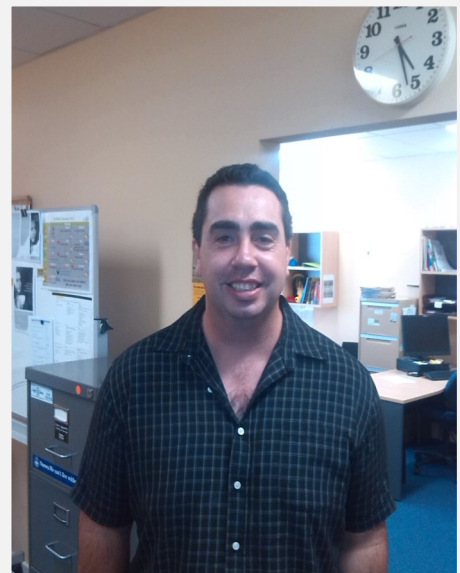
– I needed help from my colleagues and they said “A top bloke.”

What is the best thing about what you are doing now?

– Working with and in my community by bringing awareness to Social and Emotional Wellbeing.

What advice would you give to someone starting out?

– Try not to be overwhelmed by the traineeship and university workload by leaning on the support of your family, friends, colleagues and community.



Sean Owen “A top bloke.”



Growing opportunities for a sustainable Aboriginal Mental Health workforce – the Northern Sydney experience

In 2012, Kristen Ella, the first Aboriginal Mental Health Trainee employed by Northern Sydney Local Health District Mental Health Drug and Alcohol (NSLHD MHDA) successfully completed her traineeship and graduated from Charles Sturt University's Djirruwang Program achieving a Degree in Bachelor of Health Science (Mental Health).

Kristen then chose to move closer to her family and obtained fulltime employment in a clinical role with Central Coast Mental Health Service, commencing in 2013.

It was a time to celebrate all that had been achieved by Kristen and the LHD and to reflect on what had worked well, what could be improved upon, how the program had changed during that time and to create a sustainable model with which to move forward.

What worked well

From the beginning support for the program was strong at all levels within MHDA, which set the framework for success. This included: Unqualified support for the program from the MHDA Executive team; Clinical Partnership Coordinator program leadership and coordination; Establishment of a workplace supervisor/mentor; Support and commitment from the North Shore Ryde Community Mental Health Teams; NSLHD MHDA workforce support.

What was learnt

A whole of service response is needed: to share clinical knowledge with, and support and mentor the Aboriginal Mental Health Trainee, as they develop their expertise and clinical mental health skills and to grow the program learn from the Trainee as a service and build our capacity to provide mental health services that are culturally appropriate for Aboriginal and Torres Strait Islander people; actively support the Trainees into the traineeship. Starting a mental health traineeship can be daunting and confronting when considering the new role, new team/s, new profession, large organisation, and possible responses from members of the Trainee's own Aboriginal community. Service welcome and team preparation essential – we did not do this well initially; We also saw that increased support was required to ad-

dress the University/workplace interface and to support

the application of theory to practice.

Improving the model

Kristen Ella



Late in 2013, the District successfully recruited a new Aboriginal Mental Health Trainee. With this came an opportunity to improve our program model. We received strong support and program commitment from services manager at all levels. Using electronic media, news of the vacant position spread widely throughout NSW and interstate. We received twelve applications. In November 2013, Nathan Ryan appointed as our second Aboriginal Mental Health Trainee. An expression of interest was sent to North Shore Ryde Community Mental Health Staff to undertake the role as mentor for the program prior to Nathan commencing. Five expressions of interests were received and from these a mentor was selected. Before Nathan started work Traineeship support team was established consisting of Direct line manager, Program coordinator, Workplace mentors, Education support, Support person for mentors and Clinical Supervisor. The Coordinator, education support, direct line manager and workplace mentors met with the Ryde Community Mental Health team, including Administration and all program staff, and prepared the team for hosting the program and to be in a position to welcome Nathan. The team were well prepared and wanting the program to be placed within their service and clear about the opportunities to learn from Na-

than and about their role in supporting him. As a result of preparation and enthusiasm from the Ryde Team, Nathan was warmly welcomed and made to feel a part of the team. The trainee's experience is further enhanced by structured fortnightly/regular clinical supervisor - to further support reflection in the development of his practice.

Sustainable model

A sustainable Aboriginal Mental Health Traineeship Program is being established. As clinicians from North Shore Ryde Mental Health Services move to different positions, they will bring to other teams/sectors knowledge, expertise and a passion for the Aboriginal Mental Health Traineeship Program. This will spread throughout the LHD. Opportunities for clinical placements will expand.

The cultural knowledge that the Trainee brings will also spread throughout MHDA services, building our capacity to provide culturally appropriate services to Aboriginal and Torres Strait Islander people. The program becomes self-sustainable as it continues to grow and increasing number of clinicians and teams become involved in the program.

We continue to learn from each other, grow together for a nurtured, valued and valuable Aboriginal Mental Health Workforce.

Authors: Cindi McCormick and Allison White, with permission on Kristen Ella and Nathan Ryan.

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Allison White

Laura Ross, Acting Aboriginal Mental Health Clinical Leader, Murrumbidgee LHD

Tell us about your country and career pathway.

I am a Wamba Wamba Muthi Muthi woman from Deniliquin NSW. Before the Aboriginal Mental Health traineeship I worked in education, tutoring Aboriginal students from kindy through to Year 12 and running an Aboriginal Homework Centre. I lived and worked on my own country during the traineeship and for about two years after graduation. I loved every minute of the traineeship – the academic learning and then being able to apply it in my work.

Working in Deniliquin had its challenges and advantages. Being very connected and knowing the local community and having their strong support as I developed professionally was very important, however I had to be aware of cultural safety and my own cultural responsibilities, as well as managing expectations of me and taking care of myself.

After graduating in 2010, I was appointed to a generic Adult Mental Health worker position, and saw both Aboriginal and non-Aboriginal clients. When I started there I was the only Aboriginal person on the team, now there have been three trainees in Deniliquin.

I moved to Griffith a few years ago and since December 2013 I have been

acting Aboriginal Mental and Drug and Alcohol Clinical Leader (0.6) and Adult Mental Health worker (0.4). Murrumbidgee LHD has an Aboriginal Business Plan which I was involved in developing and which guides our work with Aboriginal people: for example newly referred clients are given the option of being assessed by an Aboriginal worker. I now help to promote and implement the policy, which is adapted in each area to suit local communities.

My main focus as Clinical Leader is supporting up to five trainees, their teams and managers. I make sure they are getting the experience and support they need to develop clinical competencies. I also assist and consult with other clinicians when they are dealing with Aboriginal consumers who have complex needs.

Describe yourself in three words?
Proud Straight shooter

What do you most like about what you are doing now?

I like most seeing improvement in people's mental state – seeing people who are unwell become well again. With the trainees, I enjoy knowing they are passionate people, keen to learn. Being able to support them to become clinicians gives me great job satisfaction, knowing they will graduate soon and be valuable members of their teams.



Laura Ross

Where do you see yourself going in your work?

Doing what I am doing now, seeing the numbers of Aboriginal people in the Mental Health and Drug and Alcohol workforce grow and seeing our teams grow culturally as a result of all our work in the District.

What advice would you give to someone starting out?

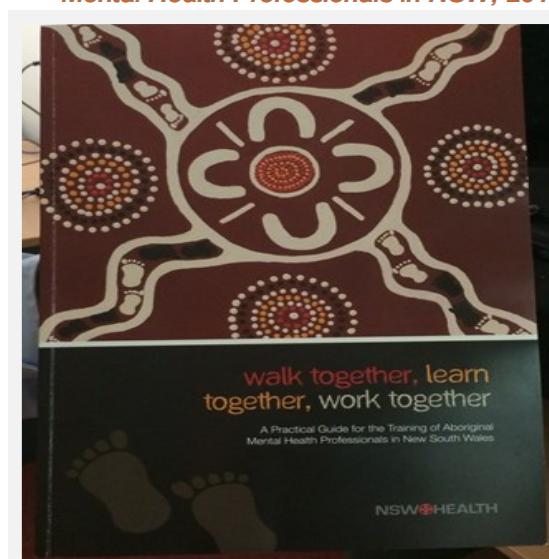
Call on all the support you can, don't be shame to ask for help; Keep an open mind to learning – the work is hard and can be confronting; and care for yourself well.

2014 Forum papers and Practical Guide: web links

2014 Aboriginal Mental Health and Wellbeing Workforce Forum presentations and the Walk Together, Learn Together, Work Together Practical Guide, along with other Aboriginal Mental Health Workforce information is all online at:

<http://www.health.nsw.gov.au/mhdao/workforcedev/Pages/>

Walk Together, Learn Together, Work Together - A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW, 2010



Ministry of Health



Our recent focus in the Mental Health and Drug and Alcohol Officer has been on developing the NSW Health response to the Aboriginal Mental Health Workforce Training Program Evaluation. The evaluation acknowledged the success of the program and the efforts to improve the trainee experience over time. The evaluation also highlighted areas where better communication and collaboration can improve program effectiveness and outcomes for trainees and graduates.

An Implementation Working Group met over six months to consider the report. The Group developed an Action Plan 2014-2017 which is now being progressed by the State-wide Coordinator, Tom Brideson, in conjunction with the Ministry and the Program Reference Group. We obtained advice from the Ministry's Workplace Relations Branch about the Award applicable to program graduates who undertake clinical mental health roles in Health services. The Ministry has written to LHDs/Networks to advise them of the outcome of our work.

The Action Plan 2014 – 2017 has two overall aims: Continuous Improvement and Program Development.



Christine Flynn



Marc Reynolds

The '**Continuous improvement**' aim includes objectives to strengthen program governance; promote consistent program implementation; improve communication; promote ongoing clinical employment of Aboriginal trainees and graduates in NSW Health; and support effective state-wide coordination.

Under '**Program Development**', we will promote opportunities to build the Aboriginal Mental Health workforce, including through provision of traineeships and Clinical Leadership positions.

The Ministry funds and helps to plan the annual Aboriginal Mental Health and Wellbeing Workforce Forum. Hunter New England LHD will host the next Forum in partnership with the Aboriginal Health and Medical Research Council and the Ministry.

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Aboriginal Mental Health & Wellbeing Workforce Forum

Forum postponed

The next Aboriginal Mental Health and Well Being Workforce Forum is expected to be held early in 2016. Planning difficulties associated with finding the right venue led to the organising committee taking the difficult decision to postpone the event. Forum partners, Hunter New England LHD, the Ministry of Health and the Aboriginal Health and Medical Research Council, are committed to holding a successful Forum in an appropriate location in the next financial year.

Planning will recommence from July 2015 and will involve both state-wide representatives and local Aboriginal organisations and people, to ensure a vibrant program with strong cultural input and community connection. We will keep you updated with progress.

Meanwhile, catch up with the last forum which was held in Coffs Harbour in March 2014. Presentations and papers are available at: <http://www.health.nsw.gov.au/mhdao/workforcedev/Pages/forum-pres.aspx>

21st Djirruwang Birthday Celebration

At the celebration of the Djirruwang program on Friday 5 December NSW Mental Health Commissioner, John Feneley, said “Cultural understanding and respect are key to providing better mental health support to Aboriginal people and communities, and the employment of highly trained Aboriginal mental health workers should be central to the state’s response.”

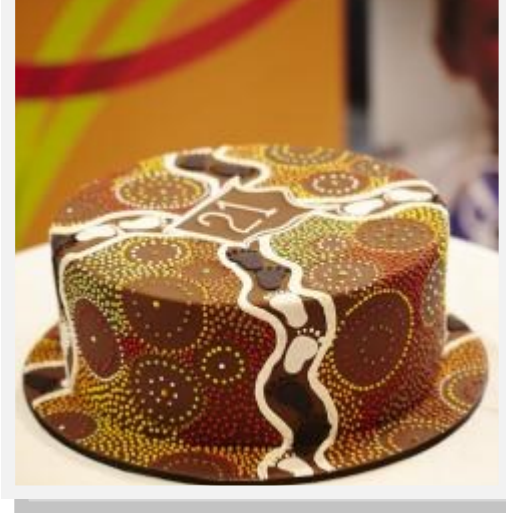
The Djirruwang Program’s 21st anniversary celebration took place at the National Centre of Indigenous Excellence in Redfern and was attended by graduates, post-graduate trainees and current students.

Past graduate of the program Sharn Bergan, now an Aboriginal Youth Health Worker, said “Djirruwang gave me strength

and made me proud to be an Aboriginal person. It’s given me life.”

The course was developed in collaboration with Aboriginal community-based organisations, the mental health industry and Charles Sturt University to meet the needs of Aboriginal and Torres Strait Islander communities. Since the program’s inception in 1993, 103 Aboriginal people have graduated through Djirruwang in NSW.

The Djirruwang program is creating and nurturing Aboriginal and Torres Strait Islander leaders who hold the vital knowledge we need for a culturally sensitive mental health workforce. As Kristen Ella, Djirruwang graduate and MH – Children and Young People Advisor, said “We are experts when it comes to our people and our culture.”



Brendan Gentles, Laura Ross, Daniel Morrison, Brooke Malcon, Ken Zulumovski, Kristen Ella, Tom Brideson, Sharn Bargaen, Rodney Cain, Tammy Sampson, Kieralea Baxter, David Bobongie, Sharlene Cruickshank, Jackie Jackson, Stephen Ainsworth, Nathan Ryan

Charles Sturt University

The Djirruwang Program at Charles Sturt University (CSU) in 2013 introduced a new curriculum structure and had an increase in student numbers undertaking the Bachelor of Health Science (Mental Health) qualification. NSW Aboriginal Mental Health Workforce Program (AMHWP) Trainees make up approximately one third of the student numbers across all three years of the degree program.

In 2015 the Program's Director initiated a process to map the new course curriculum to the revised National Practice Standards for the Mental Health Workforce, 2013. This initiative ensures the student learning is consistent with the standards set through agreement within the mental health sector. It also continues the approach and alignment to relevant national industry standards taken in 2003 following the first release of the National Practice Standards for the Mental Health Workforce in 2002.

During the first 2015 residential school at Wagga Wagga in January/February students were orientated to University's IT, library and computer systems as well as the university environment and provided with an overview of different responsibilities from the relevant Faculty's such as academic and student support. In 2015 students were provided with a thumb drive which included comprehensive information regarding:

- * Away From Base (AFB) arrangements for accommodation, meals and travel.
- * Curriculum details, structure and changes
- * Assessment details for all subjects (due dates, process for extensions etc)
- * Documents and formal requirements needed to undertake a clinical placement
- * Support arrangements such as tutoring.

The next residential schools will occur in April and August 2015. Students will be given the opportunity to meet with lecturers one on one to discuss progress and to assist identifying any issues that might be impacting on their learning. A Clinical Placement Calendar was produced and provided to all students and members of the Reference Group overseeing the NSW AMHWP. CSU continues its commitment as a member of the Reference Group and has facilitated additional opportunities for NSW Health representatives to encourage consistent and clear communication between relevant parties, with a meeting taking place in August 2014.

Throughout the year the Clinical Coordinator will seek to undertake engagement with sites through visits to Local Health Districts across NSW. An important focus is to secure agreement for clinical sites to provide students undertaking placements a level of certainty which is particularly relevant for students not currently employed in health.

The Memorandum of Understanding (MoU) between the NSW Ministry of Health and Charles Sturt University was reviewed, agreed and signed in January 2014. This revised MoU continues to build confidence and cooperation between the parties for the betterment of AMHWP and the Aboriginal communities throughout NSW.

The graduation of the third year students took place December 2014. Of the fifteen students that graduated with a Bachelor of Health Science (Mental Health) qualification, approximately 50% of these were Trainees employed from the NSW AMHWP.

On a broader platform the Indigenous Allied Health Australia (IAHA) decision in 2012 to extend full membership to IAHA for the Bachelor of Health Science (Mental Health) graduates was also seen as a significant step in professional support for this emerging professional mental health workforce and will benefit the allied health workforce and Aboriginal and Torres Strait Islander people.

In 2014 the current Program Director alongside three previous Program Directors produced a Book Chapter for inclusion into the textbook *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2nd Edition*. The Chapter is titled: *The Djirruwang Program: Cultural Affirmation for Effective Mental Health*. The entire textbook is downloadable <http://e-doc.me/working2/working2/assets/common/downloads/publication.pdf>

All residential schools are compulsory and make up an essential learning component of the Program. The dates for 2015 are listed below.



**Faye MacMillan Rosie Powell,
Jane Havelka & Steph Perrot**

Residential 1	1 st Year Students	Fri 30/01/2015	Fri 06/02/2015	8 Days
	2 nd and 3 rd Year Students	Sat 31/01/2015	Fri 06/02/2015	7 Days
Residential 2	All Students	Mon 13/04/2014	Sun 19/04/2015	7 Days
Residential 3	All Students	Mon 24/08/14	Sun 30/08/14	7 Days



AH&MRC SEWB Workforce Support Unit - State Mental Health Coordinator

The position of a State Mental Health Coordinator is part of the SEWB Workforce Support Unit (WSU) and was created within the AH&MRC in order to provide advice at a departmental level and engagement at the workforce level, enabling networking and connection between mental health workers in Aboriginal communities in NSW. Activities regularly include involvement on state government departmental advisory committees that oversee development and implementation of Aboriginal mental health programs and an AH&MRC presence amongst NSW ACCHSs to engage and work alongside the Aboriginal mental health workforce identifying workforce needs.

The State Mental Health Coordinator is part of the AH&MRCs Social and Emotional Wellbeing Workforce Support Unit (SEWB WSU). The position provides advice at a departmental level and engagement at the workforce level, enabling networking and connection between mental health workers in Aboriginal communities in NSW. Activities regularly include involvement on state government departmental advisory committees that oversee development and implementation of Aboriginal mental health programs and an AH&MRC presence amongst NSW ACCHSs to engage and work alongside the Aboriginal mental health workforce identifying workforce needs.

The SEWB WSU supports the NSW SEWB workforce. This includes Bringing Them Home (BTH) workers, Link Up

staff, mental health / SEWB workers and substance use workers. Because of our unique model at the AH&MRC this includes both Commonwealth and State funded positions, which is around 200 workers. Over 80% of the workforce is Aboriginal.

The SEWB WSU has established regional forums across the state to promote networking and partnerships within the SEWB and AOD sectors. Forums are held annually in the regions of Central West, Riverina, Central Tablelands, North Coast, and Sydney Metro.

The WSU also organises the NSW Aboriginal Mental Health and Wellbeing Workers Forum (in partnership with NSW Ministry of Health), the Annual ADAN (Aboriginal Drug and Alcohol Network) Symposium and a Bringing Them Home Forum.

The WSU works closely with the Aboriginal Health College to facilitate and deliver training and the WSU offers short, specific professional development workshops, when funding permits, such as Narrative Therapy, Peer Supervision, Marumali and IRIS (Indigenous Risk Impact Screening).

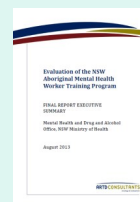
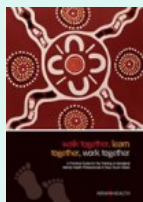


Workforce Support Unit Team (left to right)

Lucy Abbott
Ann Baker
Gina O'Neil
Lucy McGarry
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Jasmine Day
Joel Zimmer
Monique McEwan

Program Publications

NSW Aboriginal Mental Health Workforce Program



Watson, Carol and Harrison, Nea (2009) *New South Wales Aboriginal Mental Health Worker Training Program: Implementation Review*. Cooperative Research Centre for Aboriginal Health and NSW Health

Watson, Carol and Harrison, Nea with Brideson, Thomas and Greenwood, Catherine (2010) *Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in New South Wales*. Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

NSW Health 2013. *Executive Summary NSW Aboriginal Mental Health Training Program Evaluation Final Report*

Jones, Camel and Brideson, Tom (2009) 'Using policy and workforce development to address Aboriginal mental health and wellbeing', *Australasian Psychiatry*, 17:1, S72 — S74

Brideson, Tom and Jones, Camel (2007) 'NSW Aboriginal Mental Health Workforce Program', *Auseinetter*, Issue 29, No 2 pp 20 – 22

NSW Aboriginal Mental Health Workforce Program

State-wide Coordination Unit

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Link to the endorsed Program Resource:

Walk Together, Learn Together, Work Together A Practical Guide for the Training of Aboriginal Mental Health Professionals in New South Wales

<http://www.health.nsw.gov.au/mhdao/workforcedev/Page/s/aborig-mh-wrkforce-prog.aspx>

Newsletter designed by Robyn Owens

Yarnin Together