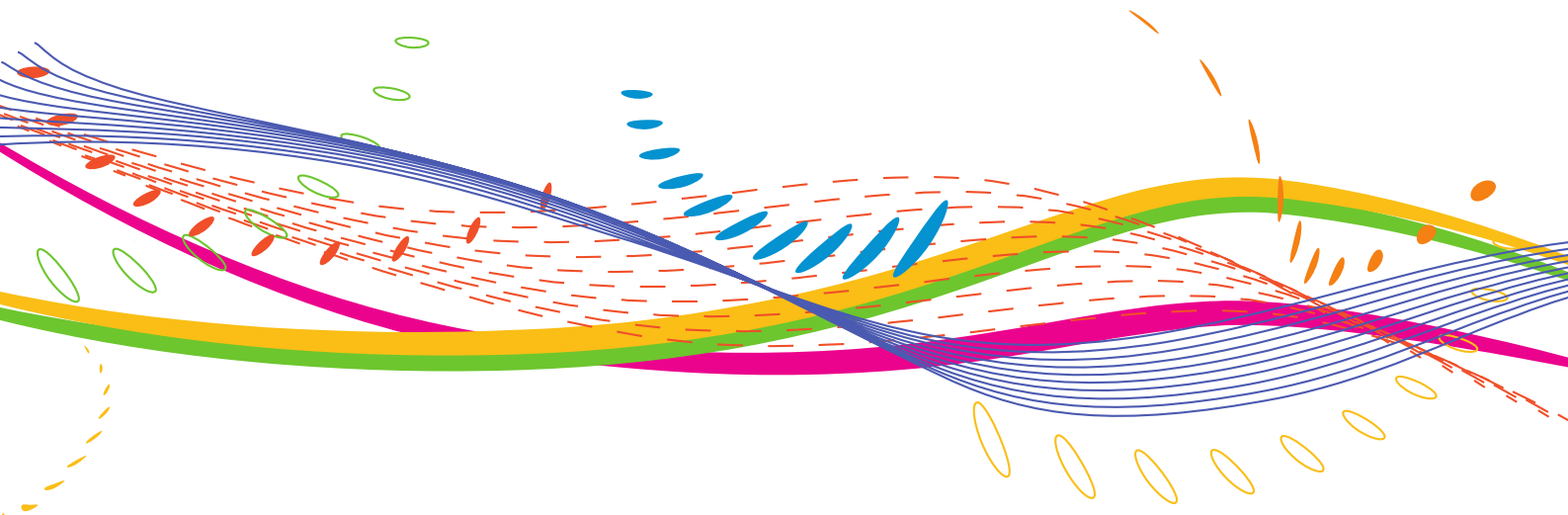
headspace Inala
United Health Education and Learning Program (UHELP)

Final Report

December 2014



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The UHELP project would not have been possible without the commitment, enthusiasm and support of the Inala Elders. The **headspace** Inala UHELP project team thanks them for their wisdom and their guidance.

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A number of local services and organizations also contributed to this project. The project team would like to acknowledge and thank:

- Queensland Health and in particular the QEII Jubilee Hospital
- The Inala PCYC
- Inala Wangarra
- The Edmund Rice Inala Flexible Learning Centre
- The Inala Panthers Football Club

Finally, thank you to the team at **headspace** Inala for their support of the project team, and lending a hand when the need arose.

Contents

Executive Summary

The **headspace** Inala Service Innovation Project was funded by the Commonwealth Department of Health and Ageing (DOHA) and administered by headspace National Office as part of the overarching Service Innovation Program. The aim of the program was to identify, develop and trial innovative approaches to ensure that **headspace** centres are informed by the best current evidence and resources to ensure effectiveness when providing services to young people. **headspace** Inala was funded specifically to test an innovative approach for the engagement of Aboriginal and Torres Strait Islander young People, with the goal of guiding the development of tools and resources for roll out nationally.

headspace Inala partnered with the Suicide Prevention and Mental Health Program, Queensland Health and other local community organisations to design and develop a program that tapped into cultural learning styles and strengths.. The project was subsequently named the United Health Education and Learning Program (UHELP) in consultation with the community.

The aim of the UHELP Project was to actively engage Aboriginal and Torres Strait Islander young People in physical, social and emotional wellbeing activities through a three tiered holistic group program. It also aimed to engage young Aboriginal and Torres Strait Islander People in need of mental health intervention into a health care service using established relationships and a culturally valid and appropriate system of care. In total, seventy five young people aged between 12 and 25 years participated in nine programs which were delivered over a 12 month period from October 2013 to September 2014. Eighty one percent (81%) of participants completed the full six week program.

The aim of the UHELP Project was to actively engage Aboriginal and Torres Strait Islander young People in physical, social and emotional wellbeing activities

The Model was founded on four key components – Awareness, Engagement, Learning and Ongoing Support. A wide ranging review and consultation process was used to develop the content of the Social and Emotional Wellbeing (SEWB) group content. Research on the critical relationship between physical exercise, diet and education to improve mental health outcomes and strengthen emotional resilience also guided the development and format of the UHELP program.

The program integrated a suite of learning, personal development, team building and mentoring strategies to enhance the social and emotional well-being of participants. The model was founded on the belief that learning is most likely to occur in an environment where there is engagement between knowledgeable, respectful and respected educators and students in a safe, responsive, culturally appropriate and welcoming space. The recruitment of highly skilled and experienced project staff who were able to quickly develop relationships built on mutual respect was critical to the overall success of the project. All project staff identified as Aboriginal, Torres Strait Islander People or both and were well connected, well respected and well established within region.

Governance of the **headspace** Inala UHELP Project included both cultural and clinical components. High quality cultural governance ensured that the approach the project team took was consistent with Indigenous understanding of social and emotional wellbeing, help seeking, education and appropriate offers of support. Taking a Cultural governance approach increased the commitment from the community for the project, and demonstrated the value that **headspace** Inala placed on the partnership, knowledge and wisdom of the Community, particularly the Elders.

The Key Findings of the Report were based on an analysis of quantitative and qualitative evidence obtained from participants, family members/carers, service providers, schools, community leadership groups, the project team and general members of the community. This was complemented by deductive inquiry, desk based research and observation of the environment in which the program was delivered.

The evaluation of the Project used a mixed methods approach, embedded in a participatory action research framework. The evaluation included the broad domains of program impact, governance and cultural acceptability and used measures that have been developed, on the one hand, specifically for Aboriginal people (the WASC) or, on the other, adopted by the broader project team with consideration of the cultural appropriateness of the measures.

The sensitivity and suitability of the different instruments were investigated by comparing the K10, GHQ-Suicide, and RSES scores, and the Westerman subscale scores. Despite not being culturally specific, the K10, GHQ-Suicide, and RSES, appeared to be sensitive to improvements in overall social and emotional wellbeing from pre- to post-program stages. The Westerman Aboriginal Symptom Checklist provided a meaningful measure of cultural resilience which is negatively correlated with psychological distress and suicidality and positively associated with self-esteem. However, the WASC appears to provide a better measure of lifetime suicidality rather than current suicidality, and is therefore not sensitive to changes over relatively short periods. Despite the limitations as an evaluation tool, facilitators heralded the Checklist as an effective psycho social instrument for engaging with Indigenous Youth. Participants also reported that they appreciated having this questionnaire (particularly because of its face validity) and **headspace** staff reported that high subscale scores were meaningful indicators of participants in need of follow-up assistance. The elevated rates of suicide and poorer mental health outcomes of Aboriginal and Torres Strait Islander peoples, and. the challenges in engaging with mental health services confirm its value in this regard.

The UHELP program improved the social and emotional wellbeing of program participants. Participants demonstrated an enhanced understanding of physical, psychological, emotional, preventative and social health and evidenced a marked increase in the number and effectiveness of the coping strategies. Self-reporting through psychometric testing confirmed reduced levels of anxiety, psychological distress, depression and impulsivity and improved levels of self-confidence and self-esteem. A notable outcome of the UHELP groups was a statistically significant decrease in self-reported suicidal thinking among participants immediately following the group program, as measured by the GHQ-suicide. However, results from psychometric testing confirmed that improvements reported against a number of measures in the post program stage, including psychological distress, suicide, self-esteem and cultural resilience, were not maintained at the two month follow up stage. Given the vulnerable demographic profile of participants (the evaluation determined 50% of the cohort reported major psychosocial risk factors and/or severe symptoms of mental illness) a structured transitional follow up plan is indicated. This would provide support for vulnerable young people (particularly given the rise in suicidal thinking) at the end of the program and sustain outcomes longer term.

UHELP Project Partners had a shared vision and worked collaboratively for the mutual benefit of Indigenous young people and the community. The Suicide Prevention and Mental Health Program and project Youth Advisory Group informed, guided and provided feedback on all aspects of the program in the establishment, implementation and evaluation phases of the project. By sharing knowledge, resources and expertise, the capacity of all partners was strengthened and a new soft entry experience was established for vulnerable young people in the Inala region. In the period immediately prior to the project commencing (February to May 2013), the proportion of **headspace** Inala young people identifying as Aboriginal and/or Torres Strait Islander was 8.9%. This increased to 12.5.% in presentations by the end of the program. The UHELP program was assessed as directly attributable to the increase accessibility and acceptability of the service.

The Project also made a broader community contribution through the improved citizenship and engagement of participants in community life and by building social capital through the emergence of new leaders, increased social engagement, civic responsibility and reciprocity.

Improvements in personal resilience by third parties were widely reported. This was expressed in terms of improved self-confidence, self-management, self-awareness, sense of belonging and a sense of empowerment. Participants demonstrated skills to manage stress, to take responsibility for their attitudes and behaviours and to respond more constructively to life's challenges. Project officers reported a real reduction in stigma associated

with acknowledging self-harm behaviours and seeking help. This was demonstrated in a number of ways and verified by independent third parties, including the Elders, family members and school Guidance Officers.

The results of the UHELP program evaluation are very promising, both in terms of the impact on the local Indigenous community as well as the fields of research and service provision of Indigenous youth SEWB promotion, including suicide prevention.

There is also good indication that this program has successfully improved the knowledge and understanding of SEWB and help-seeking in this youth community, increased the capacity of youth in the community to respond appropriately to suicidal behaviours, has increased the acceptability and accessibility of culturally appropriate counselling (yarning) throughout the community, and has fostered fruitful collaboration between **headspace** Inala, the local community, and other related organisations.

A number of strategies were identified to support the long term sustainability of the UHELP Project and the transferability of the model into different contexts and regions across Australia. These include capitalizing on the significant outcomes, partnerships and learning arising out of the UHELP program to create a center of excellence in engaging and providing services to Indigenous young people. Further developing and documenting the UHELP engagement model, securing funding for transitional planning and strengthening the evidence base to demonstrate impact (including through longitudinal studies) would support achievement of this goal and greatly contribute to best practice evidence and resources for headspace services nationally.

> *"What it does is to help them grow emotionally, spiritually and even physically. The program helps them find their way in life and gives them direction. Their confidence levels are high and this opens the door of opportunity for other life experiences. That's why it's important to have continuity of programs that link from one phase to the next….that walk and support them through the different stages of their lives"*
> (Community Elder, 2014)

The Report

The Report is divided into three Parts.

In the introductory Section (Part 1 – The UHELP Program) we provide a concise overview of the background, project aims and establishment; the UHELP Model and governance arrangements; and the evaluation design and methodology.

In Part 2 –Key Findings - we present a summary of the key findings of both intended and unanticipated impacts based on an analysis of quantitative and qualitative data

In Part 3 - Footprint for the Future – we highlight both the critical success (protective) factors and the lessons learnt. Strategies which would support long term sustainability and transferability of the project into other contexts and regions are also outlined.

Part 1 – The UHELP Program

Background

headspace Inala is located in a region with a significantly large and culturally strong Aboriginal and Torres Strait Islander community. There is strong local leadership within the community from the Inala Elders Aboriginal and Torres Strait Islander Corporation ("Inala Elders"). Historically, there has been a proportionally high rate of youth suicide among the Aboriginal and Torres Strait Islander people in the region. Aboriginal and Torres Strait Islander young People have struggled to have their mental health needs appropriately managed by mainstream mental health services, and Australia's Frist Peoples are underrepresented in primary mental health care systems.

There is a major need for evidence-based programs to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people. The 2014 Overcoming Indigenous Disadvantage (OID) report (Commonwealth of Australia, 2014) found that the incidence of psychological distress and that of self-harming in Aboriginal and Torres Strait Islander peoples had actually increased in the three years since the previous report. This corresponds to reports that Queensland's Indigenous youth (under 18) were found to die by suicide at a rate six times higher than their non-Indigenous counterparts (Commission for Children and Young People and Child Guardian, 2013); this disparity widens to over 12 times for those under 14 years (Soole, Kõlves, & De Leo, 2014). Despite these truly concerning statistics, there is a paucity of research and interventions in the area of Indigenous youth health and Indigenous suicide (Azzopardi et al., 2013; Harlow, Bohanna & Clough, 2014; Westerman, 2010). In fact, a systematic review of evaluated Indigenous suicide prevention initiatives revealed that no intervention has ever found a significant decrease in suicidal behaviours in Aboriginal or Torres Strait Islander peoples (Clifford, Doran, & Tsey, 2013; Harlow, Bohanna, & Clough, 2014)

The *headspace* Inala Service Innovation Project was designed to actively engage Aboriginal and Torres Strait Islander young People in physical, social and emotional wellbeing promotion activities. Furthermore, it aimed to draw young Aboriginal and Torres Strait Islander People in need of mental health intervention into a health care service using established relationships and a culturally safe and appropriate system of care. These aims were actioned through the delivery of an innovative group program that was designed to improve the mental health literacy of the general Aboriginal and Torres Strait Islander youth community, and identify and refer the young people most in need of support.

The project was subsequently named the United Health Education and Learning Program (UHELP). The name and the acronym were chosen in consultation with the community and communicated the critical elements of the program - a united partnership with a shared vision to improve the social and emotional wellbeing of Indigenous youth in the area with a focus on engagement, education, a holistic view of health and personal responsibility for change. Also, because **headspace** Inala couldn't do it without YOU.

The project took place within the community via a partnership between *headspace* Inala, the Inala Elder's Suicide Prevention and Mental Health Program (SPAMHP), and local relevant community and health organisations. The project had the benefit of building on the Suicide Prevention and Mental Health Program, which had resulted in the Inala Elders and the extended community actively addressing the high levels of Indigenous suicide in the area through open discussion of suicide, mental health education, and referral for individuals identified as being in immediate need.

Project Aims and Objectives

This project was designed to develop and evaluate a mode of engagement with Aboriginal and Torres Strait Islander young people that could potentially be adapted and used by other *headspace* centres nationally.

The aims and objectives of the UHELP Project were to:

1. Improve the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander young people in the Inala area and surrounding suburbs.
2. Develop and refine a new and innovative intervention model that specifically addresses the social and cultural realities of young Aboriginal and Torres Strait Islander people. This includes incorporating cultural governance safeguards.
3. Capitalise on the progress made by the Suicide Prevention and Mental Health Program, a community-owned program run by the Inala Aboriginal and Torres Strait Islander Elders.

4. Validate the use of Aboriginal and Torres Strait Islander-specific mental health outcome measures within a *headspace* context.
5. Increase the capacity of the Aboriginal and Torres Strait Islander community's young people to identify and appropriately respond to suicidal behaviour.
6. Increase the accessibility and acceptability of individual, culturally appropriate counselling (hereafter referred to as 'yarning') for young Aboriginal and Torres Strait Islander people.
7. Foster collaboration between *headspace* Inala, the local community, and relevant organisations to improve the health and wellbeing of the community.

For a visual timeline of project activities, see Attachment 1.

Project Establishment

Partnership with the Inala Elders, the Suicide Prevention and Mental Health Program and Queensland Health

The Suicide Prevention and Mental Health Program (SPAMHP) is a community program that brings together local Aboriginal and Torres Strait Islander People with Queensland Health and other local community and health organisations to work together to identify and respond to someone at risk. The SPAMHP has been led by Rahm Rallah (Aboriginal and Torres Strait Islander Hospital Liaison Officer for the QEII Hospital, Queensland Health) since its inception in February 2011. UHELP Program evaluators, the Australian Institute of for Suicide Research and Prevention (AISRAP), have been a member of the SPAMHP since it began, and *headspace* Inala joined in July 2011. The partnerships formed through the SPAMHP have been multidisciplinary, collaborative, community needs-driven and successful in improving the community's ability to respond to individuals at risk. It is on this foundation that the beginnings of the Service Innovation Project took shape.

Partnership with Inala Police Citizens Youth Club, local schools and local community

The partnership with the Inala PCYC offered a welcoming space in which to conduct the weekly sessions, a supportive culture, and access to facilities which provided nil or low cost recreational and sporting activities. PCYC also provided in-kind use of a bus to safely transport vulnerable young people to and from the sessions. Partnership with local schools provided referrals to the UHELP Program and feedback to the project team on the impact they had observed in attitudes and behaviour of participating students.

Community members could take part and ask questions or provide feedback on the activities of the project in monthly community SPAMHP meetings. These meetings were primarily focused on the Suicide Prevention and Mental Health Program; however, a 20-30 minute agenda item was always dedicated to the *headspace* project.

The Project Team

The recruitment of skilled and respected project staff was critical to the overall success of the project. All project staff identified as Aboriginal, Torres Strait Islander People or both. The UHELP Project Team consisted of a part time Project Manager and two full time Project staff. The team was supported in the delivery of the program by the headspace Inala Centre Manager, UHELP Project partners, a Cultural and Clinical Advisory Group and a Youth Advisory Group.

The Project Manager (Rahm Rallah, a descendant of the Yuggera and Birrigubba People) had strong community networks and experience leading the SPAMHP. The focus of the position was to negotiate and manage relationships between the *headspace* project, the Inala Elders, the Aboriginal and Torres Strait Islander community, and other relevant community organisations. This included leading all cultural governance activities and the management of project staff.

The female Project Officer (Leilani Darwin, who is on a continuing journey to find out where her people are from) and male Project Support Officer (Lewis Brown, a descendant of the Wakka Wakka People) were both local to the area. The Project Officer had been previously involved with the SPAMHP and was recognised as a SPAMHP Community Leader. The appointment of both staff members was approved through the project's cultural governance process (both the Steering Committee and the Community Meeting). The role of the Project Officers

was to develop and facilitate the Social and Emotional Wellbeing group sessions and to follow up on providing support to young people with identified needs.

The **headspace** Inala Centre Manager has also been integral to the success of the project. This role consisted of managing the relationship between the project team and other **headspace** Inala activities, supporting the evaluation activities of the Australian Institute of Suicide Research and Prevention, and leading the clinical governance activities surrounding the project. This role also included day to day management of project staff including the provision of clinical supervision. The Centre Manager was also the liaison point for communication between the project team and **headspace** National Office.

Experience, Qualifications and Personal Attributes of the Project Team

All staff recruited to work on the project had established community networks and relationships and were recognised as skilled at working with vulnerable young people. This was a key component in being able to establish the pilot groups with the full support of the Elders and the wider community.

The project team had a combined twenty five years of experience working across community and primary health settings; in mental health, youth and child protection sectors; and within community corrections, housing and homelessness, transport, employment, guidance and education, in both the Government and not for profit organisations. Their skills and qualifications extended to counselling, mediation and conflict resolution, suicide prevention, Culturally safe and effective practice, creating safe and secure environments, managing difficult behaviours, representation and advocacy skills and teaching positive and essential living skills (Refer Attachment 2 for summary of project team skills, qualifications and experience).

Despite the considerable experience, skills and qualifications of the project team, it was their personal attributes, relationships and their standing within the local community which were determined to be the most important enabling factors. Project team members were well respected and well established within the Inala and surrounding regions and had a comprehensive knowledge of the local people, politics, places, and services. In addition, they had a history of achievement and their passion for improving services and circumstances of Indigenous communities was well known. Their ability to quickly develop relationships built on trust and mutual respect was critical to the success of the project. This also enabled them to culturally vouch for headspace Inala and the services provided there. This 'vouching' is in line with cultural practices and was important in further developing community buy-in to the activities of headspace Inala.

Figure 1:Visual representation of Experience, Qualifications and Personal Attributes of the Project Team

Professional Development for the Project Team and headspace Inala Workforce

The Project Manager and Project Officer both attended nine days of professional development activities to ensure they had the skills and knowledge required for successful completion of the project. These activities were Aboriginal and Torres Strait Islander Mental Health First Aid facilitators training (5 days), and Dr Tracy Westerman's Mental Health Assessment of Aboriginal Clients and Suicide Prevention in Aboriginal Communities (4 days).

One of the goals of the project was to bring Aboriginal and Torres Strait Islander young People into **headspace** Inala for treatment where there was a need for individual support. Therefore, it was also seen as critical that **headspace** Inala staff and private practitioners undertake cultural competency training and specific training on successfully engaging with Aboriginal and Torres Strait Islander People (5 hours total). Additionally, project staff consulted with centre staff and private practitioners as required to ensure a culturally safe treatment and support plan was in place for every Indigenous young people.

The UHELP Model

The United Health Education and Learning Program model was founded on four key components.

1. Awareness
2. Engagement
3. Learning/Modelling
4. Ongoing Support

The aim of key component 1 (Awareness) was to improve the health literacy and knowledge of young Indigenous people about social and emotional well-being indicators, strategies and protective mechanisms. The program aspired to deliver positive messages and provide early intervention strategies in relation to mental health and wellbeing.

The aim of key component 2 (Engagement) was to create culturally safe spaces and learning environments and to further develop relationships built on trust and mutual respect. The aim of this component was also to develop strong partnerships and linkages with community and government service providers to strengthen community capacity to improve health and wellbeing of the community.

The aim of key component 3 (Learning/modelling) was to deliver and consistently reinforce messages through diverse mediums and to strengthen the retention and application of learning by participants outside of the group.

The aim of key component 4 (Ongoing Support) was to identify and refer the young people most in need of support and to ensure that services were culturally appropriate to meet those needs.

Development of the Social and Emotional Wellbeing Group Manual

A wide-ranging review and consultation process was used to develop the content of the Social and Emotional Wellbeing (SEWB) group content. The first step involved researching existing and accessible SEWB programs that had previously been delivered to Aboriginal and Torres Strait Islander young People. Particular focus was placed on programs that had been developed specifically for Aboriginal and Torres Strait Islander People's audiences. The research confirmed that there was paucity of programs that had been developed specifically for Aboriginal and Torres Strait Islander young People or that had been evaluated as to their effectiveness.

Key to the development of the SEWB groups was ensuring the topic areas were conceptualised in a way that made intuitive sense for participants from a cultural perspective. The Aboriginal and Torres Strait Islander approach to health and wellbeing is holistic, and does not separate mental health from physical or spiritual health. As a result, potential topics needed to be grouped into themes in a slightly different way than is evident in mainstream programs. Mind mapping was used to identify key topic areas relevant to a holistic health message, which were able to be consolidated into four broad topic areas:

- Being Healthy (incorporating Physical health, Self-esteem and value, Positive outlook on life).
- Being Loved and Safe (incorporating Relationships, Support networks, Safe and stable environment).
- Personal Growth (incorporating Employment, Safe and stable housing, Education and professional training).
- Cultural and Spiritual Healing (incorporating Elders, Healing our Spirit, Transgenerational Trauma).

At least six potential sessional activities were listed for each topic area. The next stage of group development included identifying and prioritising the most valued content, and determining order of delivery. Advice from the broader project team and the Youth Advisory Group during this stage resulted in agreement on eight topics (two per weekly group). The content to be included in the program, in order, was:

- Culture, Spirit and Healing
- What is lateral violence and how can we protect our communities
- Healthy lifestyles
- Positive self-thought and reflections
- Healthy behaviours in relationships
- Staying safe online
- Safe community, setting the scene
- Goal setting

A Three Tiered Approach to Social and Emotional Wellbeing

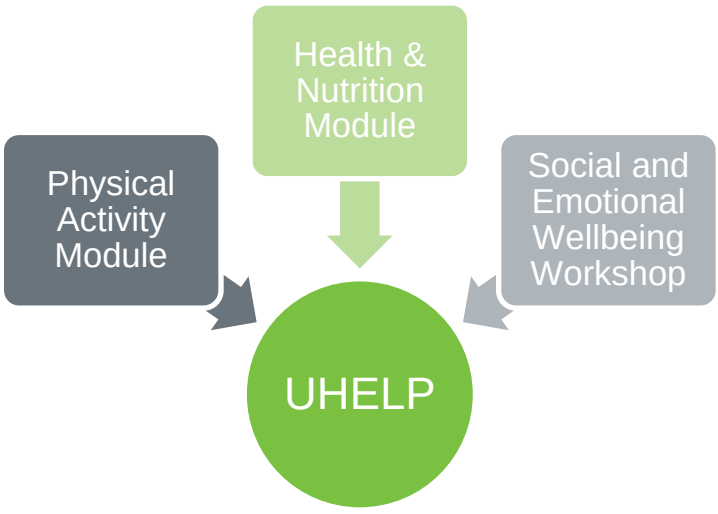
The critical relationship between physical exercise, diet and education to improve physical and mental health outcomes and strengthen emotional resilience is well documented (Penedo, & Dahn, 2005; Wilkinson & Marmot, 2003). Individuals who are physically inactive are at greater risk of both internalizing problems (eg depression and anxiety) and externalizing problems (eg aggression, substance abuse). Individuals who participate in physical activity and eat a health and balanced diet on the other hand are at lower risk of mental health problems and general health difficulties overall. There is increasing evidence of the link between diet and mental health which indicates that food plays an important contributing role in the development and management and prevention of specific mental health problems such as depression.

The research highlighting the importance of exercise and nutrition for overall wellbeing guided the decision of the project team to integrate the three modules of Physical Activity (Sport), Health and Nutrition (Healthy Food) and Social and Emotional Wellbeing information into the UHELP program.

The program included one hour of group physical activity; nutritional advice and a shared healthy meal; and at least one hour of an interactive SEWB workshop format. The physical activity included a variety of games including touch football, relays, throwing activities or traditional Indigenous games. There were multiple objectives achieved through the physical exercise activity. Physical activity improves fitness levels and releases the endorphins which enhance wellbeing in individuals. Team sports also taught participants about team work and problem solving and provided participants with the motivation and confidence to pursue membership of sporting teams. The Healthy Eating (Healthy Food) module provided participants with an opportunity to share food, to discuss healthy choices and to get to know each other in a relaxed, informal environment before the SEWB workshop.

The Social and Emotional Wellbeing Group Program Manual (Refer Attachment 3) details the content and outcomes of the sessions delivered as part of the UHELP Program. The simplicity of the content belies the complexity of the process – a program manual cannot reflect the in-depth discussion and disclosure of real and present concerns that were progressively shared and managed as trust and relationships developed.

Figure 2: Three Tiered Framework



Key Features of SEWB Program Delivery

The program was designed for delivery over a six week period, with each weekly program running for two to three hours. By the end of the group program, participants would have had between 12 and 18 contact hours over the six week period. The first week focussed on orientation: getting to know you and completing assessment measures, and the final week involved completing assessment measures, review, and a celebration of finishing the program.

As is culturally appropriate, male and female participants participated in the program separately. The groups were jointly facilitated by a male and a female project officer, with culturally sensitive material delivered by a same-sex facilitator.

Group topic areas included the following key features:

- Designed to be delivered in a 30-minute block, with two sessions of content delivered each week over a four week period. Topic areas presented during the same week had thematic ties.
- Incorporated a number of interactive activities to assist participant engagement and retention of information.
- Interactive activities were crafted to tap into cultural learning styles and strengths.
- All activities involved a mixture of yarning, cultural DVD's, individual and group activities.
- Group processes were designed to be flexible enough that sessions could be delivered in 30 minute blocks (one session per group) or 60 minute blocks (2 sessions per group). This would allow different delivery strategies for different attention spans.
- Activities developed for the groups were interchangeable.
- The activity the group engaged in was determined by the lead facilitator based on participant commitment and interest levels. Where there was high participant enthusiasm, group SEWB content could go for longer than 60 minutes, and additional activities could be introduced.
- Transport was provided to participants to increase accessibility and safety, given the combined factors of afterhours programming, the geographic spread of residency, and independent access regardless of what other family members had planned.
- A multi layered, reward system for participation and achieving milestones. Participants were provided with a $150 reward for successfully completing the program. This included for example gym membership, netball/football fees, sports uniforms/equipment; movie tickets, and pamper packs that promoted self-care.

Governance Arrangements

Governance of the **headspace** Inala UHELP Project included both cultural and clinical components.

Cultural Governance

High quality cultural governance was identified as key to the success of the project. Cultural governance was required to ensure the approach the project team took was consistent with Indigenous understanding of social and emotional wellbeing, help seeking, education and appropriate offers of support. This included ensuring that project activities were transparent and responsive to Community concerns and feedback. Overall, Cultural governance within the project was designed to provide appropriate guidelines to the project team, and ensure the way the project was being implemented was safe, appropriate and transparent to the community.

Culture is core to all governance processes and approaches and Aboriginal and Torres Strait Islander Communities have a long history of Cultural governance. Indigenous governance has a culturally informed view of what is the "right way" and the "wrong way" to approach governance. While there is a great deal of diversity among Aboriginal and Torres Strait Islander Communities, there are common shared cultural values and traditions that are the drivers behind Cultural governance. These include *"the high value placed on family connections and support; kin relationships, mutual responsibility and sharing of resources; respecting the law and the authority of Elders; and connection to 'country' and the role of traditional owners in making decisions about their lands"* (reconciliation.org.au).

The model below[1], captures the key elements of Indigenous Governance and Culture

Figure 3: Model of Indigenous Governance and Culture

Cultural governance for the project involved three key groups – the Inala Elders Suicide Prevention and Mental Health Program Steering Committee, a project-specific Youth Advisory Group, and the Inala Elders Suicide Prevention and Mental Health Program Community meeting. Membership of the Steering Committee, which was the principal Cultural governance mechanism, comprised of key Elders (who are elected members of the Inala Elders Aboriginal and Torres Strait Islander Corporation) and local Indigenous health professionals.

The project Youth Advisory Group (YAG) consisted of local Aboriginal and Torres Strait Islander young people who were already associated with either **headspace** Inala, or were Future Leaders with the Inala Elders Suicide Prevention and Mental Health Program. This group had the opportunity to undertake components and activities from the SEWB group program, and provided feedback to help strengthen them. The YAG also advised on the group content and processes and the project team's approach to engaging with and supporting project participants.

It was initially anticipated that the cultural governance of the Project would sit exclusively with a Cultural Governance Advisory Group, comprising of key Inala Elders, and local Aboriginal and Torres Strait Islander People employed as health professionals. However, it became quickly apparent that cultural governance was something that happened with the entire community. As a result, cultural governance expanded to include the SPAMHP Community Meetings, a forum in which any community member could take part and ask questions or provide feedback on the activities of the project. The Steering Committee that oversees SPAMHP took on the role of the project's Cultural Governance Advisory Group.

[1] http://www.reconciliation.org.au/governance/toolkit/2-0-culture-and-governance/

Clinical Governance

Clinical governance is "the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients /residents[2]". Essentially it is about being accountable for providing safe and quality healthcare and is fundamental to continuous improvement in quality service delivery and participant safety.

Clinical governance has its own culture, shaped by adherence to principles such as evidence based practice and a shared understanding of risk tolerance and appropriate risk management. It is influenced by factors such as models of mental illness and mental health, organisational policies and procedures, clinician profession and clinical experience of group members. These factors and others come together to form a clinical governance culture that has a shared understanding of what is the "right way" to govern, and what is the "wrong way".

Clinical governance of the project was provided by the **headspace** Inala Clinical Governance Advisory Group. Membership of this group includes team leaders from local tertiary mental health and alcohol and other drug services, clinical liaison officers and a local General Practitioner. This group oversaw the development of safeguards for participants, including risk assessment strategies and follow-up mechanisms for group participants identified as requiring extra support.

Interaction between Cultural Governance and Clinical Governance

The flow chart below summarises the relationship between Cultural governance, Clinical governance and overall project reporting. The Cultural governance elements are shaded.

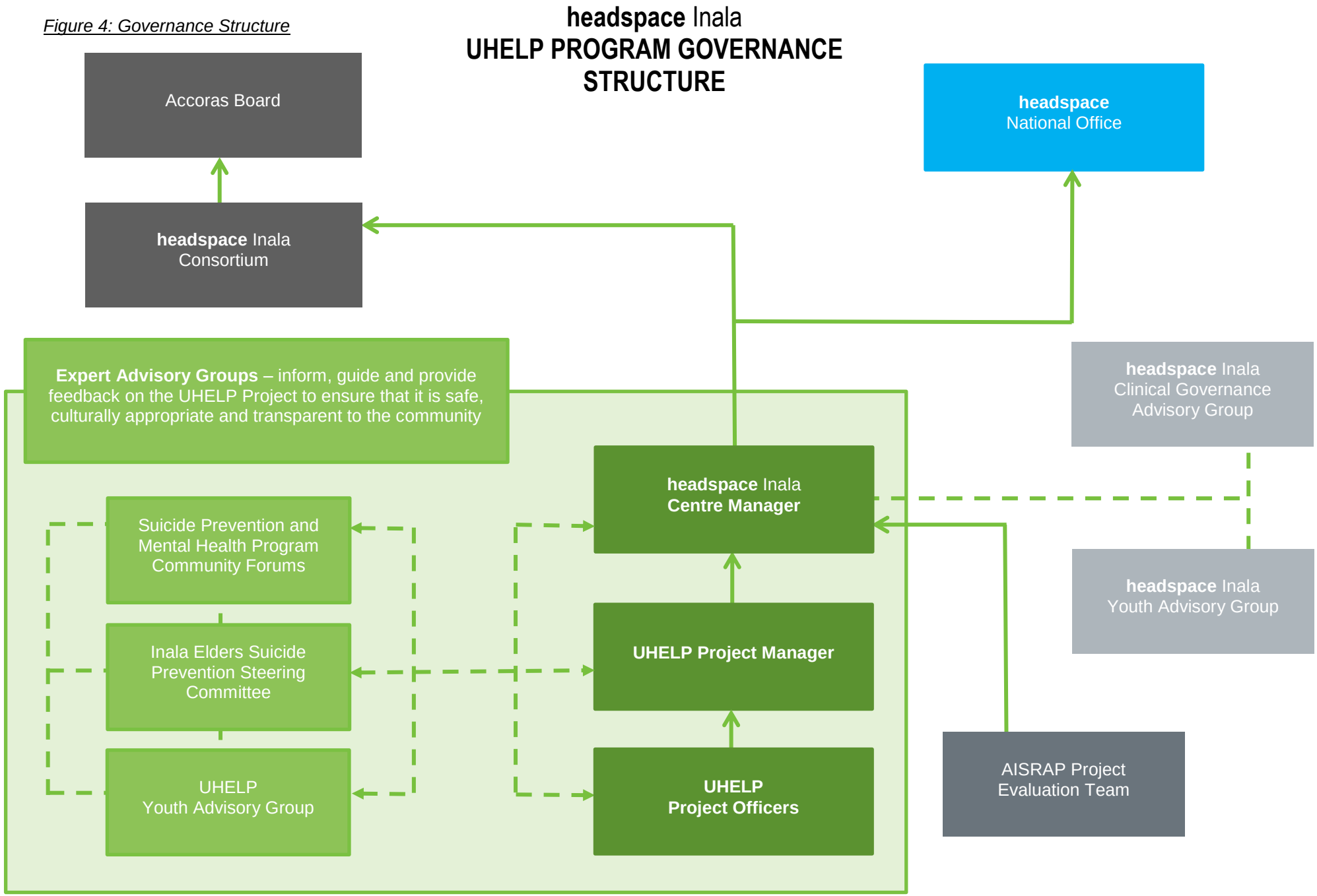
While there was no direct reporting relationship between the Clinical governance and Cultural governance elements of the project, there was a transfer of information between the two groups – this transfer was the responsibility of the project team (the Project Officer, Project Manager and headspace Inala Centre Manager).

Service Innovation Project (UHELP) Governance Arrangements –Refer Figure 4 –UHELP Governance Structure below.

Taking a Cultural governance approach increased the commitment from the community for the project, and demonstrated the value that **headspace** Inala placed on the knowledge and wisdom of the Community and in particular the Elders. It also demonstrated **headspace** Inala recognises that solutions to the challenges in **headspace** engaging with Aboriginal and Torres Strait Islander young people are best solved in partnership with the Aboriginal and Torres Strait Islander Community.

[2] Australian Council on Healthcare Standards (http://www.achs.org.au)

Figure 4: Governance Structure



Evaluation Design and Methodology

The evaluation of the Service Innovation Project (UHELP) used a mixed methods approach, embedded in a participatory action research (PAR) framework. The evaluations included the broad domains of program impact, governance and cultural acceptability (Refer Attachment 4: ASIRAP Evaluation, Final Report).

Participatory Action Research differs from 'traditional' research and evaluation methodologies, most notably in its community-driven approach. PAR is conducted with a community, not 'on' a community, and is fundamentally reflective and iterative in its approach. Learnings are recognised through collaborative discussion, and implemented in successive stages of the research process. In contrast to traditional research methodologies, PAR offers an evolving and fluid approach generated by multiple partners across time, rather than a prescriptive and inflexible framework determined by researchers who remain separate from the community (see, e.g., West, Stewart, Foster, & Usher, 2012). Community stakeholders are key partners in the research process, and research processes and outcomes remain the property of the community. By involving communities closely in evaluation of programs, through PAR, community needs can be more fully considered and incorporated in subsequent iterations of programs and ongoing engagement strategies.

Data Collection – Approach and phases

The program was delivered nine times, including twice during the pilot phase, in the twelve month period from October 2013 to September 2014. The data collection in relation to program impact on participants took place in three phases for each iteration.

- **Phase 1** established baseline qualitative and quantitative data (i.e., **pre-program** measures);
- **Phase 2** consisted of collecting **post-program** measures;
- **Phase 3** consisted of **follow-up** at two months after program completion, to determine whether any changes were sustained over time.

Data in relation to community response and cultural governance and acceptability were collected by **headspace** Inala and by way of the different mechanisms of the Inala Elders over the life of the project. Changes in the proportion of Aboriginal and/or Torres Strait Islander clients at **headspace** Inala and information about additional support provided to those from the UHELP program identified as being in greater need were also collected by **headspace** Inala.

Qualitative Data Collection

Participant knowledge about SEWB and its promotion was obtained in focus groups using a fixed set of question in both Phase 1 (pre-program) and Phase 2 (post-program) (Refer Attachment 5: Project Outcomes, Indicators and Data Sources). Phase 2 also captured the ways in which information about social and emotional wellbeing may have been shared with peers over the course of the program. This focus group also explored participant satisfaction, feedback to improve the groups, and if they would recommend a peer take part in the future.

The project team met to discuss and examine their experiences and to engage in reflective analysis of qualitative learnings gained not only from the focus groups but also from the experience of designing and facilitating those groups. Thematic analysis was undertaken to reveal key concepts and structures, and enhancements were made to the qualitative data collection following the first (pilot) delivery of the program. For example, additional questions were added to the Phase 2 (post-program) focus group to explore participants' perceptions of personal benefits and changes that had occurred as a result of the program. There were also many anecdotal reports of positive changes in participants from family members and others throughout the twelve month program. Carers were invited to provide their observations and feedback in written form at the graduation ceremony held at the end of each delivery of the program.

Quantitative Data Collection

During Phase 1, baseline measures of psychological distress were collected using validated quantitative tools. The tools used for the initial delivery were the Westerman Aboriginal Symptom Checklist (which includes indicators of suicidality) and the Kessler Psychological Distress Scale (K10; a widely used indicator of psychological distress, which was already being used routinely by **headspace** *(*Kessler et al., 2003).

In the first program delivery, the youth and adult versions of the Westerman Aboriginal Symptom Checklist (WASC-Y and WASC-A, respectively) were used as appropriate. However, as the participants' age range was younger than expected, with very few participants over 18, in subsequent deliveries only the youth version was used, so that all questionnaires could be compared and used in meaningful analysis.

Enhancements were also made to the quantitative battery of assessment over the life of the project. Analysis of the pilot and second delivery showed limited change in the Suicide subscale from the WASC and examination of the items on the subscale revealed that many assess "static" risk factors, such as lifetime history of suicide attempts, or lifetime awareness of someone having died by suicide. In order to more accurately assess whether there had been a change in suicidal ideation as a result of the program, the 4 suicide items from the General Health Questionnaire-28, (GHQ-28; Goldberg, 1978), which have previously been used separately to assess suicidal ideation in Australia (e.g., Watson, Goldney, Fisher, & Merritt, 2001), were used in subsequent program deliveries. In order to capture changes related to self-confidence the Rosenberg Self Esteem Scale (RSES; Rosenberg, 1979) was used from the third delivery of this program.

The GHQ and RSES scales were selected for their reliability and validity and because they were determined to be the most culturally and age appropriate. The Indigenous members of the project team determined the cultural acceptability of the measures. These same measures were used at Phase 2 (post-program) and again at Phase 3 (follow-up at two months).

Ethical Considerations

This project received ethical clearance from the Griffith University Human Research Ethics Committee (GU HREC): CSR/07/13/HREC. This clearance was related to the involvement of Griffith University staff in project only. Griffith University researchers did not directly interact with any participants, and the ethical clearance solely related to their involvement in the analysis of de-identified data, as well as the provision of advice to **headspace** and the Inala Elder's Suicide Prevention and Mental Health Program in relation to the research design and evaluation and the preparation of reports.

Participant Profile and Recruitment

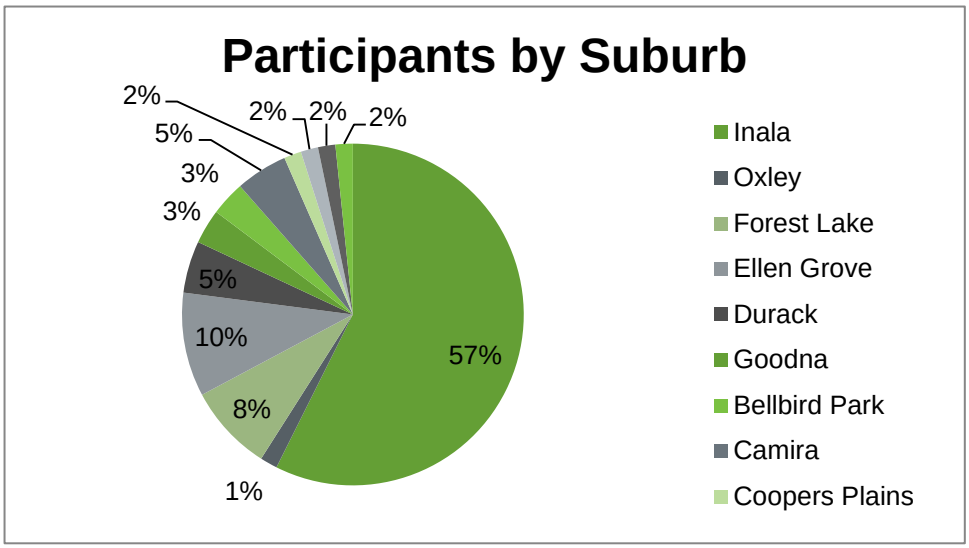
The target demographic for the UHELP project was Aboriginal and Torres Strait Islander youth aged between twelve and twenty five years. There were no other prerequisite criteria communicated to referring agencies or members of the community.

Seventy five young people commenced the UHELP program. There were 61 Aboriginal and Torres Strait Islander persons aged 11-21 years (M = 15.13; SD = 2.37; 58.7% males and 41.3% females) who completed the UHELP program across four deliveries. This is an over 80% completion rate (fourteen participants commenced but failed to complete the program). The target number of participants was 75. Data was available for a total of 49 participants through to the two-month follow-up stage.

While a detailed profile of target young people was not developed, or required for the purposes of the project, participant characteristics were considered as the project progressed. Approximately 50% of participants had reportedly experienced significant barriers to social and emotional wellbeing linked to socio-economic profiles, family histories and personal circumstances. Anecdotal feedback and participant self-reporting indicated literacy and numeracy barriers, difficulties engaging in learning environments and high levels of involvement in anti-social, criminal and destructive personal behaviours including excessive drug and alcohol use. Prior and present engagement with juvenile and probation systems and counselling services was also evident. Many had experienced (or currently experience) unstable housing, family breakdowns and parental drug and alcohol dependency. The remaining 50% of participants were assessed as high functioning and successfully integrated into either employment or mainstream education (or both) and had not engaged with child safety or criminal justice systems.

Referrals to the UHELP program were primarily via word of mouth and sourced from the wider community, local schools, the Inala Police Citizens Youth Club (PCYC), Inala Wangarra, and the Panthers Football Club. Fifty seven percent (57%) of participants resided in the suburb of Inala, with the remaining forty seven percent (47%) deriving from the suburbs of Oxley, Forest Lake, Ellen Grove, Durack, Goodna, Bellbird Park, Camira, Coopers Plains, Springfield Lakes, Springfield and Acacia Ridge (Refer Figure 4: Participants by Suburb). The feasibility of recruitment methods was tested as part of the pilot and the evaluation team worked with the broader project team to develop and support the recruitment processes used.

Figure 4: Participants by Suburb



Case Studies

The following case studies reflect a diversity of circumstances and personal impact of three young people who participated in the program.

Case Study 1

This young person was referred to the program by a local schools. He was born in the area and lived locally. He had been involved with the Justice system for most of his life in one way or another, and at the time the group started was having difficulties in his living arrangements.

Initially he did not engage well with the group program - the facilitators had to work closely with him to ensure he participated, and help him feel connected to the group. Though at times it was difficult to keep him engaged, he successfully completed the program. During the last session he shared some insight to the impact the program had on his life. He told the facilitators that since the group started he hadn't been up to his "usual activities" at night (petty crime), which was a real positive for him. He said he learned some things that he didn't know, and that he was glad that he had stuck in there and completed the lessons. He also acknowledged that he noticed how the facilitators had put in extra effort to keep him in the group, and he appreciated it.

Case Study 2

The family of this young person was involved with a local sporting association, and had several siblings who also took part in UHELP groups. Her main concern was that she had issues with some of her family relationships.

During the groups she participated well in all parts of the program, but didn't share many personal stories or examples. The female group facilitator would often yarn with her on the short trips home after the groups, and over time she opened up more and it was obvious that she felt more comfortable. She reported getting a lot out of group attendance. After completion a phone call was made to her mother to get some feedback about the group. Her mother explained that before she participated in the groups this young person would normally return from school and go straight to her room. She never wanted to leave the house and rarely engaged with her family. However as the program went on she would be out of her room ready to get picked up. She spent less time in her room and was engaging better with everyone at home.

Case Study 3

A local school supported the referral of a group of young women with some interpersonal conflict to take part in a UHELP group together. At times it was difficult to manage the group as they often had disagreements that impacted on their participation. However, after a couple of group sessions, a balance was found that allowed participants to work together in the group and leave their disagreements at the door.

One participant in particular was identified as high risk, with current suicidal thoughts and intent, which required additional support to the young person and her family. This uncovered a complex family dynamic that required a significant amount of support for this young person outside of the program. The young person has built rapport and trust with the female facilitator and for over 12 months has regularly engaged with her at headspace Inala. This support continues and is planned to be ongoing during 2015. The family has also been referred to an external support service, for which they have expressed gratitude.

Part 2 – Key Findings

The Key Findings are based on an analysis of quantitative and qualitative evidence obtained from participants, family members/carers, service providers, schools, community leadership groups, and general members of the community. This was complemented by deductive inquiry, desk based research and observation of the environment in which the program was delivered.

Quantitative data was collected through application of evidence based psychometric measures before and after participation in the project and during the 2 month follow up with participants. Qualitative data was obtained through feedback from participants and third party stakeholders. Focus groups, individual interviews, surveys, and unsolicited feedback were the primary sources used to obtain the data.

Other findings related to the critical success (or protective) factors of the UHELP program and the risks or challenges to delivering measurable, sustainable impacts. Unanticipated Social and Personal outcomes have also been identified.

This section should be read in conjunction with the project evaluation report completed by the Australian Institute of Suicide Research and Prevention (Refer Attachment 5).

Evaluation Approach and Ethos

Indigenous peoples are arguably the most studied in the world (Rigney, 1997), yet despite elevated rates of suicide and poorer mental health outcomes, Aboriginal and Torres Strait Islander peoples in Australia remain largely unengaged with mental health services (Westerman, 2010). While the reasons for this are likely many, a major drawback of much previous research has been the failure to take into account Indigenous thinking or worldviews (West, Stewart, Foster, & Usher, 2012) or to involve Indigenous people in research about them (Martin & Mirraboopa, 2003), and therefore there is also a lack of empirical models of best practice that are culturally competent (Westerman, 2010). Westerman (2010) noted that a solution to increasing the engagement of Indigenous peoples with mental health services is the integration of cultural and clinical competences.

This program has taken an explicitly Indigenous Australian worldview-based approach to improving mental health, that of the holistic concept of social-emotional wellbeing. It has also been implemented in culturally appropriate ways with measures in place to ensure the ongoing cultural safety of the program. What is more, it has been evaluated using measures that have been developed, on the one hand, specifically for Aboriginal people (the WASC) or, on the other, adopted by the broader project team with consideration of the cultural appropriateness of the measures (Objective 4).

Improved Social and Emotional Wellbeing

The UHELP Program improved the Social and Emotional Wellbeing of Aboriginal and Torres Strait Island Young people who participated in the program. Participants also demonstrated an enhanced understanding of physical, psychological, emotional, preventative and social health and evidenced a marked increase in the number and effectiveness of the coping strategies (Objective 1).

Self-reporting through psychometric testing confirmed significant reduction in levels of suicidal ideation. The psychometric results also showed reduced levels of anxiety, psychological distress and depression and improved levels of self-confidence and self-esteem (although not at the same level of significance) (Refer Attachment 5).

The contributions of participants in the post-program focus groups increased both quantitatively and qualitatively (i.e., more themes identified and more in depth discussion). The results of the focus group analysis suggest that the program has been successful: participants were able to identify more holistic concepts of health and more effective means of maintaining their wellbeing, including mental health, social health, cultural wellbeing, health through moderation and prevention, environmental connection, and hygiene. There was also a substantial increase in participants' ability to articulate coping and problem-solving strategies, demonstrating an increased understanding and acceptance of help-seeking.

The identification of help-seeking options and coping strategies among participants was noticeably absent pre-program. These results are pertinent in the context of high rates of suicide and suicide attempts within the Indigenous youth population (Commonwealth of Australia, 2014; Commission for Children and Young People and Child Guardian, 2013; Harlow, Bohanna, & Clough, 2014), and have the potential to inform the practice of suicide prevention within these communities.

By addressing a number of quality of life inhibitors, UHELP improved social and emotional wellbeing and overall quality of life experienced by the participants during the program and provided them with knowledge and resources to continue to strengthen their skills and expand their support networks.

A Change in Attitude

A total of 14 focus group recordings were transcribed and analysed, forming seven pre and post pairs. The key themes were identified and changes within these themes analysed. Overall, it was observed that participants were fairly reluctant to answer questions in the pre-program sessions but were readily volunteering answers in the post sessions. In the post sessions, participants responded unanimously that they felt that the program had helped them and that they would recommend it to other people. Third parties confirmed that participation in the program helped "*build individual's capacity to self-sustain and using new found knowledge increases the protective factors around the young person. This also empowers them to help others" (*Steering Committee Member 2014)

The primary themes in how they were helped by the program were assistance in staying healthy, a change in the perception of mental health/help-seeking (no shame), and learning more about culture. In addition to family and friends, participants identified guidance officers, teachers and health professionals as sources of support, and indicated an increased acceptance and trust in health services.

Physical Health

Overall, it was observed in the pre-program focus groups that participants articulated very limited and rudimentary concepts of health, only extending to basic physical health (nutrition and exercise), with less than half discussing other concepts like sufficient sleep. Often the points identified were catch phrases, such as "5 + 2" or "an apple a day keeps the doctor away", rather than indicators of understanding the impact of physical health on wellbeing. In the post-program sessions, participants were able to provide discussion of more advanced concepts. Rather than simply stating 'healthy food' or a catch phrase, the importance of avoiding nutrient-poor food or of ensuring a healthy meal distribution was identified by six of the seven post-program groups. In addition to reporting 'exercise' as a factor in wellbeing, 6 post-program groups were able to expand this understanding to the importance of regular and ongoing exercise or the need to refrain from over exercising to avoid injury.

Psychological/Emotional Health

'Mental health' or 'mental stimulation' was the only indicator of psychological/emotional wellbeing that was identified in the pre-program sessions. These were only mentioned in two of these focus groups and, furthermore, participants at this stage of the program were not able to elaborate beyond these phrases. All post-program groups discussed the importance of psychological health on overall wellbeing, demonstrating much greater understanding in this area. These discussions focussed primarily on maintaining a healthy self-image and a positive self-expression, confidence and positive thinking, goal-setting and persistence, and avoiding negative thinking and stimuli. This area of health and wellbeing showed the most notable and consistent changes after program completion.

Preventative Health

The initial sessions had very limited discussion around preventative behaviours. Only four of these groups were able to identify any behaviours to avoid; these discussions only included smoking, use of drugs, or drinking. By contrast, all post-program sessions identified the importance of avoiding harmful behaviours, including risk-taking, excessive inactivity or excessive use of video games as an unhealthy behaviours to avoid. The impact of preventative health measures such as personal hygiene, dental hygiene, health check-ups, and vaccinations was also discussed in over half of the post-program focus groups.

Social/Community/Environmental Health

No pre-program focus groups generated any discussion in these areas of health and wellbeing. All post-program groups discussed social and community health, focussing on the importance of maintaining positive relationships, and avoiding isolation, harmful relationships, peer pressure, and violence. Two of the post-program sessions discussed the importance of maintaining a healthy environment and personal engagement with the environment. Employment and school engagement were also identified as strategies to maintain health and wellbeing.

Coping Strategies

While almost all pre focus groups (6 out of 7) indicated that talking to someone or enlisting help was a coping strategy, in only two groups were participants actually able to identify specific people they could turn to. Three of the pre-program groups provided maladaptive strategies (drinking, smoking, aggression). While limited references to problem-solving or relaxation were made in other pre-program sessions, only one of the pre-program focus groups generated any discussion of other coping strategies, which included positive thinking and self-image. Overall, there was a distinct inability to identify coping strategies among participants before the program.

After the program, all focus groups were able to identify people they could turn to for help, including Elders, family and friends, and also relevant professionals or services such as **headspace**, teachers, education workers, police, youth workers, health services, and doctors, and identify important qualities in people they can turn to (non-judgemental and trustworthy).

There was a marked increase in the number and effectiveness of the coping strategies identified after the program. The key themes of the post-program focus groups were 1) activities that could be used to frame thinking to improve problem-solving (distraction, positive-thinking, positive self-image, catharsis) and 2) understanding what activities to avoid as they could exacerbate the situation (avoid triggers, avoid negative influences, create distance from the crisis), and discussions about how to problem solve (calmly discuss concerns with involved parties, model appropriate behaviour and emotional regulation).

Cultural Engagement

There was very little difference between the before and after discussions on cultural engagement. Participants appeared to have high existing levels of cultural engagement. Participants reported that they did this by learning more about their culture, maintaining contact with Elders, family, and community members, maintaining connections to country, participating in cultural activities (dance, art, language), and celebrating culture through stories.

One of the few themes that was only generated in the post sessions was the importance of taking responsibility in the community. Community Elders confirmed that participation in the Program had *" improved their understanding of their culture and taught them how to give more respect to their Elders"* (Community Elder 2014)

Other Feedback

As noted, following the pilot delivery of the program, unsolicited anecdotal reports were received from carers and other members of the community about the benefits of the program. For example, the behaviour of one participant who was considered 'out of control' and needed to attend schooling through a difficult behaviour program had improved so much that the young person was able to attend mainstream schooling after completing the program. Another participant, who had been withdrawing and isolating herself, after completing the program, was communicating and engaging with her family. A further participant, who had reportedly been physically assaulting his parents, no longer engaged in this behaviour, and began taking more responsibility and initiative for himself.

"They stop and think about things, not always but sometimes. Helps with their thinking process"(Service Provider 2014).

As the carer feedback response forms were added only for the last two iterations of the program and these last two cohorts had higher rates of out-of-home care, child protection involvement, and general life instability, only 5 carer feedback forms were received for analysis.

In the feedback that was received, however, carers were unanimous in their support for the program and would recommend it for other young people. The main themes of this feedback were that participants were taking more responsibility within the community, were more confident, had more purpose in life, and were making more positive plans for themselves.

"It's been positive for kids in the community, helps them and the community" (Service Provider 2014)

Changes in self-reported suicidal thoughts

A notable outcome of the UHELP groups was a statistically significant decrease in self-reported suicidal thinking among participants immediately following the group program, as measured by the GHQ-suicide. Reaching statistical significance with this measure is particularly noteworthy, as it was only introduced for the second and third round of groups, so only 37 pre and post group comparisons were available. Based on the results of a recent review, this makes the UHELP groups the first intervention to demonstrate a reduction in suicidality for young Indigenous Australians (Harlow, Bohanna, & Clough, 2014).

This is a promising result, but one that needs to be interpreted with caution. Firstly, it needs to be noted that, at the two-month follow-up, the reports of the 30 participants who could be contacted for follow-up indicated suicidal thinking at a level similar to their original pre-group reports. Secondly, the context of this result needs to be recognised.

The UHELP groups were designed as an information sharing and psychoeducation-style intervention for the general Aboriginal and Torres Strait Islander youth population. The groups were not designed as a treatment approach for mental illness or suicidality, and were not designed specifically to target vulnerable or mentally unwell young people. However, evaluation determined 50% of the cohort reported major psychosocial risk factors and/or severe symptoms of mental illness. Given these young people self-selected into the groups, and reported having a very positive and supportive experience as a result, an immediate reduction in their suicidal thinking is not inconsistent. It does raise the issue, however, of potential negative implications.

Participants in the UHELP groups received between 12 and 18 hours of contact with facilitators over a 6 week period. For vulnerable or unwell young people, this high level of contact may require a more gentle transition to ceasing contact that the structure of the UHELP groups allowed. Specifically, unless vulnerable young people agreed to receive ongoing one on one support at headspace following the groups, their contact with group facilitators ceased after the final group.

It may be that participant's subsequent rise in suicidal thinking to almost pre-group levels at follow-up is a reflection of this. If the UHELP model was refined to include some follow-up for all participants as standard, or included a longer transition period at the end of the group program a reduction in suicidal thinking may be maintained.

An Innovative Engagement and Intervention Model

The Project Team with the guidance of the Steering Committee and Advisory Groups developed a new and innovative engagement and intervention model which incorporated Cultural Governance and safety protocols (Objective 2).

The number of participants recruited to the program met the target of 75. Sixty one completed the program, representing a high retention rate (81%) for a SEWB program for this particular demographic. While no data exist on specific program retention rates for comparison, the difficulty in engaging Indigenous youth clients, particularly in mental health contexts has been well documented (Westerman, 2010), as have the challenges in program retention in Indigenous populations (Canuto, Spagnoletti, McDermott, & Cargo, 2013).

The UHELP Program employed a number of successful strategies to engage young people. These included creating a healthy learning environment, flexible programming arrangements, integrated learning practices and relationships built on mutual respect and cultural appropriateness.

> The model was founded on the belief that learning is most likely to occur in an environment where there is engagement between knowledgeable, respectful and respected educators and students in a safe, responsive, culturally appropriate and welcoming space

Flexible Programming

Social inequality and disadvantage contribute significantly to differences in people's health, influencing factors such as stress levels, diet and exercise which impact on an individual's sense of self-worth, sense of control and optimism and social attachment. The UHELP project took a holistic view, placing participants within the context of their group, their family and their community and working with an awareness of the interactions between them.

Integrated learning

The UHELP model integrates a suite of learning, personal development, team building and mentoring strategies to enhance the social and emotional well-being of participants. The model was founded on the belief that learning is most likely to occur in an environment where there is engagement between knowledgeable, respectful and respected educators and students in a safe, responsive, culturally appropriate and welcoming space. The mutually respectful relationships and positive regard reported between participants and facilitators was identified by both internal and external stakeholders as a critical success factor.

"*The UHELP groups were invaluable to our youth - a true conduit for educating in a culturally sensitive way"* *(*Steering Committee Member, 2014)

Engaging Learners and modelling positive relationships

The culture of the UHELP Program was defined as respectful, non-judgemental and supportive. The service delivery model was based on a partnership approach between facilitators and participants and a genuine interest and commitment to improving social and emotional well-being. This in turn fostered a secondary culture in which participants did not want to disappoint the facilitators and aspired to improve and engage more positively within their local communities. The mutually respectful relationship and positive regard reported between participants and facilitators was identified by both internal and external stakeholders as a critical success factor.

Facilitators demonstrated a special skill set which combined respectful control of the class and the ability to develop relationships with young people many of whom had traditionally had experienced great difficulties engaging with authority and trusting outsiders. Third parties confirmed that participants had benefitted from their engagement through the UHELP program and that *"sharing the knowledge helps them open up and talk a little more"* (Service Provider, 2014). Others reported that young people seemed *"more friendly and accepting of others from all over*" (Service Provider, 2014).

Some carers reported improvements in behaviour and attitude and that their young person was more settled *("calm, patient").* This finding was reflected through the decreased levels of impulsivity recorded after the program and again at the two month follow up stage (Refer Table 1: Capacity to Identify and Respond to Social and Emotional Health Risks). The response of the local community indicated that, overall, members have been impressed with the support offered to their *jarjums* (children) through the delivery of this program.

Social and Emotional Health Risks, including Suicidality

The quantitative findings for social and emotional health risks, including suicidal behaviour, were primarily derived from self-reporting against psychometric testing. Specifically the results from the Westerman Aboriginal Symptom Checklist (WASC), the Kessler psychological Distress Scale (K10); the suicide items from the General Health Questionnaire 28 (GHQ); and the Rosenberg Self-Esteem Scale (RSES) were collected, collated and analysed using descriptive and inferential statistics to compare participant outcomes at each stage of the program.

A summary of the key findings is outlined below. A full statistical analysis of the psychometric results are attached (Refer Attachment 5).

Table 1: Capacity to Identify and Respond to Social and Emotional Health Risks

Indicator	Finding	Comment/Source
Self-Confidence	Increased self-esteem scores.	RSES Average scores at all three stages (pre, post and follow-up) were within the normal range; the improvement seen approached statistical significance.
Anxiety	Scores for anxiety improved from a high Moderate risk range in the pre stage, decreasing to the mid-Moderate range at the post and follow-up stages.	WASC Improvements were not assessed as statistically significant.
Depression	Improved from average risk to low risk range at post program and follow up.	WASC Improvements were not assessed as statistically significant however could be considered clinically meaningful.
Psychological distress	Reported levels of psychological distress decreased at both post and follow up stages	K10 Decrease from the pre to follow-up stages was approaching significance.
Cultural resilience	Average range for Cultural Resilience at pre, post, and follow-up stages with a slight increase in resilience) from pre to post	WASC
Alcohol and Drugs	Assessed as very low range at all stages Participants who did not complete the program were found to have significantly higher alcohol and drug use scores, and to be older than the participants who were able to complete the program	WASC Independent inquiry indicated that the level of drug and alcohol use/abuse was higher than reported; though normalised in the cohort and as such not self-reported as an issue. Older participants reported to have higher levels of instability, with multiple life stressors and were the hardest to stay connected with throughout the program.
Impulsivity	Mean impulsivity scores decreased after the program and again at the two-month follow-up	WASC
Suicidal ideation, planning, attempts	Statistically significant decrease in overall suicidal ideation experienced by the participants after completing the program.	GHQ –Suicide This was the most significant result found in this program evaluation, however the significance was not maintained at the follow-up stage

The importance of assessing current suicidality is highlighted by elevated lifetime prevalence of suicidal behaviours in the participants: almost one-third had experienced suicidal ideation or made an attempt. The incidence of knowing someone that had died by suicide (over two-thirds; 69.3%) was also high in the overall sample and this is a known risk factor for suicidality. For example, in a study on European and Australian adolescents, 33.9% of Australian participants who self-harmed knew someone who had died by suicide, and those who self-harm are known to have higher rates of suicide in family and friends (De Leo & Heller, 2008). In order to more accurately assess whether there had been a change in suicidal ideation as a result of the program, thus, the 4 suicide items from the General Health Questionnaire-28, (GHQ-28; Goldberg, 1978), which have previously been used separately to assess suicidal ideation in Australia (e.g., Watson, Goldney, Fisher, & Merritt, 2001), were used in subsequent deliveries program.

Almost 70% of UHELP participants reported knowing someone that had died by suicide - a known risk factor for suicidality

Importantly, however, the Westerman tool also includes a measure of cultural resilience, which, as expected, was negatively correlated with psychological distress and suicidality, as measured by the K10 and GHQ-Suicide, respectively, and positivity associated with Self-Esteem, as measured by the RSES. The significant associations between Cultural Resilience subscale scores and the scores on the other three tools suggest that culture plays a strong protective role and support the usefulness also of the Cultural Resilience subscale, particularly in combination with the RSES, with which it is strongly correlated. Overall, despite not being culturally specific, the K10, GHQ-Suicide, and RSES, do appear to be sensitive to improvements in overall social and emotional wellbeing from pre- to post-program stages.

As K10 scores were lower and RSES scores higher post-program (at a level approaching significance), it is likely that participants also experienced a decrease in psychological distress and an increase in self-esteem as a result of completing the program.

Unfortunately, this level of (near) significance was not maintained at the 2-month follow-up. Forty-nine participants were able to be contacted for data collection at the follow-up stage (80% of participants who completed the program), which had an impact on the statistical power of the analyses conducted on the Phase 3 data. None of the analyses at stage 3 reached statistical significance despite the fact that; overall, the mean-level outcome measures were generally as positive as they were at the end of the program. It is difficult to interpret if these results reflect the limited number of participants contacted at this stage or if participants' improvements were not maintained.

Comparison of Scales

The sensitivity and suitability of the different instruments were investigated by comparing the K10, GHQ-Suicide, and RSES scores, and the WASC subscale scores (see Table 2). Significant correlations were found consistently between all of the WASC subscales and all three of the additional measures (K10, GHQ-Suicide, RSES), with the exception that the correlation between the Impulsivity subscale and the GHQ-Suicide, which was not significant, and there were no significant correlations found between the Alcohol and Drugs subscale scores and any other subscale scores or the scores of the other three instruments.

Of particular interest within a headspace context, the table below shows a high level of correlation between the depression and anxiety subscales of the WASC. This suggests the validity of the K10 as a screening tool for Aboriginal and Torres Strait Islander young people.

Table 2. Correlations of Scales

					Westerman Aboriginal Symptom Checklist - Subscales					
		K10	GHQ	RSES	Depression	Suicide	Alcohol and Drugs Use	Impulsivity	Anxiety	Cultural Resilience
Kessler Psychological Distress -10 (K10)	Pearson Correlation	1	.580**	-.815**	.784**	.647**	.156	.549**	.811**	-.462**
	Sig.		.000	.000	.000	.000	.237	.000	.000	.000
	N	63	36	22	63	59	59	63	59	59
General Health Questionnaire - Suicidal Ideation (GHQ)	Pearson Correlation	.580**	1	-.545**	.689**	.581**	.028	.271	.448**	-.383*
	Sig.	.000		.009	.000	.000	.873	.110	.006	.021
	N	36	36	22	36	36	36	36	36	36
Rosenberg Self-Esteem Scale (RSES)	Pearson Correlation	-.815**	-.545**	1	-.821**	-.683**	-.160	-.569**	-.665**	.680**
	Sig.	.000	.009		.000	.000	.477	.006	.001	.001
	N	22	22	22	22	22	22	22	22	22

** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)

The Westerman Aboriginal Symptom Checklist (WASC)

The Westerman Aboriginal Symptom Checklist was administered for this project as it was the most widely-used age-appropriate and culturally-validated assessment measure for Aboriginal youth, despite its lack of previous use as an evaluation tool.

However, as noted, the Westerman instrument appears lack sensitivity over relatively short periods. Many of the Westerman subscales include items which assess static risk factors which are not likely to change over the course of a 6-week program, such as 'I have ever used drugs' or 'I have ever known someone who completed suicide' or 'I speak my Aboriginal language.' Hence, it is not surprising that several of the Westerman subscales did not reveal the pre- and post- pilot differences to the extent that the other instruments have.

Nevertheless, despite the limitations as an Evaluation tool for suicidality for time-limited programs such as UHELP, it did provide a meaningful measure of cultural resilience which is negatively correlated with psychological distress and suicidality and positively associated with self-esteem.

Equally significant however, was the use of the WASC as a psycho-social tool of engagement. Project facilitators heralded the Checklist as an effective instrument for engaging with Indigenous Youth and for developing relationships between participants and facilitators. Participants also reported that they appreciated having this questionnaire (particularly because of its face validity) and *headspace* staff reported that high subscale scores were meaningful indicators of participants in need of follow-up assistance. The elevated rates of suicide and poorer mental health outcomes of Aboriginal and Torres Strait Islander peoples, and. the challenges in engaging with mental health services (Westerman, 2010) confirm its value in this regard.

Overall, the Westerman Aboriginal Symptom Checklist proved to be a valuable tool for the UHELP Project, providing some meaningful indicators of suicidality and resilience, but more significantly as an effective engagement tool, both within the Project and in follow up interventions of the *headspace* mental health service.

Accessibility and Acceptability of Culturally Appropriate Counselling

The UHELP Project significantly delivered on this objective to increase the accessibility and acceptability of individual, culturally appropriate counselling for Aboriginal and Torres Strait Islander people (Objective 6). This was achieved through the following measures and demonstrated through the substantial increase in the number of Indigenous young people accessing headspace Inala and engaging in 'yarning' sessions with members of the Project Team:

- The investment in appropriate professional development for both the Project Team and **headspace** Inala staff (Refer Part 1 – Professional Development for the Project team and headspace Inala workforce);
- The integration of yarning into contact opportunities (refer Part 1 – Key Features of the SEWB Program Delivery);

- The establishment of Cultural Governance and the effective interchange between Cultural and Clinical Governance arrangements (Refer Part 1 – Governance);
- The creation of culturally safe spaces and learning places, informed by community and the project Youth Advisory Group (Refer Part 1 – The UHELP Model).

In the period immediately prior to the project commencing (February to May 2013), the proportion of **headspace** Inala young people identifying as Aboriginal and/or Torres Strait Islander was 8.9%. The **headspace** national average for young people who identify as Aboriginal and/or Torres Strait Islander is 6.4%. Following the commencement of the UHELP program (October 2013 to January 2014), the proportion of **headspace** Inala young people identifying as Aboriginal and/or Torres Strait Islander sat at 16.4%. This settled to 12.5% between August and November 2014, still a significant increase from pre-group proportion of total cohort.

Between October 2013 and October 2014, a total of 71 young Aboriginal and/or Torres Strait Islander people accessed **headspace** Inala for individual support (i.e., participants who only took part in UHELP are not included in this total). Of these, 22 were also participants who completed the UHELP program. When compared to a total of 51 young Aboriginal and/or Torres Strait Islander people between October 2012 and October 2013, this represents an increase of 28%. When also including the young people who took part in the UHELP program without receiving individual support, **headspace** Inala assisted 124 Aboriginal and/or Torres Strait Islander young people (almost 2.5 times the number seen during 2012-2013).

Young Indigenous leaders confirmed that headspace Inala is a culturally safe, appropriate, informed service that *"helps with your mind to clear things up. Yes a lot of hard times and good for Aboriginal people to get help there"* and that *"it achieved a lot more since we have had headspace Inala and done a lot of things for SPAMHP* (Youth Advisory Group Member, 2014)

The significant increase in referral rates to headspace Inala supports a contention that the program has helped to generate the recognition that yarning at **headspace** Inala is a safe and culturally appropriate service, particularly as these increases have occurred in the context of client numbers at **headspace** Inala increasing overall.

"*This young person had issues with socialization due to some personal family circumstances. The female facilitator would often yarn with her on the short trips home after the groups. Over time she opened up….she spent less time in her room and was engaging very well with everyone at home"* (UHELP Project Officer 2014)

Collaborative Governance and Partnerships

Governance processes were designed to fit with existing community oversight structures, specifically, the Suicide Prevention and Mental Health Program community meetings and Inala Elders' Steering Committee meetings. Membership of the Steering Committee, which was the principal cultural governance mechanism, is made up of key Elders (who are elected members of the Inala Elders Aboriginal and Torres Strait Islander Corporation) and local Indigenous health professionals. Evaluation of governance mechanisms focused around the broader project team's experiences and learnings (with particular reference to the Project Officers' experiences, as well as involvement of appropriate partners such as the Inala Clinical Governance Advisory Group). Steering Committee meetings provided cultural oversight for the overall project goals. The output of these meetings demonstrated satisfaction with the program content and the process of engaging with and supporting young people.

The importance of high quality Cultural governance was identified in the establishment phase of the project as a critical success factor. Taking a Cultural governance approach increased the commitment from the community for the project, and demonstrated the value that **headspace** Inala placed on the knowledge and wisdom of the Community and in particular the Elders. It also demonstrated **headspace** Inala recognises that solutions to the challenges in **headspace** engaging with Aboriginal and Torres Strait Islander young people are best solved in partnership with the Aboriginal and Torres Strait Islander Community. The Cultural and Clinical Governance Advisory Groups shared the same goals and jointly shaped the program design, content and follow up support.

It should be noted that the cultural governance elements were circular, rather than hierarchical, in nature. There was frequent informal communication about the project between the Steering Committee, community members, the project YAG and the project team. This made it critical that all project processes and activities were transparent and the project team were consistent in their messages and actions.

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UHELP project stakeholders had a shared vision and a similar mandate and worked together to the mutual benefit of Indigenous young people and the community. By sharing knowledge, resources and expertise, the capacity of all partners was strengthened and a new soft entry experience was established for vulnerable young people in the Inala region.

The SPAMHP and Youth Advisory Group informed, guided and provided feedback on all aspects of the program in the establishment, implementation and evaluation phases. These partnerships were built on a two way flow of information and report back and enabled UHELP to be quickly established as a credible, culturally effective program for young Aboriginal and Torres Strait Islander people in the Inala region.

Qualitative feedback suggested that the program was valued by carers of the young people in the program as well as the wider Inala Aboriginal and Torres Strait Islander community. The Project Team reported receiving regular positive feedback from the community with a "real buzz" about the project and the partnership between SPAMHP, the Inala Elders, and *headspace* Inala.

"What I have observed has been positive relationships between Elders, SPAMHP Workers and headspace employees. Productive programs which empower community members and the consistency of volunteers to attend meetings and be part of organised community events" (UHELP Steering Committee Member, 2014)

There were also new relationships with related organisations forged which have potentially far-reaching consequences: For example, the local Youth Justice branch has been encouraging clients to participate in the UHELP program. The program was discussed during numerous court proceedings for young people involved with the Youth Justice System. One magistrate, in particular, included UHELP participation as part of an approved alternative to the imposition of a custodial sentence. Another example of a partnership formed was the special delivery of UHELP to the Annual Inala Wangarra Rite Of Passage Program for local young Aboriginal and Torres Strait Islander young women.

A future partnership with Youth Justice in particular offers an exciting opportunity for not only increased levels of wellbeing in Aboriginal and Torres Strait Islander youth, but also reductions in unlawful behaviours. The potential for the program to reduce recidivism is at this stage unknown, but the therapeutic and culturally appropriate nature of the program offers a promising alternative to the justice system. Importantly, this level of interest suggests the project has not only been well received by community members, but it has also been embraced by local service providers.

Social Impacts – Social Capital

The Project made a broader community contribution through the improved citizenship and engagement of participants in community life and by building social capital. Kreuter, Lezin and Koplan (Coleman, J (1990)) identified four constructs of social capital – trust, civic involvement, social engagement and reciprocity (leadership roles, volunteering, in kind contribution).

The UHELP Program delivered an alternative approach to link vulnerable Aboriginal and Torres Strait Islander young people with each other, with support services and with their communities. By delivering a range of activities and investing in the development of relationships the program took steps to break down cycles of isolation, juvenile offending and dysfunction, and enhanced the social and emotional well-being of participants. In doing so, headspace Inala helped create more resilient and engaged young people. By investing in the development of personal relationships and strengthening connections between young people, their families and their

communities, UHELP has also enhanced the social capital of the Inala region. Social capital was also increased though the development of feelings of trust and safety and the sense of community.

"*I thought the UHELP group was something that was desperately needed in the community; I felt it gave the participants a sense of ownership and belonging. I believe the sports and tucker was a good additive to the program, if not part of it I think interest and participation rates would of decreased. This program or similar programs needs to be run all year round"* (Steering Committee member, 2014)

Young people increased the level of participation in volunteering following participation in the UHELP program. Community members confirmed their volunteer involvement in the Beautify Inala Project, in supporting sporting programs, participating in landscaping and maintenance projects and in community leadership roles. By instilling a values base of respect for self, others and property, the program supported participants to engage more positively in community life.

Social Impact – Personal Resilience

Improvements in personal resilience were widely reported. This was expressed in terms of improved self-confidence, self-management, self-awareness, empowerment, sense of belonging and a sense of empowerment. Qualitative data was collected through the completion of surveys and psychological measurement tools; through story-telling, and through unsolicited feedback from participants, community elders, family members, school communities, correctional officers, local business and members of the wider community. Participants were taught skills to manage stress, to take responsibility for their attitudes and behaviours and to respond more constructively to life's challenges.

Changes in the attitudes and behaviours of young Indigenous people who frequently present with low self-esteem, a history of antisocial or criminal behaviours and experiences of successive failure, are not easy to achieve. As a measure of success in these areas, the success of the project was considerable.

"The harder we all work together to achieve common goals, the more beneficial the young people will be. This will never be forgotten by those young people, they will cherish the positive experience forever." (Steering Committee member, 2014)

The success of the program has generated interest from a range of community organizations, including in other States in Australia, due to the word of mouth success of the program. In addition representatives of the local Vietnamese community in the region have expressed interest, for a similar targeted program for young Vietnamese at risk young people.

Destigmatisation of Mental Health and Mental Health Services

Project officers reported a real reduction in stigma associated with acknowledging self-harm behaviours and seeking help. This was demonstrated in a number of ways and verified by independent third parties, including the Elders, family members and school Guidance Officers.

"*The involvement has created great partnerships that have benefited all parties and helps to decrease the stigma around talking about mental health problems in the community" (Steering Committee Member 2014)*

Participants proudly wore their headspace identified clothing with 100% attendance at the Graduation ceremony. The concept of "Name not Shame" was reinforced throughout the program and participants actively promoted participation in the group both internally and to the wider community, articulating that there was 'no shame' in needing help. Psychometric self-reported feedback measures confirmed the increased capacity of Aboriginal and Torres Strait Islander young people to identify and appropriately respond to SEWB risks and attitudes/behaviours which place them at risk. Destigmatisation of mental health needs was further evidenced by the twenty eight percent (28%) increase in presentations of Indigenous youth to **headspace** Inala for individual support between October 2013 and October 2014 compared with the previous year.

"The community is now engaged in more discussion about the issue of suicide and drug and alcohol abuse in young people. They are actually acknowledging mental health issues and involving themselves and contributing to community¸ such as participating in cultural events more, doing volunteer work such as landscaping and helping with events and simply just getting themselves out of the house" (Project Officer, UHELP 2014)

Other Impacts

There were a number of other indicators which demonstrated the positive impact of participation in the UHELP program. Quantitative data was not systematically collected or always available to support the conclusions below. However, third party sources including parents and carers, schools and community service providers and members of the SPAMHP provided strong anecdotal evidence as to the changes which were observed.

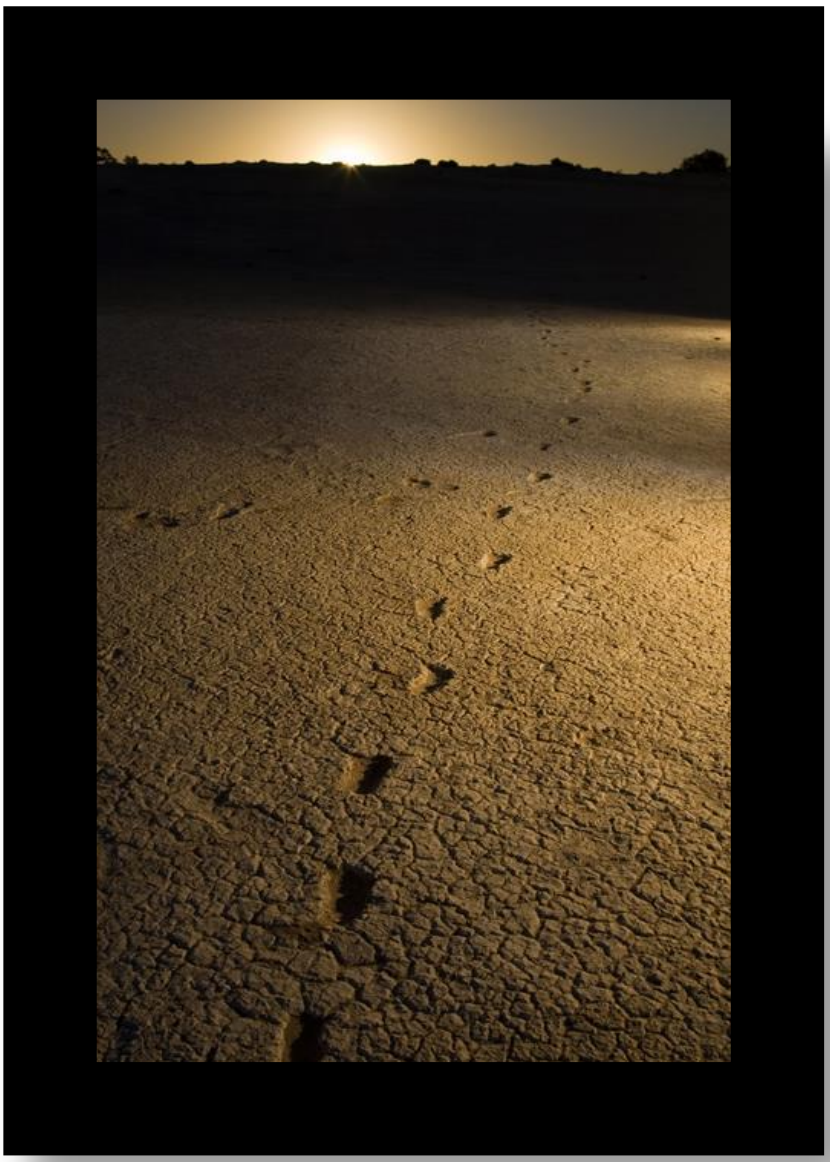
- Graduates of the Program emerged as new leaders in the community, both in their participation in the Youth Advisory Group (YAG), becoming SPAMHP future leaders, and through the modelling of socially responsible behaviours.
- Participants continued to seek counselling and advice from significant others in relation to safety planning after completion of the program.
- Participants progressively disclosed sensitive and confidential information relating to their experience of drug and alcohol use/abuse, criminal and anti-social behaviours, domestic and family violence and suicidal thoughts and attempts.
- Participants demonstrated increased awareness of the impact of their behaviour on others.
- Participants were observed to be more actively engaged in volunteering and community decision making

Community representatives also reported a perception that there had been a slight decrease in delinquent behaviour. However this was unable to be verified. One participant disclosed that he used to always "*back up his brothers in crime*" and they *"usually didn't care where they were going to break into*" but that they had not engaged in any criminal behaviour throughout the program.

Part 3 – Footprint for the Future

Best Practice models should be grounded in authentic practice and be meaningful to diverse stakeholders. They need to be based on successful practices, shaped by experience but informed by evidence. Critical analysis of quantitative and qualitative data, stakeholder feedback and other research material supports the sustainability and transferability of the UHELP model into different contexts and regions.

The Footprint for the Future of innovative and successful Projects such as UHELP needs to be informed by critical success (protective) and lessons learnt to facilitate long term sustainability of project outcomes and to support the effective transferability of the program in other contexts and regions.



Changes in the attitudes and behaviours of young Indigenous people, who frequently present with low self-esteem, a history of antisocial or criminal behaviours and experiences of successive failure, are not easy to achieve. As a measure of success in these areas, the success of the project was considerable.

Critical Success Factors and Lessons Learnt

Critical Success or Protective Factors	Lessons Learnt
The selection of staff and facilitators with the right of mix of skills, qualifications, experience and personal attributes who are able develop open and trusting relationships with young people and who are accepted and respected by the local Aboriginal and Torres Strait Islander community.	Recruitment of participants through sporting teams is ideal, but it carries risks. Unexpected changes in timing or programming can lose all participants at once. Wider recruitment strategies provided opportunity for the development of new friendships and networks.
Strong collaborative partnerships with community leaders, specialist advisory groups, Queensland Health and other stakeholders.	Making personal connection with the parents of all participants is important to ensure support for the group and reinforce expectations with respect to attendance.
Integration of cultural and clinical governance frameworks is critical and needs to be visible, transparent and engage the wider community.	Providing transport is critical to facilitate attendance and safe transport home after hours.
Creating a culturally safe, inclusive and appropriate learning and support space and securing the support of Community Elders.	The Suicide subscale in the Westerman Aboriginal Symptom Checklist is not sensitive to changes in dynamic suicide risk factors and needs to be complemented by other data sources, such as the General Health Questionnaire (GHQ 28) and the K10 questionnaire.
Flexibility in the learning environment and mode of delivery of the program combined with mutually respectful relationships between participants and facilitators.	While the WASC was reported as having some limitations in assessing outcomes, it was viewed as an effective tool for engaging with Indigenous Youth and proved to be a useful springboard for generating discussion and developing relationships between participants and facilitators.
Integrating a three tiered evidence base program of physical activity, healthy eating and SEWB content.	In a resource constrained social system, it is vital that successful strategies are identified, evaluated and communicated in order to attract funding and deliver meaningful and sustained change.
Instilling a sense of personal and civic responsibility in participants.	The program was limited by its duration; while the difficulties inherent in engaging youth in SEWB programs are acknowledged, additional ways of sustaining the gains made by participants' need to be explored.
Creating a culture of critical review to continuously modify, strengthen or remove project components in response to the evidence.	The SEWB manual and process would need to be updated and localised to reflect regional needs and circumstances and ensure community engagement.

Worth Fighting For

The current UHELP program invested in creating a culturally safe and appropriate learning space and offered an intensive six week integrated program of physical, social and emotional wellbeing activities and support to participants. Independent analysis confirmed that the project goals were achieved and participants and other stakeholders provided anecdotal evidence of significant improvements in wellbeing, attitudes, behaviours and personal resilience.

However, given the vulnerable demographic profile of participants, the completion of the program could create a void as vulnerable participants move from a positive, affirming and structured environment of intensive interaction, problem solving, peer and professional support back into everyday life where these supports may not be available.

Results from psychometric testing confirmed that improvements reported against a number of measures in the post program stage (psychological distress, suicidal thoughts, self-esteem and cultural resilience) were not often maintained at the two month follow up stage. While a significant minority of participants reengaged through **headspace** services, a structured three to six month transition plan is more likely to embed the changes and bring about long lasting improvements in social and emotional well-being. This does not need to be a time or resource intensive program and could include for example monthly refresher/reconnection meetings or activities complemented by the individual follow up through existing community services, including **headspace**.

Third party surveys confirmed the need for **headspace** Inala and the UHELP project to "*just continue to be able to be there for young people"*. Other feedback included that the Program could be improved by providing "*more opportunities to catch up with the groups. Like a check in for changes and connected with other participants and facilitators.* Others noted that is is an "*Important part of culture"* and that we need *"Support Group for participants. Go for longer, more continuity and structure for them".*

There was often a disconnect between the experiences and street smarts of Indigenous project participants and the emotional maturity and readiness to apply new learnings into old contexts. Facilitating a regular forum for 'graduates' to reconnect with their peers would provide them with an opportunity to strengthen relationships, share their experiences, successes and failures and to reinforce learnings and commitments. It would also expedite access to external supports and resources and strengthen social and emotional wellbeing. Finally, it would allow emerging community leaders to be have access to further development activities in a safe and structured environment.

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The following strategies are recommended to support the long term sustainability of the UHELP Project; the outcomes for participants of the program and the wider community and the transferability of the model into different contexts and regions across Australia

- Secure funding that would allow UHELP groups to continue to be run.
- For future UHELP groups, implement a structured three to six month transition plan which is more likely to embed the changes and bring about long lasting improvements in social and emotional well-being, including reducing suicidality.
- Further develop, document and promote the engagement approaches used within the UHELP project to **headspace** centres and other organisations across Australia.
- Strengthen the evidence base, including longitudinal studies of project participants and outcomes to demonstrate impact.
- Work with **headspace** National Office for the delivery of education, hands-on mentoring and support, product development, and ongoing service delivery to facilitate the translation of the UHELP model into other **headspace** centres interested in the approach.
- Progress **headspace** Inala as a Centre of Excellence in the effective engagement of Aboriginal youth which delivers enhanced social and emotional wellbeing, personal and cultural resilience and increased social capital.

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