

DASSA APY LANDS ASSERTIVE OUTREACH PROGRAM MODEL OF CARE

Anangu Pitjantjatjara Yankunytjatjara
Lands

March 2019

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Purpose

This document has been developed to provide a framework for Drug and Alcohol Services South Australia's (DASSA) alcohol and other drug (AOD) treatment service in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. The DASSA APY Lands Assertive Outreach Program Model of Care (MOC) – herein referred to the "APY Lands MOC", outlines the guiding principles which underpin operational processes, and defines DASSA's role in the APY lands in relation to:

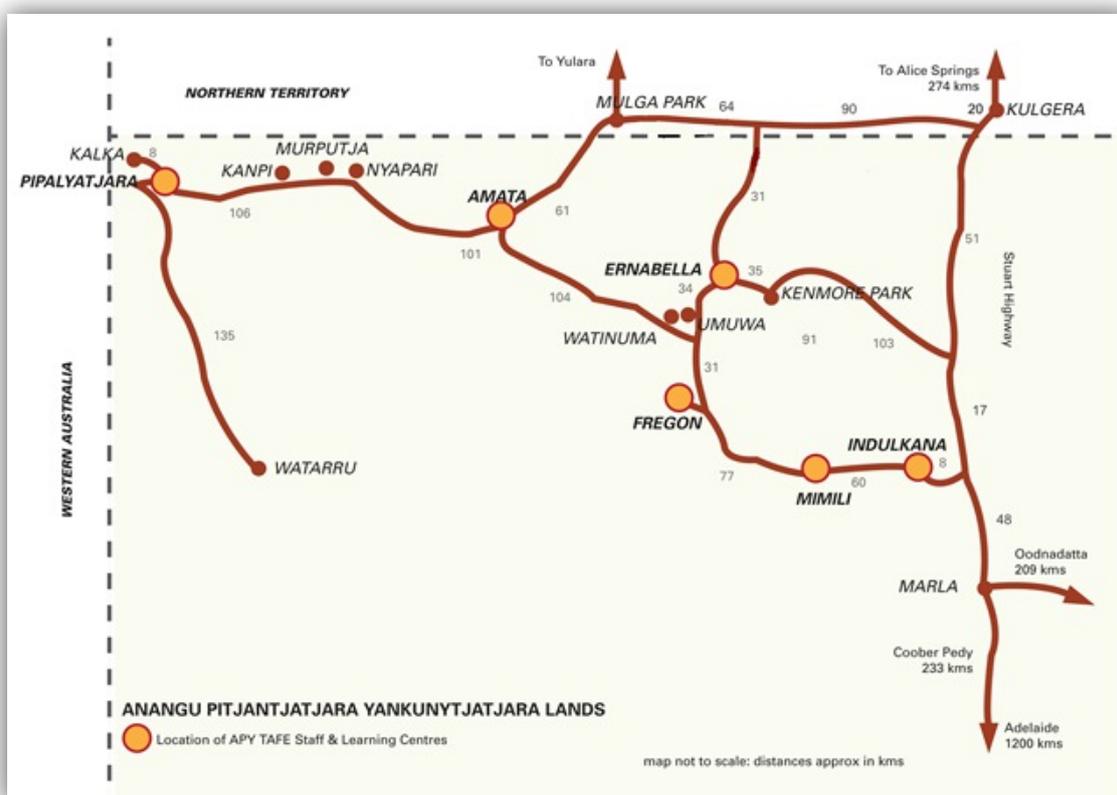
- Service partnerships
- Educational support
- Community development
- Capacity building of APY services
- In-reach schedule
- Staffing
- Referral pathways.

The APY Lands (often referred to as the Lands – see Figure 1) is a continually changing environment and implementation of the MOC will need to be progressively adapted to reflect resources, services, population and clinical demand.

The MOC does not provide guidelines regarding drug and alcohol clinical interventions, however, these guidelines can be viewed within DASSA's APY Lands Clinical Guidelines.

This service model and clinical interventions for the APY Lands are directed by a framework of SA Health policy directives, DASSA procedures and an overarching DASSA model of care to provide a specialist role across the AOD sector throughout South Australia.

Figure 1: APY Lands



Methodology for Developing the Model of Care

The MOC was developed after a review of the 2012 Model of Care which included extensive consultation with key stakeholders, community members and staff. A literature review seeking best practice for programs in remote Aboriginal communities was undertaken and key implementation issues were identified.

The best practice evidence indicates a significant number of factors which need to be taken into account when developing a service model. It was determined that the APY Lands MOC must incorporate the following elements:

1. An holistic assessment framework that incorporates:
 - physical, social and emotional wellbeing
 - individuals within complex family relationships
 - time for the development of a positive therapeutic relationship.
2. Culturally safe and secure services that include:
 - language tools/interpreters
 - staff who are culturally competent
 - the use of traditional cultural elements in intervention.
3. Community development that focuses on:
 - working in partnership and collaboration with the community
 - a regular presence in community
 - locally planned and needs-based services
 - health promotion, illness prevention and a partnership between services.
4. Partnership and inter-agency collaboration to provide opportunities for:
 - integrated case planning and service coordination
 - networking, screening and engagement of shared clients
 - joint training and sharing of resources
 - shared travel, joint cultural activities, health promotion, community development and group work.
5. A workforce that:
 - is clinically and culturally competent
 - includes local workers/Indigenous workers
 - fosters professional partnerships with other health professionals and Indigenous health workers
 - has knowledge and connection with community
 - understands and supports the importance of induction to community.

Drug and Alcohol Services South Australia (DASSA)

Treatment Services

The DASSA Treatment Services Model of Care underpins the practice model for the APY Lands. DASSA has three roles in relation to treatment services:

- Providing specialist inpatient and community-based treatment services
- Supporting primary healthcare services and other treatment agencies through clinical advisory and training functions
- Providing policy advice for the funding of non-government treatment services.

Treatment delivery, in accordance with current health service planning, incorporates principles of stepped care; meaning the provision of the most appropriate care in the most appropriate place. This conceptual approach enables DASSA to work with clients suffering complex substance use disorders in the context of a partnership between care providers.

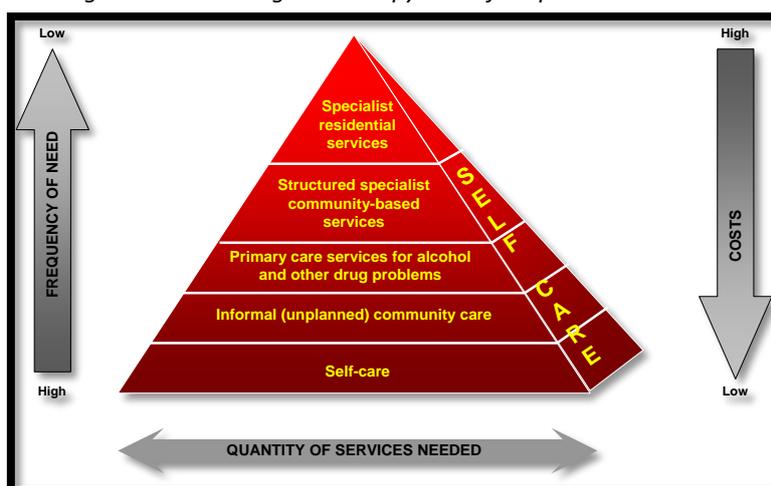
There is increased emphasis on early intervention, better integration and support for health professionals within the community, bringing services closer to where people live and supporting individuals and families to take responsibility for their own health. This type of integrated system encourages strong primary healthcare involvement through brief assessments and interventions as a pathway to more structured care planning for AOD use (Figure 2).

Partnership with Primary Healthcare

The [South Australian Primary Prevention Plan](#) strongly emphasises working with communities and individuals to improve their health and well-being. This includes strategies from disease prevention, health promotion, social action and community development, through to screening for disease, early risk assessment, diagnosis, treatment and chronic disease management. Primary healthcare focuses on integrated service provision, thereby increasing access to a variety of services, opportunities for inclusion and community participation.

Of particular relevance to the DASSA APY Model of Care is the emphasis on partnership between specialist and local primary healthcare services.

Figure 2: Service organisation pyramid for optimal service mix



History of the DASSA Service in the APY Lands

In 2002, petrol sniffing in remote Aboriginal communities was endemic and a recommendation was made to create a treatment centre in the APY Lands utilising funds from the Australian Government and SA Health. In 2006, a Government decision was made to locate the service in Amata and in 2008; a DASSA facility providing residential rehabilitation and outreach services was officially opened.

In 2010, poor service utilisation and a significant reduction in petrol sniffing prompted DASSA to support a scoping study by FaHCSIA to explore options for expanding the service. A decision was made to close the residential facility and provide an expanded AOD outreach service.

As a direct outcome from this decision, the Mobile Assertive Outreach Model of Care was revised in 2012 with the service being based within the Amata Family Wellbeing Centre and outreaching to all communities and homelands across the lands.

DASSA's Role in the APY Lands

DASSA's newest MOC for the APY Lands supports integrated care and prioritises service partnerships with other APY Land providers. Best evidence indicates that a holistic framework of service delivery is essential when working with Aboriginal people in remote communities. Many Indigenous clients have multiple needs that cannot be managed by a single organisation, and collaborative arrangements ensure cohesive case planning and better service coordinationⁱ.

The updated MOC emphasises a flexible staffing profile which reflects community need and helps to limit unnecessary travel. The model continues to be designed around the concept of stepped care but the focus will move from direct care provision to specialist support and health behaviour change. DASSA staff will provide information and clinical support to other services operating in the Lands and participate in cultural and community development activities. The clinical team will develop a roster of visits to the APY, working through established services, co-locating where possible and exploring options such as the use of telehealth technology to bridge geographic distances.

Service Partnerships

In remote Indigenous communities such as the APY, the *“lack of Lands-based service staff, the distance, the level of disadvantage and the complex cultural environment”* make *interagency collaboration indispensable*ⁱⁱ (Child Protection Systems Royal Commission, 2016). There is evidence that Aboriginal clients are more open to treatment that is made available through broader based health services and it is argued that such services also provide greater opportunity for the development of positive relationshipsⁱⁱⁱ.

DASSA will seek a collaborative relationship with other service providers, offering information and specialist supports to organisations caring for clients experiencing harm from AOD use. DASSA will seek opportunities to co-locate within communities and health related centres whenever possible and will investigate the possibility of using video conferencing opportunities to link clinicians and clients with Adelaide based specialty staff including addiction specialists and senior medical consultants.

The review of the 2012 MOC identified that the most common substance of concern for DASSA referrals is alcohol. Legislation relating to the supply and consumption of alcohol on Aboriginal lands includes the *Anangu Pitjantjatjara Yankunytjatjara Land Rights Act 1981* which bans the possession, consumption, sale and supply of alcohol in the APY. As a result, a cyclical pattern of chronic binge drinking occurs with community members leaving the Lands to drink excessively in communities such as Coober Pedy, Alice Springs, Port Augusta and Adelaide. These chronic binge drinking episodes range from days to weeks to months, facilitating the need for communities such as Coober Pedy to develop alcohol management plans in response to this behaviour.

As such, DASSA will work collaboratively with Coober Pedy health organisations and APY Lands Service Providers, partnering with them. There will also be opportunities to develop shared programs with government and non-government agencies and DASSA will offer support, information and staff resources to minimise harm from alcohol and other drugs for Anangu. DASSA currently provides outpatient case management and in hospital consultation liaison services across South Australian country locations for individuals requiring specialist AOD assessment and treatment interventions including Anangu who may have moved from APY communities. The APY lands assertive outreach service will expand their service scope to include Coober Pedy on a rotational basis, whilst also increasing the use of telehealth video conferencing technology to enable access to specialist AOD clinicians in Adelaide and throughout the APY Lands offering a more flexible timely response to referrals.

A DASSA Addiction Medicine Specialist will engage with the Nganampa Health General Practitioners to provide complex case consultations and consider treatment interventions, including pharmacotherapy, in addressing the presenting health issues.

Research evidence shows that a multi-faceted approach is needed to effectively reduce alcohol and other drug related harm. Treatment strategies should integrate seamlessly with social support, and focus on long-term comprehensive care planning that addresses the social, emotional and physical wellbeing of individuals and their families^{iv}.

Educational Support

Education is seen as a key component of the updated MOC. DASSA employees will provide education and information on AOD related interventions to workers from other service providers across the APY Lands, seeking collaborative initiatives with other agencies where possible (e.g. the Cross Borders Indigenous Family Violence Program).

DASSA will seek to work in partnership with both government and non-government mental health services to create opportunities to strengthen communities and enhance the wellbeing of shared clients throughout the regions. One example of this partnership is the *Northern Territory Suicide Story*, developed in collaboration with the Drug & Alcohol Services Association of Alice Springs and the Alcohol and other Drug Services Central Australia.

The DASSA APY Lands service, with the assistance of DASSA's Aboriginal Workforce Development Program, will assist in creating an annual calendar of educational commitments and co-operative opportunities.

Community development

Community engagement is a high priority in the updated MOC. A vital component of community engagement is partnering with Community Councils and, whilst this can be challenging due to language barriers, every effort will be made by DASSA staff to attend meetings either in person, via telephone or video conferencing.

The development of trusting relationships within APY communities takes time, effort and cultural sensitivity. DASSA staff, delegated with the task of supporting the Anangu, must be able to respond to the broader environmental and socio-political contexts of the Lands. A process will be developed to routinely communicate information gained from council meetings and service partnerships to clinical staff to ensure workers are always informed about local events.

Aboriginal health is not just physical wellbeing; it is also about the cultural health of the whole community. Health programs must encourage a sense of pride in cultural identity, connection to country and participation in community^v. There are a range of strategies for incorporating cultural elements into service provision, such as visiting country and cultural sites, joining traditional cultural practices, hunting, fishing and eating bush foods, playing traditional games, yarning, sharing cultural stories, mapping cultural relationships of care and reinforcing Elder authority.

DASSA's annual calendar of training and community engagement commitments will include events to support cultural, social and recreational activities that strengthen families and communities and help people find alternatives to AOD use. Staff will collaborate with youth and mental health programs to provide positive lifestyle strategies that build resilience in young people and help them manage AOD use in their community e.g. the Western Australian 'Strong Spirit Strong Spirit Mind Aboriginal Programs'.

Community Group Work

As a natural segue from community development, DASSA APY staff will run regular community group work as a means of facilitating positive proactive community engagement, providing opportunity for other APY Lands based agencies to work collaboratively with DASSA in proactive engagement. This will foster a larger scale of the

therapeutic community model of engagement, where the “community is the method”^{vi} is promoted, allowing for ownership of the work to occur by the Anangu People.

The community group work would operate by use of a camping and an educational resource trailer which would function as a mobile platform from which to engage each community on a rotational basis. Group work would take the form of men and women’s overnight camps as well as individual day groups either held outside solely using the resource trailer or inside in a sourced undercover space such as an office or other type of building.

In line with the “Community is the method” model, group presentations would be based upon what each community considers to meet their needs and would encourage ownership of group presentation by the residents of each community.^{vii} A baseline of staff facilitated groups would be carried out discussing the impacts of AOD on the following:

- Personal Health
- Motivation
- Mental health
- Physical Health; Lungs, heart, brain, fitness etc
- Finance
- Personal and family budgets
- Costs of AOD on food, petrol, clothing
- Family. The breakdown of cohesion. Isolation
- Community. Humbugging. Depression
- Parenting, role modelling, leadership, children learning through observation.
- Share Stories from both men and women and include individual concerns, hopes, and aspirations
- Change. Why, How and When. The necessities of positive change and how to get help.

Capacity building of APY services

For a service to be successful, all staff must establish good working relationships with local elders in order to support cultural connections. This is more likely to be achieved when Indigenous culture and knowledge is recognised^{viii} and appropriate time and resources are allocated for engagement and relationship development^{ix}.

The inclusion of Anangu workers into the DASSA APY team is considered to be a vital step in building capacity and achieving cultural competence. However, it is recognised that there are many challenges to recruitment so alternative strategies must be considered; including providing training, financial support and educational opportunities to prospective Anangu workers already in the Health Care sectors.

DASSA will work in collaboration with community leaders to develop programs and educational opportunities that address local concerns and are culturally sensitive. DASSA staff will work collaboratively with Ngangkari’s (healers) where appropriate, recognising their importance in holistic care planning.

The DASSA APY Lands manager will ensure that all staff working in the APY Lands has sufficient orientation and training to ensure cultural competence. In addition, staff will be supported to learn Pitjantjatjara and/or attend education programs relevant to their role in a remote Indigenous community.

In-reach schedule

APY Lands

It is vital that DASSA be seen as a key organisation in the APY Lands, is informed on current issues and included in co-operative community initiatives. The rota of visits to the APY must retain some flexibility but be based around a predictable and well-communicated schedule, so that other organisations can be aware of and rely on DASSA's presence in each community.

The two-week rotation on the Lands will involve direct individual/group based client access, treatment planning, service delivery and support for the co-facilitation and delivery of training for health workers and Anangu. The two week rotation in Adelaide will facilitate better systems and partnerships to enable the most effective utilisation of clinical input and outcomes on the Lands. Such work will include the Manager and Case Manager:

- enabling follow up of Anangu that require support in Adelaide or access to services in Adelaide
- the development of service partnerships and agreements for further follow up on the Lands
- planning additional responses for treatment issues that can be implemented on the next rotation on the Lands
- Adelaide-based APY Lands coordination meetings to enable more effective operations on the Lands.

While in the APY Lands, direct client care will be pre-arranged and occur in a neutral environment such as a Wellbeing Centre, Health Clinic and/or other appropriate identified space, or via direct video-conferencing opportunities. Assessment processes will ensure cultural security through the use of appropriate interpreting services and culturally appropriate assessment tools with a focus on outcomes for Anangu individuals, families and communities. Treatment/care plans will be developed collaboratively with other services and include input from local Ngangkari's when desired by the client. The in-reach schedule will not include uninvited visits to a client's home.

DASSA will primarily focus on working with established services, incorporating principles of stepped care and supporting primary healthcare services and other treatment agencies through clinical advisory and training functions. Staff working throughout the APY Lands will have the appropriate skills for the work they are doing e.g. clinicians involved in direct care will be skilled at culturally competent AOD assessment and treatment interventions; workers involved in training and development programs will be experienced trainers etc.

Visits to communities will be planned in advance and involve a direct line of travel with staff focusing only on the region they are visiting on each rotation. The APY Lands manager will be responsible for ensuring that the program being delivered has been communicated to relevant Anangu and/or services throughout the communities.

Cooper Pedy

DASSA will provide an ongoing rotational presence within Cooper Pedy that will provide information and support opportunities to organisations caring for Anangu, and to engage with transient clients from the APY Lands attending Cooper Pedy Health Organisations and other AOD related health services and programs.

DASSA workers will develop strategies that will support both hospital staff as well as community outreach services to manage shared clients and provide effective planning options for primary health care treatments.

DASSA will seek to work in collaboration with government and non-government organisation throughout Coober Pedy assisting with treatment plans and discharge planning for Anangu clients from the APY Lands and/or facilitating admissions to culturally appropriate withdrawal facilities within South Australia and the Northern Territory as required.

Adelaide

DASSA will establish Adelaide-based follow up support on client related matters, utilising video conferencing technology to respond to referrals, existing client case management, and Department for Child Protection referrals. This includes attending APY Lands specific meetings to support initiatives such as the Remote Visitor Response meetings and Anangu support services that are based in Adelaide that provide outreach support alongside DASSA Aboriginal clinical services with a focus on Anangu that may be experiencing homelessness and dealing with substance misuse issues.

Staffing

The APY service will have a full-time manager to support, supervise and coordinate the service, develop and coordinate programs and negotiate and maintain partnerships with other services. The DASSA APY Lands Manager will be responsible for creating and communicating a yearly calendar of educational activities and cultural, social and recreational events. The DASSA APY Lands Manager will report to the Aboriginal Clinical Services Coordinator and the Director, Residential and Outreach Services.

The support of a DASSA medical officer through areas such as telehealth conferences and community visits will help to liaise with and provide specialist support to other clinicians working for government and non-government health organisations. Video-conference consultations with the medical officer will be negotiated and provided to clinicians and/or clients when required.

DASSA APY Lands staff will work a Monday to Friday, 5 day work week roster with clinicians being recruited from DASSA metropolitan and regional services according to need. Country DASSA staff will also be given the opportunity for placement opportunities as it has been suggested that due to a shared client base and similar regional environments, staff may be better able to manage the challenges unique to the APY Lands.

Community Programs and educational packages will be developed in collaboration with other agencies and DASSA employees with appropriate interest or experience in training will be encouraged to assist in the delivery. The Aboriginal Workforce Development Program will assist with the training of DASSA staff and the development of culturally competent educational programs for service partners and community members.

DASSA will seek to recruit local Anangu to assist with community development activities and cultural support for staff. DASSA will provide training in AOD treatment strategies to Indigenous workers when required. All persons employed by DASSA will receive cultural awareness and other mandatory and recommended training and development as per relevant SA Health workforce policies. The aim is for all DASSA staff working in the APY Lands to be competent, skilled and knowledgeable.

Referral Process

Referral Pathways

Referral into the DASSA APY Lands service will be accepted from community organisations, clients, primary healthcare and all government and non-government agencies. Clients or agencies can contact the service via the APY Lands DASSA Administration, or through the *Alcohol and Drug Information Service (ADIS)*. Written referrals can be forwarded through the DASSA APY generic e-mail: HealthDASSAAPY@sa.gov.au.

The DASSA APY Lands Outreach Program is a specialist service, principally responsible for providing education and clinical support to government and non-government organisations. Anangu clients requiring AOD treatment will be routinely managed by primary healthcare, unless the client is deemed to be high-risk, requiring a specialist service (Figure 1).

Agencies and Anangu seeking to refer to APY Lands and Coober Pedy service will be able to liaise with the APY Lands Manager when DASSA will next be in community. DASSA staff will co-locate within the communities and provide in reach to clients where appropriate. Staff will provide training and mentoring opportunities to other service providers for in the use of the Indigenous Risk Impact Screen and brief intervention (IRIS) screenings and assessments and those who are screened as low to medium risk will be managed by the other health and welfare services and primary health provider. DASSA staff will ensure that those who are screened as high risk have a comprehensive, culturally secure AOD assessment; the outcomes of which will determine ongoing care requirements. All APY staff will work in collaboration with coordinating care and communicating with all referring agencies, including providing recommended treatment plans for all clients.

Referral Criteria

In general, referral to DASSA is offered to people who:

- Give informed consent to participate in the referral process
- Identify as Anangu
- Have been triaged by service manager as likely to benefit from a specialist AOD assessment and treatment intervention
- Indicate on IRIS screening a high-risk rating suggesting a specialist treatment service intervention, requiring assessment and treatment interventions outside the scope of referring agencies
- Are 18 years or above. For referrals under 18, DASSA will consider the level of complexity and if the referral is accepted, will attempt to work alongside Child and Adolescent Mental Health Services (CAHMS) and their appropriate youth specific services.

APY Lands

DASSA clients voluntarily participate in treatment programs and choose to actively engage in their care. Appointments for access to clinicians are made on a pre-arranged day. Options such as video-conferencing and co-location within local community facilities will be explored to ensure the service is readily accessible.

Judicial System and Directed Referrals

DASSA will work in collaboration with the South Australia Police, the Department for Child Protection and the Department for Correctional Services to manage directed referrals. Clients will contact the service manager to determine when DASSA will be available to see them; however, if this does not occur, the DASSA's APY Lands Manager will contact the client seeking to organise a date when they can be assessed and reviewed. DASSA staff will focus on assessments, recommended treatment plans and follow up with clients in collaboration with referring agents, monitoring and reporting their progress when required.

Coober Pedy

Whilst in Coober Pedy, DASSA staff will assist with the assessment, treatment and discharge planning of clients back to the APY Lands, working collaboratively with other health care organisations to ensure appropriate follow up care, and facilitate admission to AOD withdrawal facilities.

Transfer of Care to other services

All clients seen by DASSA will have a treatment and discharge plan developed which incorporates support strategies for the client, family and referring services involved. Upon discharge from DASSA services, APY staff will be responsible for ensuring this discharge summary and plan is communicated to nominated primary healthcare providers and that the referring agencies are informed of the transfer of care.

Evaluation and Monitoring

Key Performance Indicators

To ensure the effectiveness of the updated model for the DASSA APY Lands Assertive Outreach Program, ongoing monitoring and review of the operational model is to be maintained. It is important for DASSA to prioritise outcomes from partnerships in a formalised manner and to achieve this, a system to collect data relating to service collaboration will be developed in CME-DIS.

Key performance indicators (KPIs) measuring the effectiveness of the service's process, impact and outcomes will be reported monthly, monitored and responded to by the Aboriginal Clinical Services management group. DASSA Clinical Executive Committee and Executive Group will monitor overall program effectiveness in accordance with SA Health governance requirements.

Activity outcomes to be Monitored and Reviewed:

- Number of low, medium and high risk referrals received for:
 - Coober Pedy
 - APY Lands
 - Adelaide
- Time between referral received to Client contact for:
 - Coober Pedy
 - APY Lands
 - Adelaide
- Number of Client Episodes of Treatment opened for:
 - Coober Pedy
 - APY lands
 - Adelaide
- Client Consultations (Includes group participation) conducted through:
 - Coober Pedy
 - APY Lands
 - Adelaide
 - Telehealth
 - Phone
 - Medical Consults
- Number of multi-agency case conference/liaison meetings
- Client outcome measures including:
 - Feedback (includes end of group feedback forms).

To ensure the effectiveness of the revised MOC for the DASSA APY Lands, ongoing monitoring and review of the operational model and KPI's are to be maintained monthly. An overall comprehensive evaluation of the revised model of care will be provided post commencement after 12 months.

References

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