

SUMMARY OF RESULTS FROM MOWANJUM COMMUNITY

Three phases of intervention were delivered into Mowanjum community during the period November 2008 to August 2009. A summary of results include:

- Most pleasing was that a combined total of 113 participants attended across all three phases of intervention. This included 44 from the Introductory Phase, 39 from the Follow Up Phase and 30 from the Skills Consolidation Phase.
- In addition, IPS has also conducted one on one counselling with a number of individuals (N=27), made referrals to local services for ongoing work (N=3) and provided general information to community members and service providers about the project (N=19) whilst at the community.
- The youth forums were only held in Phase 2 due to greater needs expressed from within the community for male and female community members to have separate suicide intervention forums prior to a youth intervention forum occurring and due to the funding restrictions already discussed
- Disappointingly, a number of lands council meetings were scheduled at the same time as all three of IPS' forums. This was despite extensive flyer distribution and liaison with services and the Mowanjum community in the lead up to each of the phases. In every phase, IPS were informed on the day of arrival that a "big lands council meeting" was being held which effectively eliminated many key community members from attending the forums. This impacted dramatically on participant numbers.

COMMUNITY

Knowledge and confidence in various areas relevant to helping people with depression and those at risk of suicide were assessed prior to each forum (pre-test) and following the delivery of each forum (post-test). This included knowledge of the signs and symptoms of depression, the difference between at risk behaviour or attention seeking, how to raise the question of suicide and what is involved in getting support for someone at risk. Results indicated:

- Phase 1 Post-training comparisons with pre-training scores showed an overwhelming improvement – all effect sizes were either medium or large in magnitude and all effect sizes were statistically significant, ($p < .10$).
- Phase 2 results indicated that community members made significant gains in knowledge and skills across the majority of areas assessed which is an extremely pleasing result,

- Phase 3. There was good improvement participants skills across all areas from Phase 2 post-test to Phase 3 post-test to the extent that all participants reported an average of having a “good understanding” across all areas assessed or an average of 4.2 out of 5 which is a most pleasing result,
- Participants’ comfort and self efficacy in being able to apply the knowledge taught in the forums across all three phases. Participants were firstly asked questions about; acting as an advocate for an Aboriginal person, appropriately applying culturally related basic counselling skills, assisting in debriefing after crisis in the community, and conducting assessment interviews with clients. Mean improvements were observed at post-training for all items across every phase. By the last phase (Phase 3) community members attained a level of confidence which was at an average of ‘moderately comfortable’ which translates to a mean score of 4 out of a possible five. The most dramatic improvements were attained for ‘knowing what to do after a suicide attempt or death’ (mean of 3.4 at Phase 2 post-test to a mean of 4.5 at Phase 3 post-test) and using appropriate counselling skills (3.2 vs 4.1). In combination, these results indicate that the focus of these forums in training community members as gatekeepers via skills improvement across the recognition of suicidal behaviours whilst at the same time increasing the capacity to link in with appropriate services and recognising their limitations and boundaries as a community member and ‘gatekeeper’.
- Participants were next asked about their intentions to help on a number of questions related to suicidal behaviour. By Phase 3 Improvements were achieved across all areas assessed. The most dramatic shifts being achieved in the areas of ‘no point in trying to assist someone who is suicidal’ (2.3 vs 1.3) which corresponds to a belief that this is ‘never true’. Further strong gains were made in the areas of ‘there is nothing I can do to help someone who is suicidal’ and that they would ‘find it too hard to help a suicidal person’. Again, shifts to this extent are most pleasing and show that the forum participants are more optimistic in their capacity to positively impact on the safety and well-being of suicidal people as a result of the forums.
- Finally, participants were asked to answer ‘true’ or ‘false’ to a number of suicide ‘myths’ or false beliefs about suicide can have significant impacts on the capacity of communities to respond appropriately to individuals at risk. By Phase 3 overall, participants demonstrated improvement across every area assessed at the conclusion of the forums.

YOUTH

Analysis of pre-training comparisons with post-training survey responses revealed numerous large improvements in the knowledge and understanding by the forum participants. The forum was also successful in dispelling some of the common myths the forum participants had about suicide.

- Youth were asked to rate their level of understanding and knowledge regarding depression and suicide in Aboriginal populations before and after the forum. All young people attending the workshop rated themselves as significantly more informed at the conclusion of Phase 2 regarding the critical features of depression and suicidal behaviours, $\chi^2 = 5.66 (1), p < .05$. In combination with the increased levels of comfort in referring to local services for support (see previous point), this arguably increases the likelihood that youth will be more adept at being gatekeepers for others as well as more likely to recognize the need for support for themselves, with are both important outcomes of these forums,
- Particularly pleasing is the significant movement in confidence at pre and post forum regarding the management of anger. Youth reported that an increased understanding of why people suicide had also helped them with their own feelings of suicide and ideation in particular. This is a very pleasing outcome,
- Youth were questioned about the accuracy of a number of suicide myths. It was pleasing to note that there was a clear positive shift across a majority of questions by the conclusion of Phase 2,
- Youth were also assessed against their willingness to help people who disclose that they are at risk of suicide. Pre and post forum data show that there was a significant increase in young people's overall willingness to help others at risk, $\chi^2 = 4.05 (1), p < .05$. This outcome is an important one given the potential frontline role that Aboriginal young people are in a position to play in the wider care and support network available to those at risk.

SUMMARY OF RESULTS FROM MULLEWA COMMUNITY INTERVENTION FORUMS

Results from the Mullewa forums were extremely pleasing on many levels. Below is a summary of results:

1. Attendance. A total of 161 participants attended all three phases. This included 81 service providers, 51 community and 29 youth,
2. Outcome Evaluations. Based on the pre and post-tests for all groups the following results were achieved:
 - **Service Providers.** Of note is that all three phases involved predominantly the same participants which presented an opportunity for IPS to analyse data in a way that skills retention between phases were analysed. The following outcomes were achieved in relation to skills gains across phases:
 - Knowledge of Aboriginal mental health Phases 2 and 3 post-training were greater than Phase 1 post training respectively suggesting that participation in each of the training phases had a cumulative effect on knowledge and that knowledge gains had been maintained. These changes were significant ($F = 7.789$, $df = 2$, $p < .01$).
 - Comfort at referring an Aboriginal person to a mental health service and awareness of local services both increased across each phase,
 - Significant changes from Phase 1 post-training to Phase 3 post-training were observed for understanding of the signs and symptoms of depression ($F = 11.44$, $df = 2$, $p < .01$), and the cultural causes for depression for Aboriginal people ($F = 6.71$, $df = 2$, $p < .01$). It was also observed for the understanding of post-traumatic stress ($F = 4.01$, $df = 2$, $p < .05$), the cultural differences in healing from trauma ($F = 2.29$, $df = 2$, $p < .05$), and the cultural differences in understanding mental health ($F = 3.52$, $df = 2$, $p < .05$). Overall improvements in knowledge are seen across all domains. These results highlight the value of using follow up training to capitalise on prior learning accomplishments,
 - There were significant differences observed for using culturally appropriate counselling skills when working with aboriginal clients ($F = 1.89$, $df = 2$, $p < .05$), working with an Aboriginal community to provide debriefing after a traumatic event has occurred ($F = 3.89$, $df = 2$, $p < .05$), and also working with self harm and Aboriginal people ($F = 3.70$, $df = 2$, $p < .05$). This suggests retention in self efficacy and applying knowledge,
 - Beliefs about the most culturally appropriate methods of service provision to Aboriginal clients demonstrated no significant differences from Phase 1 post testing to Phase 3 post

testing. Findings suggest however that beliefs were already at an appropriate level and were maintained over time,

- Participants were asked to answer true or false to a number of statements about suicide and mental health. Generally results improved from Phase 1 to Phase 3 post-training, although the trend was not statistically significant ($t = -1.26$, $df = 40$, $p > .05$,
- **Community.** Examination of the results across Phases suggest that intentions to take a loved one to a local service as well as comfort at taking either oneself or a loved one has also increased over the training phases. The specific focus of the , ongoing interaction between services and the community may result in ongoing increases in comfort
- Participant's knowledge and understanding of trauma and grief demonstrated marked improvement at pre and post intervention. Results suggest an improvement in participants' understanding of different stages of grief, how to assist someone experiencing grief as well as depression and aggression,
- Participants beliefs about helping people who are experiencing depression demonstrated very positive results with improvement across phases,
- Participants were also asked to answer true or false to a number of statements about suicide and mental health with pleasing changes towards more true responses on most statements
- **Youth.** Examination of results indicated youth reported good increases in the level of comfort youth associated with accessing both help for a friend and themselves.
- Participants are taught different strategies of coping with sadness, anger, conflict and access to support mechanisms. Across all of the areas assessed youth participants reported a greater number of strategies available to them to manage a range of issues linked with positive health and wellbeing at the conclusion of the forums. Most notably anger management, communication skills and managing sadness had marked improvement.
- Promising changes in youth's reported knowledge of depression and aggression and how to help others who are experiencing depression and aggression were achieved,
- Youth felt more comfortable in their own ability to help someone who was feeling depressed or sad generally at the end of the phase 2 forum.
- For the majority of false myths associated with mental ill health, there was improvement at the conclusion of the program. These shifts are important to ensure that accurate information is available to Aboriginal youth to facilitate appropriate responses to those within the community who may be experiencing issues related to suicide, depression, aggression and so forth.

- **Broader community/service provider impacts.** The impacts of IPS' work in Mullewa has been beyond expectations in terms of participant numbers, retention of skills between forums, and importantly, the extent of support throughout Mullewa for the forums continuing into 2010.
 - o Letters of support. Numerous letters of support were sent to IPS from 13 separate services from Mullewa and Geraldton specifically about the impact upon the forums on the Mullewa community. These have all been provided to DOHA.
 - o Seven (7) representatives of the Geraldton Shire Council attended the final phase of the forums with service providers and community members to specifically discuss the impact of the forums to great response and support from them,,
 - o The local Member Grant Woodhams (MLA) attended for a period during Day One of the service providers forum and was extremely supportive of the need for the forums

COMMUNITY ACTION PLAN

The most important outcome was the meeting that was facilitated between service providers and the Mullewa community members on Day Two of the final phase. The outcomes of this meeting were nothing short of inspirational across a number of levels and mostly the credit must go to the service providers and community who very clearly participated in discussions in a respectful and solution oriented way. The result was that the service providers were able to participate in a community action plan which focused upon the more effective utilisation of services into Mullewa via identifying relevant services and particular strengths as well as the role of the community in facilitating service uptake and referral pathways.

SUMMARY OF RESULTS FROM LAVERTON

Results from the Laverton forums were pleasing given the complexity of the environment and inherent mistrust that was evident within the community with regard to the uptake of mental health services. Again, the detail of these issues is provided in our reports submitted to DOHA. A summary of results includes:

- **Attendance:** A total of 103 participants were provided with some level of intervention by IPS in Laverton. This included 49 service providers and 54 community members.
- **Outcomes: Service Providers.** Analysis of pre-training comparisons with post-training survey responses revealed numerous large improvements across the majority of areas assessed.
 - o General Aboriginal mental health knowledge and referral networks. Increases in mean scores were observed for all post-training scores when compared to pre-training values. From pre to post training the key area of improvement was in the awareness of local services which represented a statistically significant ($t = -2.17, p < .04$) gain from pre to post intervention. There were also gain in the mean pre training and post training scores for the questions relating to participants comfort in linking Aboriginal clients into a local service as well as their overall knowledge of Aboriginal mental health.
 - o The question relating to overall knowledge of Aboriginal mental health knowledge also achieved some gains from pre to post training was significant ($t = -2.98, df = 28, p < .01$).
 - o Participants were also pre and post tested on a variety of questions relating to the content of the forums to determine whether or not the information presented improved their knowledge of mental health concerns experienced by Aboriginal people. These results are extremely pleasing with increases in all knowledge and understanding domains significantly increased from pre- to post- training as assessed using independent samples t test (all $t > 3.00, df = 26, p < .001$), further all effect sizes were considered 'large' (see Fig 2.),
 - o Participants were next tested on a variety of questions pertaining to their increased confidence in being able to apply new skills learnt within the workshop as well as their increased understanding of Aboriginal mental health. Some interesting results were obtained for participants. Effect sizes in the improvement in confidence across the majority of areas would be classified as a 'small' effect size with the exception of the item related to Confidence in visiting Aboriginal communities which remained relatively unchanged from pre- to post- test,

- Participants were asked a number of questions related to their prevailing beliefs associated with working with Aboriginal people (See figure 4 below). This particular aspect of the evaluation gauges the extent of 'match' between participant's beliefs and those consistent with being able to work effectively with Aboriginal clients (and belief systems). Results indicate an increasing trend across training points with a large effect size in particular being observed for respondents' belief that 'mainstream' counselling programs and services should be adapted when working with Aboriginal people ($d = 1.06$). This suggests that a strong shift in beliefs has occurred,
- **Myths about Aboriginal mental health.** While there is an overall improvement across all myths of particular importance are the positive changes in responses to Myths 5 and 6. Challenging and correcting mental health service providers is critically important in enabling them to provide an informed service to their clients and also to help shift misperceptions about Aboriginal mental health which exist across the Australian community. Although the trend was not statistically significant ($t = -0.980$, $df = 18$, $p > .05$), it did represent a moderate effect size ($d = .42$). Importantly these findings not only suggest some important shifts in better understanding the realities of Aboriginal mental health and suicide but also indicate that further work is needed to better address some of these myths.

Community. Concerns with developing fair and honest relationships with the community impacted upon IPS being able to conduct any formal evaluation with community. As such, results of the forums can only be presented via qualitative feedback.

Results include:

- Provision of counselling and support to clients in immediate need. IPS was able to engage with a total of 37 community members at different levels of intervention. This included the provision of initial counselling sessions; the provision of psycho-education about trauma, understanding depression and grief and brain injury. Motivational interviewing around drug and alcohol use and violence. Information provision. Specifically, information on local services including what is available and who to contact, of note community members were very unsure of some of the service providers (with the exception of the Aboriginal counsellors with the GP network).

Needs Assessment. IPS spoke to an extensive number of community members (N=17 contacts) at during Phase I to obtain a gauge of the issues of need within the community. The identified needs from the community included:

- MANAGING STRESSES AND WORRIES,
- DRUG AND ALCOHOL PROGRAMS,
- CONFLICT, ANGER MANAGEMENT AND FAMILY VIOLENCE.
- GRIEF AND LOSS was a constant theme.
- TRAUMA INTERVENTION.
- YOUTH PROGRAMS.
- DEMANDS ON ELDERS
- MENS GROUPS.
- WOMENS GROUPS
- ELDER SUCCESSION PLANNING.
- MENTAL HEALTH UNDERSTANDING

Information presented in this section has been fed back to the service providers during the Phase 3 intervention by Julia Butt and Alan Calyun, but will also obviously be feedback to them via this report to ensure that all key services have a record of issues of note within the community.