

Standing on Strong Foundations

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**TIMHWB and CBPATSISP to Kwop Boorn
Djenara**

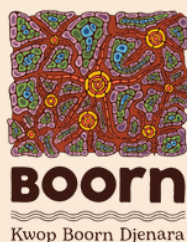


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Foreword

We warmly welcome and thank you for attending our Research Forum at the University of Western Australia. We've gathered on beautiful Whadjuk Noongar boodjar to celebrate the groundbreaking work produced by our teams over the last six years. And we invite you to look forward with us as we share our new identity: the Kwop Boorn Djenara Centre – a place of strong tree roots.

Here at the University of Western Australia, Professor Helen Milroy AM and I have been privileged to steer two world-leading programs in Aboriginal and Torres Strait Islander suicide prevention, Social and Emotional Wellbeing (SEWB), and mental health: The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP) and Transforming Indigenous Mental Health and Wellbeing (TIMHWB). Together these two programs represent Australia's most comprehensive and respected translational research and practice development institutions with unrivalled expertise in Aboriginal and Torres Strait Islander suicide prevention, SEWB and mental health, enabled by strong Aboriginal leadership, established community partnerships, and policy partnerships.

The Kwop Boorn Djenara Centre will allow us to continue and enhance our essential work in developing and applying evidence for Aboriginal and Torres Strait Islander suicide prevention, mental health and SEWB, alongside our community collaborators including the National Aboriginal Community Controlled Health Organisation (NACCHO) and Gayaa Dhuwi (Proud Spirit) Australia. We also look forward to being able to support the development of emerging community, research, and clinical leaders in Aboriginal and Torres Strait Islander mental health and wellbeing, ensuring diversity and continuity in this critical sector.

Thank you for joining us for a day of yarning, sharing, listening, and learning. We value your collaboration.

Warm Regards,

Professor Pat Dudgeon AM



Foreword

It is with great pleasure we bring you the results of our Transforming Indigenous Mental Health and Wellbeing research programme from the last six years. It has been a long journey with many learnings along the way. We have engaged many communities, professionals, and services, have employed varied research methodologies yet there is consensus across the board that cultural safety needs to improve.

One of the key findings from our research was the lack of trust in services and systems and how this impacts right across society. While we have training, education, standards, and accreditation, without an understanding of the foundational nature of trust, cultural safety will not be achieved. One of the ways to display trust is to ensure a visible and well supported Aboriginal and Torres Strait Islander governance system and workforce development strategy.

In addition, all of the issues related to making systems and services culturally safe, must be dealt with together instead of the piecemeal and fragmented way systems have developed.

I would like to thank everyone who has joined with us in this important research project and who have shared their knowledge, experiences, and expertise. It has been a privilege to listen to the stories, the deep wisdom that has been shared, to see the concepts illustrated and come to life in our publications and reports.

Our ways of knowing, being and doing have been at the forefront of the program and this has been a source of strength throughout the entire journey. I look forward to seeing how we can further this vital work and continue the journey together to improve our wellbeing into the future.

Warm regards,

Professor Helen Milroy AM



Our Story

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The roots of the Boorn Centre (Kwop Boorn Djenara) are two Aboriginal-led, transformative projects; the Transforming Indigenous Mental Health and Wellbeing Project, and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. In this booklet, we tell our story.

Transforming Indigenous Mental Health and Wellbeing (TIMHWP)



The TIMHWP Project began in 2019, with Indigenous leadership from Professors Pat Dudgeon AM, Helen Milroy AM and Jill Milroy. Through the TIMHWP project, we aimed to bring cultural ways and healing into mental health and wellbeing systems to better serve the needs of Aboriginal and Torres Strait Islander peoples and communities. TIMHWP is an Aboriginal-led project where project partners represent a collaborative of Aboriginal leaders and organisations, who are dedicated to creating long-term impact by bringing together skills across community, academia, professional services, and national policy. The active and ongoing involvement of dedicated Aboriginal-led collaborative ensures the research is designed, implemented, and translated with cultural values and integrity in best responding to the needs of Aboriginal and Torres Strait Islander communities.



**Professor Pat
Dudgeon AM**



**Professor Helen
Milroy AM**



**Professor Jill
Milroy**



The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP)



The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP), led by Professor Pat Dudgeon AM, was born out of one of the recommendations by the landmark Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) to establish “*An Indigenous-led national clearinghouse for best practice in Indigenous suicide prevention activity.*” It was established in 2017 and has since been the leading voice for suicide prevention in Aboriginal and Torres Strait Islander communities, advocating for community-led, place-based solutions to suicide. CBPATSIISP is part of the National Suicide Prevention Leadership and Support Program, alongside other key leaders in suicide prevention such as Suicide Prevention Australia, ensuring Aboriginal and Torres Strait Islander voices are heard .

Meet Our Team

The Boorn Centre team combines TIMHWB, CBPATSIISP, and the Indigenous Futures Centre (IFC) team members. For more details, see below.

TIMHWB:



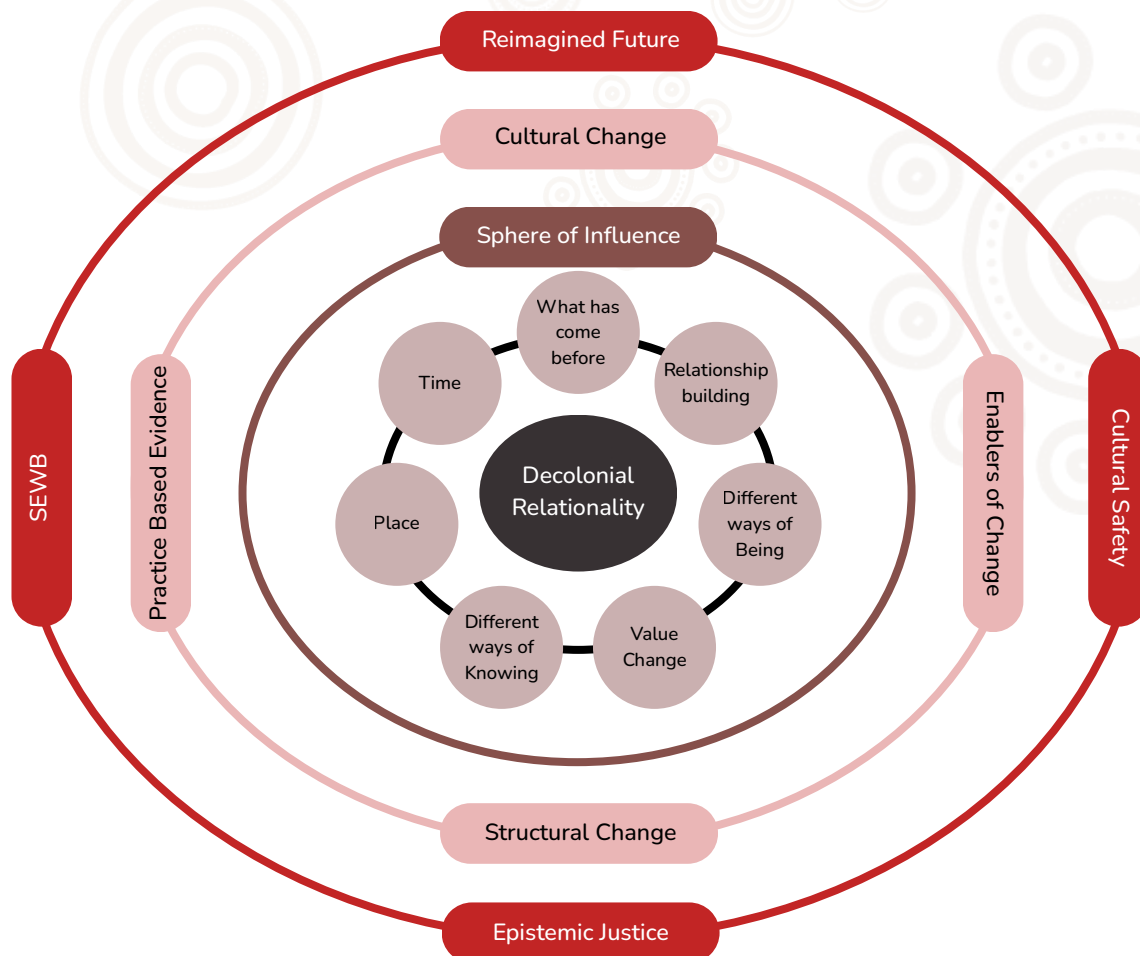
CBPATSIISP:



IFC:



Our Philosophy



A hopeful vision, reimagining the future

We are reimagining the future through Aboriginal ways of knowing, relating, and existing in the world, where the focus is on life promotion rather than just suicide prevention, and flourishing and thriving rather than just surviving. The legacy of our Indigenous leadership (Pat Dudgeon and Helen Milroy) is in the creation of these multi-stream projects (TIMHWB and CBPATSIISP) which follow a continuous, iterative process of actualising, pivoting, and growing. The ongoing impact and outcomes are complex and non-linear; these ways of working give our projects their energy.

Indigenous knowledges represent an emerging paradigm. Generational thinking means each successive generation moves another step towards epistemic justice, where cultural safety in mental health services and Social and Emotional Wellbeing (SEWB) are two sides of the same coin. One represents the inclusion of Indigenous knowledges in mainstream thinking and the valuing of cultural difference, and the other represents the development of Indigenous knowledges reflecting Indigenous realities. This vision, combining strong relationships and respectful ways of working together, will enact the change we hope for.

Change

Moving from imagining to actualising this vision requires significant change. Through our projects we advocate for and deliver change.

Cultural change requires strong leadership. For example, TIMHWPB contributed to a cultural shift in Psychology, which enabled action (e.g., a structural legal change to the Psychology Code of Conduct to mandate culturally safe practice).

Structural change includes revising the law to mandate change. SEWB was included as a target, outcome, and priority policy partnership in the National Agreement on Closing the Gap in 2020. CBPATISIP has worked closely with the government to ensure Aboriginal and Torres Strait Islander voices are heard on national strategies such as the Fifth National Mental Health and Suicide Prevention Plan.

Values change can occur through experiencing or seeing a different way of being. A shift in values can lead to a re-imagining of one's ways of knowing. An example is the TIMHWPB and CBPATISIP research team. Team members moved from a paradigm which was dominated by **the head** and ways of knowing, to one which is about **the heart** and ways of being. Our ways of working now centre being a better human; more vulnerable, authentic, integrated, power sharing, emphasising **relationality**. We hope this shift generalises to systems, possibly through the following pathways.



Practice-based evidence: TIMHWPB and CBPATISIP highlight effective models of research, assessment, services, programs; all of which can then inform the evidence base.



Enablers of change: alternative models of being and working have the potential to expand into mainstream systems, in the same way that some 'radical' ideas become standard practice with cultural and structural shifts.

All change is achieved via the strength of relationships.

Decolonial Relationality

We enable change through continuous relationship building, wielding influence (*cultural and values changes*) and implementing mandates (*structural changes*). Building and maintaining relationships requires critical self-reflexivity, and an understanding of the importance of respect and reciprocity. We hope that keeping these understanding front of mind will decolonise relationships in mainstream systems, e.g., relationships between clinicians and clients, services and communities, and between services.

Relationships are the spaces which embody our sphere of influence. The TIMHWPB/CBPATISIP sphere of influence is the amalgamation of what Pat Dudgeon and Helen Milroy have built over their lives and careers.

Every successive project team has a responsibility to nurture these relationships and influences in an ethical way.

Our Approach to Transformation

TIMHWPB involved three streams of research activity, with the work and outcomes of each stream closely interconnected. While the work followed the same philosophy and shared goals, the processes of each stream differed based on the diverse contexts of our projects.

In this booklet, we have summarised our work for each stream, and we have three stories to tell.



Cultural Exchange Program

Once the TIMHWB project was underway and staff had been onboarded across the three streams, Pat Dudgeon and Helen Milroy collaborated with the Langford Aboriginal Association (LAA) to develop a Cultural Exchange Program (CEP). The CEP was designed for researchers, to be a part of our team's professional and cultural development. The program took the participating staff on an immersive, experiential learning journey grounded in Aboriginal ways of being, knowing, and doing.

Hosted by Noongar facilitator Angela Ryder AM, the pilot program ran every Friday afternoon at LAA for six months, consisting of 12 workshops. The CEP brought together five Noongar Elders and six non-Indigenous psychology researchers and created a space for genuine cross-cultural exchange, where learning unfolded through relationships,



reflection, and storytelling rather than structured teaching. Through listening to and yarning with Elders, participants could reflect on their own cultural identities and positions of power. Angela reflected that the experience was “emotional, challenging, and uplifting... a healing experience for the Elders and for myself.”

Elders' honesty and generosity planted seeds of truth and responsibility that grew through the researchers' openness and humility. Participants developed a richer appreciation of Aboriginal lived experiences and histories, a sense of reciprocity, and an understanding that decolonisation and cultural safety are lifelong journeys. The Cultural Exchange Program represents an essential step toward genuine partnerships and ethical collaborations in research.

Publication Spotlight:

Cultural Exchange Program: A program to support the development of cultural respect and self-reflexivity in people working with Aboriginal and Torres Strait Communities through experiential learning with local Elders



Stream One

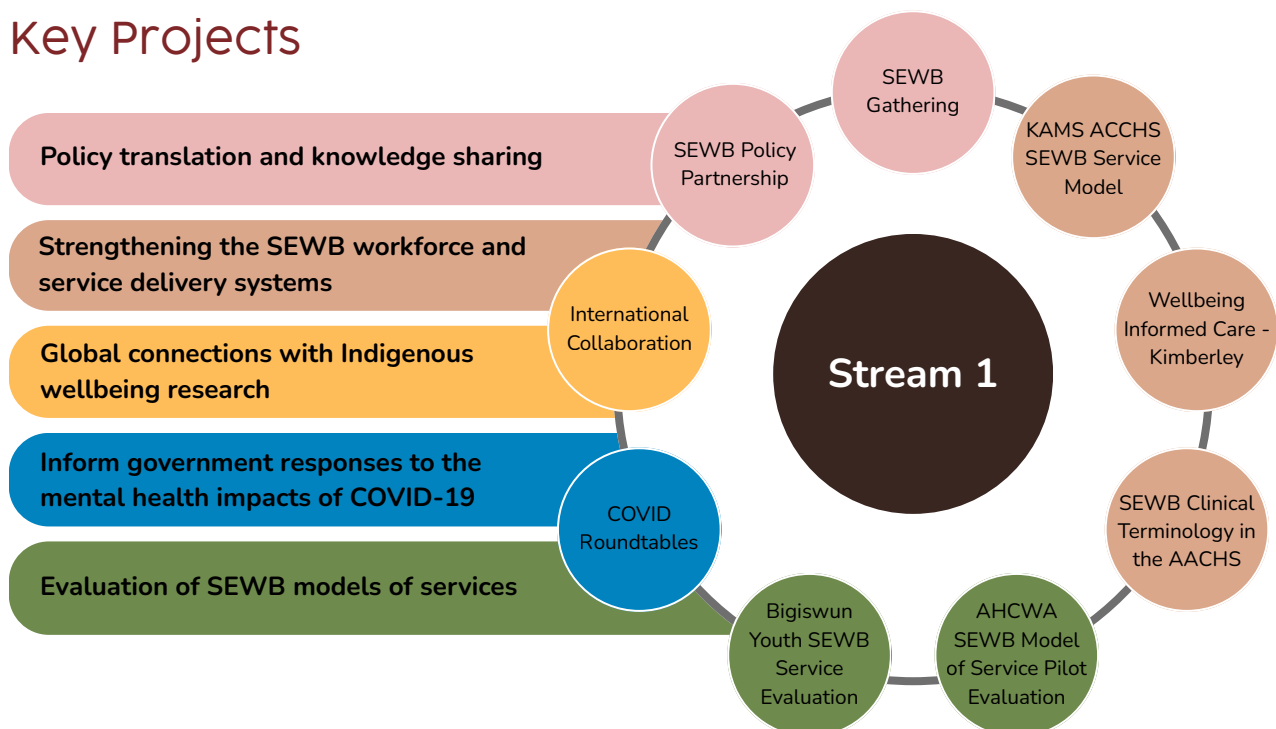
Effective SEWB Models of Service in Aboriginal Community Controlled Organisations (Empowering Access)

Social and Emotional Wellbeing (SEWB) is central to understanding Aboriginal holistic health, and translating this concept into service delivery and practice is an emerging area. Developing knowledge and resources that empower ACCHOs in leading the design and delivery of programs and services is essential. These efforts support place-based, holistic, and culturally-centred approaches that enable Aboriginal and Torres Strait Islander people to enjoy high levels of social and emotional wellbeing (Closing the Gap, Outcome 14). Stream 1 of the Transforming Indigenous Mental Health and Wellbeing Project aimed to support the translation of SEWB into practice and service delivery within the Aboriginal Community Controlled Health Service (ACCHS) sector and build the evidence of what works.

Program Objectives

- Establish SEWB as a paradigm of health
- Support the translation of SEWB into practice and service delivery
- Strengthen SEWB service delivery in the ACCHS sector
- Build an evidence base of what works for Aboriginal and Torres Strait Islander peoples and communities
- Facilitate knowledge sharing to impact policy design and implementation

Key Projects



Policy Translation and Knowledge Sharing

SEWB Gatherings

The SEWB Gatherings are co-hosted by the TIMHWPB project, the National Aboriginal Community Controlled Health Organisation (NACCHO), Gayaa Dhuwi (Proud Spirit) Australia (GDPSA), and the Australian Indigenous Psychologists Association (AIPA), and funded by the Australian Government Department of Health, Disability and Ageing and the National Indigenous Australians Agency (NIAA). The aim of the SEWB Gatherings is to bring together SEWB network members to showcase best practice services and programs from across the country and to discuss the future of Aboriginal and Torres Strait Islander SEWB policy, practice, and research. The SEWB network includes SEWB and mental health representatives from Aboriginal and Torres Strait Islander peak bodies, Aboriginal Community Controlled Organisations, academics, practitioners, and policymakers.

Publication Spotlight:

Social and Emotional Wellbeing Gathering 5 Report



SEWB Policy Partnership

The SEWB Policy Partnership is a joint approach between First Nations and government representatives to drive Aboriginal and Torres Strait Islander led outcomes in SEWB, mental health, and suicide prevention. The Policy Partnership is an initiative under the National Agreement on Closing the Gap. Gayaa Dhuwi is the peak Indigenous body in the partnership, and Professor Pat Dudgeon served as the First Nations co-chair of the Partnership from the from March 2023 to February 2025. This position contributed to important work, progressing key policy issues relating to SEWB (including the refresh of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing).

Publication Spotlight:

Social and Emotional Wellbeing Policy Partnership - Communiques



Strengthening the SEWB Workforce and Service Delivery Systems

KAMS ACCHS SEWB Service Model

This project, in partnership with Kimberley Aboriginal Medical Services (KAMS), aimed to contribute to an Aboriginal Community Controlled Health Service (ACCHS) SEWB service model to be piloted across the Kimberley. It included an audit of electronic medical record system data across Kimberley ACCHS to develop a stronger understanding of mental health presentations, the needs of clients, and clinical responses. Other work involved yarning with SEWB workforce to identify

enablers, challenges, and requirements of growing a sustainable, and empowered SEWB workforce. This research went on to inform the development of Wellbeing Informed Care – Kimberley project.

Publication Spotlight:

Exploring Mental Health Presentations in Remote Aboriginal Community Controlled Health Services in the Kimberley Region of Western Australia Using an Audit and File Reviews



Wellbeing Informed Care - Kimberley (WIC-K)

This project, conducted in partnership with the Rural Clinical School of Western Australia (UWA) and KAMS, worked with clinics and communities to co-design and implement approaches to strengthen SEWB care. Consultations were undertaken with ACCHS staff and Aboriginal community members across the Kimberley region to explore the concept of SEWB within primary health care. The consultations found many community members experienced complex and recurrent SEWB concerns and that stigma and shame remain critical barriers for many Aboriginal people seeking support. Community-based prevention and healing programs facilitated by Aboriginal staff were identified as essential components in building SEWB outcomes and facilitating ongoing service access across the Kimberley. WIC-K activities included community workshops, yarning sessions, and collaborative development of practical tools and resources to guide SEWB-informed practice within primary health care settings.

Publication Spotlight:

Wellbeing Informed Care - Kimberley, Community Consultation Report



SEWB Clinical Terminology in the ACCHS

This project emerged from the WIC-K initiative and an ongoing partnership with KAMS. Currently, there are no protocols or standards to guide ACCHS in clinical decision-making about how, when, or why to record information related to a person's SEWB in electronic medical records. To address this gap, an initial workshop was held with participants from ACCHS nationally, along with representatives from the CSIRO, to explore the foundations for appropriate and practical SEWB clinical terminology and coding practices within ACCHS. The workshop highlighted that improving SEWB terminology and coding is a new and complex area of work. Participants expressed in-principle support to progress the development of a SEWB clinical terminology reference guide in partnership with broader ACCHS representation. Further funding has since been secured to continue and expand this work.

Publication Spotlight:

Social and Emotional Wellbeing: Exploring the foundations for appropriate and usable clinical terminology and coding practices - Workshop Summary



Evaluation of SEWB Models of Service

AHCWA SEWB Model of Service Pilot Evaluation

The Aboriginal Health Council of Western Australia (AHCWA)'s SEWB model of service was developed in consultation with WA ACCHS in 2021. It translates the SEWB concept into a four-pillar approach to guide and support SEWB service delivery within ACCHS. The pillars include culturally secure community development, psychosocial support, targeted interventions and supported coordinated care. The model includes a SEWB workforce structure designed to ensure services are both clinically sound and culturally grounded, delivering care that is holistic, culturally safe and community led. The WA State Government funded \$17.6 million to pilot the model of service at five ACCHS located in the Kimberley, Mid-West, South West, Pilbara and Goldfields regions. The evaluation highlighted the critical role of the pilot as the first ACCHS sector-led translation of the SEWB concept into service delivery, significantly enhancing SEWB services across ACCHS in Western Australia. The implementation of the model has proven to be a responsive, culturally secure and influential approach, and evaluation findings demonstrate its contribution to strengthening SEWB outcomes for Aboriginal people and communities.

Publication Spotlight:

Aboriginal Health Council of Western Australia's Aboriginal Community Controlled Health Services Social and Emotional Wellbeing Service Model Pilot - Evaluation Report 2025



Bigiswun Youth SEWB Service Evaluation

The Bigiswun SEWB Service was established to address a critical gap in the Fitzroy Valley, where young people had limited access to SEWB support. Developed in response to community priorities and guided by a culturally secure framework, the service provides flexible, relationship-based care for young people. The evaluation, conducted from February 2023 to July 2025, used a mixed-method, developmental approach to capture the service's evolving nature. Establishing and implementing the service involved significant challenges, including workforce shortages, recruitment barriers, and the impacts of regional flooding. Despite these challenges, a strong workforce model valuing Aboriginal leadership, cultural knowledge, and professional expertise has been built. The service continues to strengthen governance and clinical systems that promote safe, accountable practice, while engaging young people in meaningful and transformative ways.

Publication Spotlight:

*Bigiswun Youth SEWB
Service Proof of Concept
(2023 - 2025) Evaluation
Report*



Inform Government Responses to the Mental Health Impacts of COVID-19

COVID Roundtables

In 2020, members of the TIMHWB team participated in several national responses to the COVID-19 pandemic. This included three roundtables representing the voices of 50 Aboriginal and Torres Strait Islander people and allies from across Australia, as well as international representation from Aotearoa, Turtle Island (US) and Canada. Attendees included mental health and SEWB experts, community leaders, academics, service providers, and representatives from Aboriginal Community Controlled Health Organisations. These roundtables advocated for evidence-based and culturally informed strategies to protect and promote holistic health and address social determinants of health.

Publication Spotlight:

*Lessons Learned during a
Rapidly Evolving COVID-19
Pandemic: Aboriginal and Torres
Strait Islander-Led Mental
Health and Wellbeing
Responses Are Key.*



Global Connections With Indigenous Wellbeing Research

International Collaboration

A number of international collaborations with Indigenous wellbeing researchers have been facilitated through Stream One's work. The Lancet Commission on self-harm

brought together a global team of more than 40 experts, including those with lived experience, from low- and middle-income countries, and First Nations communities, to develop new perspectives on self-harm, better understand its drivers, and provide transformative ways forward. The TIMHWB team also welcomed visiting First Nations scholars Associate Professor Jeffrey Ansloos, Associate Professor Waikaremoana Waitoki, Dr. Mark Standing EagleBaez, Dr. Hukarere Valentine and Dr. Stewart Sutherland.

Publication Spotlight:

*The Lancet Commission
on self-harm*

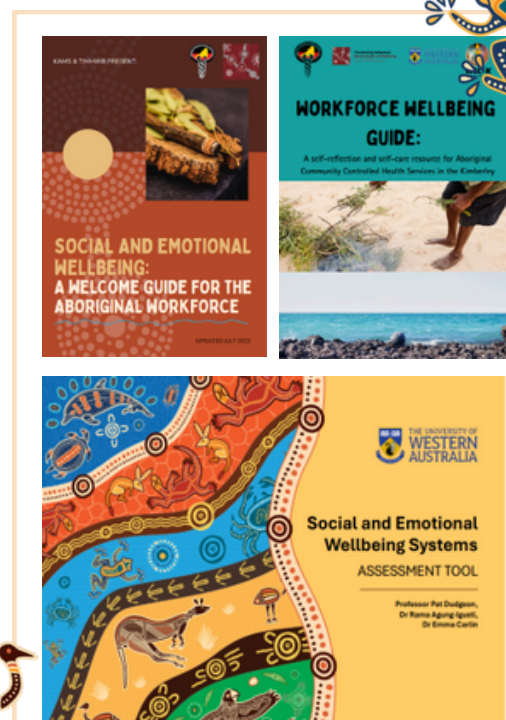


Knowledge Translation and Resource Development

A key focus of Stream 1 has been knowledge translation and the development of resources to address identified needs and strengthen the Aboriginal Community Controlled Health Service (ACCHS) SEWB sector. Below are a selection of key resources developed across Stream 1 projects:

- Cox, Z., Carlin, E., Derry K., Cox, A-R., Ansey, L., Cox, D., & Dudgeon, P. (2022). Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce. University of Western Australia. DOI:10.26182/z4gr-4975
- Lowe, J., Cowdrey-Fong, S., & Carlin, E. (2023). Trauma Informed Care in the Aboriginal Community Controlled Health Services (ACCHS) Symposium: Summary Report. The University of Western Australia.
- Carlin, E., & Cox, Z. (2024). Positive partnerships with Aboriginal and Torres Strait Islander Organisations [Podcast and Fact Sheet]. Emerging Minds.
<https://emergingminds.com.au/resources/podcast/positive-partnerships-with-aboriginal-and-torres-strait-islander-organisations/>
- Cowdrey-Fong, S., Lowe, J., & Carlin, E. (2024). Workforce Wellbeing Guide: A self-reflection and self-care resource for Aboriginal Community Controlled Health Services in the Kimberley. The University of Western Australia. DOI: 10.26182/d1zd-fn66
- Dudgeon, P., Agung-Igusti, R., & Carlin, E. (2025). Social and Emotional Wellbeing Systems Assessment Tool. The University of Western Australia.
<https://doi.org/10.26182/0kh5-4m02>

● Access Stream 1's fact sheets on the TIMHWB website here



Key Learnings

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Cultural security and Aboriginal leadership are central:

Aboriginal Community Controlled Health Organisations (ACCHO)s play a vital role in supporting the SEWB of Aboriginal and Torres Strait Islander peoples. Because these services are Aboriginal-led and culturally grounded, they are best placed to deliver care that is aligned with communities' preferences and priorities. Embedding cultural leadership and community knowledge within SEWB teams is essential for building trust, strengthening cultural connections, and ensuring access and ongoing engagement.

SEWB services are valued and impactful:

Communities consistently identify ACCHO-delivered SEWB services as accessible, meaningful, and responsive. SEWB services are critical components of holistic healthcare and community wellbeing.

Service delivery systems need to better reflect the SEWB paradigm:

There are ongoing challenges with SEWB data collection, as current systems often fail to align with Aboriginal concepts of wellbeing and are not culturally responsive or practical for services to use. These limitations result in data which is often incomplete, inconsistent, and less meaningful for guiding service delivery and community outcomes. Partnerships and investments in improving SEWB service data collection is essential for data quality and sector development.

Workforce stability and capacity building are crucial:

Recruitment, retention, and capacity building of Aboriginal staff are key enablers of sustainable and high-quality SEWB service delivery. Stability in the workforce supports continuity of relationships, cultural knowledge, and service quality.

Collaboration strengthens impact:

Strengthened relationships between services, communities, and sector stakeholders enhance responsiveness, collective action, and the reach of SEWB services.

Stigma and communication remain challenges:

While SEWB conversations are recognised as important, stigma persists, and approaches to clinical enquiry vary. Clear principles and culturally appropriate strategies are needed to support effective communication in clinical settings.

Stream Two

Mental Health Workforce is Culturally Responsive (Empowering the Workforce)



A culturally responsive mental health workforce is central to Aboriginal and Torres Strait Islander experiences; including a sense of wellbeing, the capacity to flourish, and the right to self-determination. Psychologists represent a large proportion of the mental health workforce; this stream aimed to transform the psychology discipline through structural and cultural change. The decolonisation of psychology education, training and practice is essential in building a culturally responsive workforce and increasing Indigenous representation in psychology.

An integral initiative in this stream is the **Australian Indigenous Psychology Education Project (AIPEP)** — an Aboriginal-led project, transforming and decolonising psychology education and practice. Originally launched in 2013, AIPEP responded to the underrepresentation of Aboriginal and Torres Strait Islander peoples in psychology. Its 2016 Frameworks, endorsed by key stakeholders (Australian Indigenous Psychologists Association [AIPA], Australian Psychology Accreditation Council [APAC], and Australian Psychological Society [APS]), led to the inclusion of cultural responsiveness (Criterion 3.8) in APAC's Accreditation Standards, prompting widespread curriculum reform. Revitalised in 2020 under the Transforming Indigenous Mental Health and Wellbeing project, and the leadership of Pat Dudgeon, AIPEP has strived to:

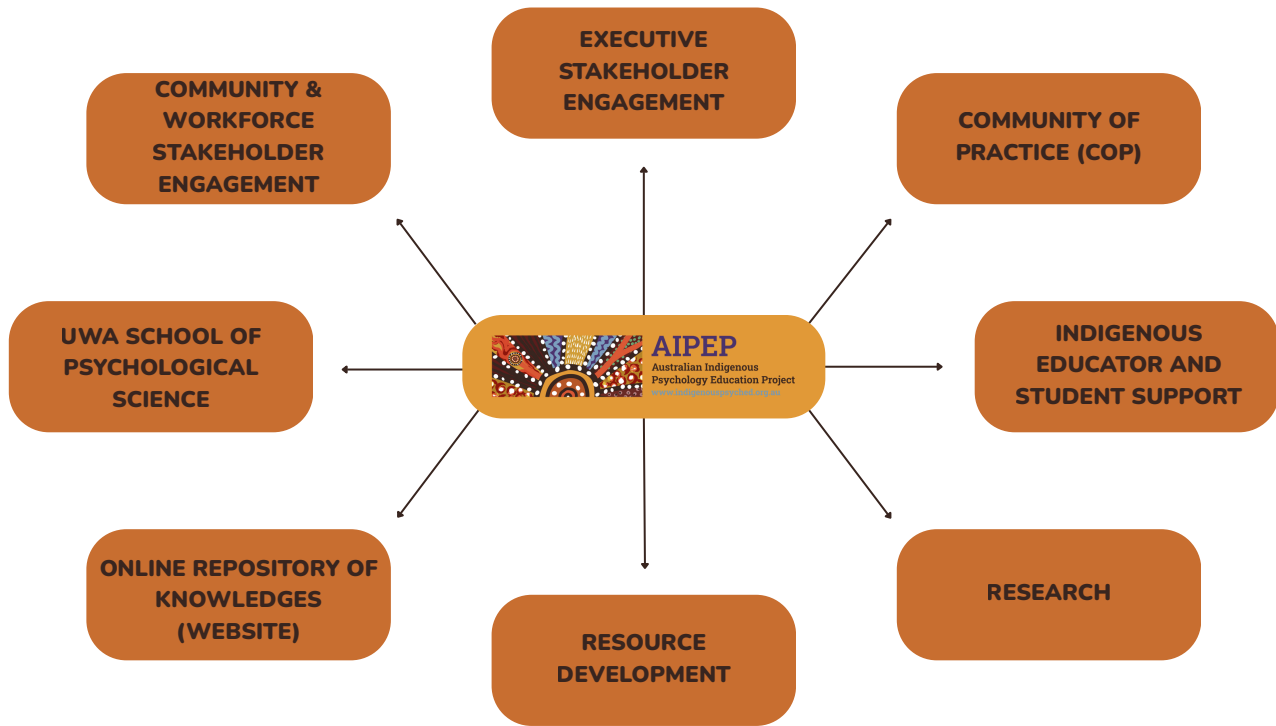
-  Embed Indigenous knowledges and cultural safety into psychology higher education.
-  Improve the entrance, retention, and graduation of Aboriginal and Torres Strait Islander psychology students.
-  Build the capacity of the emerging psychology workforce to work in culturally safe ways with Aboriginal and Torres Strait Islander peoples, families, and communities.



Learning Circles by Alta Winmar

AIPEP Pillars of Work

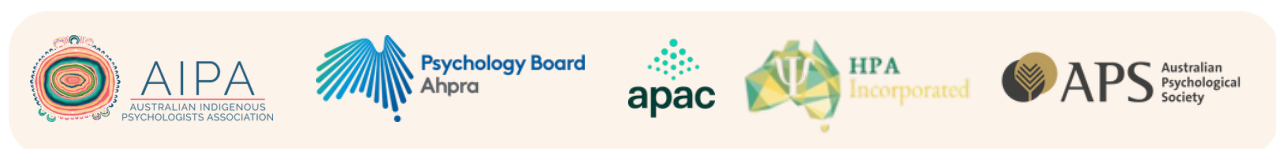
Throughout the TIMHWP project, AIPEP have engaged in eight pillars of work that coalesce to enact transformative structural and cultural change within the psychology discipline.



Pillar 1: AIPEP Executive Stakeholders

To create transformative structural change at the discipline level, AIPEP has formed close working relationships and partnerships with key psychology regulators. By working together strategically and as a collective, AIPEP and the executive stakeholders have created system change, which has important flow-on effects for Aboriginal and Torres Strait Islander peoples.

AIPEP's executive partners include:



What did we learn?

- Indigenous leadership, relationality, collaboration, and strategic planning in the system, policy and regulatory spaces is key in influencing systemic change.
- Maintaining a close connection with AIPA is essential.
- Committed action and participation, as well as opportunities and levers for change, can change over time.



Publication Spotlight:

Australia needs to decolonise its mental health system and empower more Indigenous psychologists



Pillar 2: AIPEP Community of Practice

Under the leadership of Pat Dudgeon, AIPEP established a national Community of Practice (CoP). The CoP represents a collective of psychology higher educators, coming together with the shared vision of decolonising psychology education and providing better support for Aboriginal and Torres Strait Islander psychology students. Now in its fifth year, 80 per cent of universities with an accredited psychology program have signed up, with membership across all states and territories. Members include both Indigenous and non-Indigenous psychology educators in various roles, including Heads of Schools, course coordinators, senior lecturers, and educators. The CoP includes knowledge sharing, capacity building, peer support, and networking.

What did we learn?

- Indigenous leadership, relationality, and safety is a necessary part of decolonising programs, people and spaces.
- Influencing change at a national level supports discipline-wide cultural shifts.
- Members' learning needs and participation evolve over time.
- Understanding the roles of Indigenous leaders vs allies is important (including managing colonial load).
- Indigenous psychology educators need a protected mob-only peer support space.

Publication Spotlight:

Decolonising Psychology Education in Australia Through the Australian Indigenous Psychology Education Project



Pillar 3: Research

AIPEP has engaged in Indigenous-led research to support capacity building and decolonising efforts in psychology. The AIPEP National Scoping Study surveyed psychology higher education providers on their efforts in decolonising psychology education and supporting Indigenous psychology students.

What did we learn?

- Multi-layered, coordinated and interconnected decolonial efforts (stretching from individual experiences, to school and university-wide policies, and system reforms) are necessary to create transformational change in psychology education and better support Indigenous psychology students.

- Factors such as building whole-of-school cultural responsiveness, embedding Indigenous knowledges into curriculum, adequate resourcing, and relationships with Indigenous peoples, communities and organisations, were identified as common enablers in decolonising psychology curriculum and supporting Indigenous psychology students.

Publication Spotlight:

Decolonising tertiary psychology education in Australia: Processes, challenges, and opportunities of curricula change



Pillar 4: Resource Development

A key pillar in creating system change is the development of resources and publications to guide learning, build capacity, and to role model cultural responsiveness and decolonial efforts. AIPEP has published a vast array of outputs to support diverse learning needs.

What did we learn?

- Indigenous-led and authored resource development is an important method to amplify Indigenous voices, and to support self-determination and knowledge systems in psychology.
- Dynamic and varied outputs are equally impactful in transformative change as peer-reviewed journal outputs.
- Psychology educators, researchers, and practitioners value diverse ways of learning and capacity building.

Publication Spotlight:

Psychology: from inquiry to understanding



Pillar 5: Support to Indigenous psychology educators and students

Through Indigenous leadership and relationality, AIPEP has established its presence as a reliable stakeholder in the psychology community. Additionally, alongside AIPA, AIPEP has become a trusted source of support for Indigenous psychology educators and students, as well as Indigenous psychologists in the community. This support has ranged from guidance and mentoring, information and advocacy, peer support and connection, to collaborative projects.

What did we learn?

- Colonial load, isolation, frustration, racism, system barriers, and strained SEWB, are common experiences for Indigenous psychology educators and students.
- Connection, comradery, safety, lateral kindness, and opportunities for empowerment and capacity-building, are important for Indigenous psychology educators and students to flourish.

- Access to coordinated and culturally responsive support is valued. Culturally informed professional supervision is scarce.

Publication Spotlight:

Listening more: Embedding Cultural Safety in Supervision. A Guide for Psychology Supervisors



Pillar 6: Community and Workforce Stakeholder Engagement

Throughout the TIMHWP project, AIPEP has engaged in a range of presentations to various audiences, including workforces, university psychology programs, and national and international conferences. To disseminate knowledges in decolonising psychology and amplify Aboriginal and Torres Strait Islander perspectives and voices in psychology, AIPEP has engaged in print and television media. AIPEP has also actively participated in workforce and higher education psychology consultations, providing guidance and support to community initiatives, and engaged in research as knowledge holders.

What did we learn?

- Knowledge dissemination activities are part of system change work.
- AIPEP has a responsibility to share knowledge and be responsive to evolving community and workforce needs.
- It is important to be discerning and strategic regarding requests and opportunities.

Publication Spotlight:

What the new psychology rules mean for all of us



Pillar 7: University of Western Australia School of Psychological Sciences

Throughout the grant, AIPEP has strengthened its relationship with the School of Psychological Sciences at the University of Western Australia. Capacity building initiatives including knowledge sharing, processes for decolonising psychology curricula, culturally responsive practices, and teaching Indigenous content. All initiatives were guided by relationality and Indigenous leadership. AIPEP reviewed curriculum content, led quarterly yarning sessions, and provided guidance and support to staff.

What did we learn?

- Relationality and centring culture is key.
- Yarning sessions were impactful both personally and professionally.
- Finding the balance of Indigenous guidance and the work of ally is an ongoing process.

- Long term strategic planning, including adequate allocation of resources is essential for sustainability and lasting change.

Publication Spotlight:

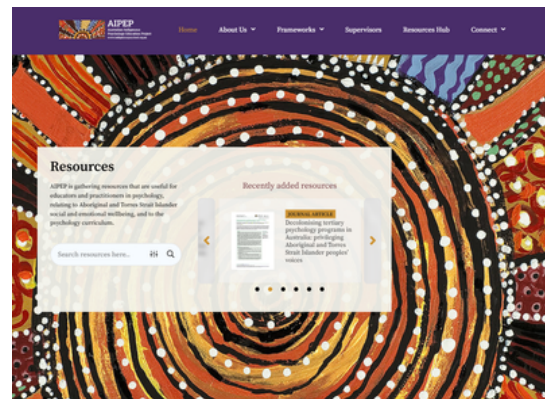
Yarning sessions to facilitate cultural responsiveness and decolonising the curriculum in a university psychology setting



Pillar 8: Online Knowledge Repository

Throughout the TIMHWB project, AIPEP developed a website holding a diverse range of resources to assist psychology educators, practitioners, and researchers to decolonise and embed Indigenous perspectives in the psychology discipline, including curricula. All resources have been vetted by Indigenous members of the team.

See for more: www.indigenouspsyched.org.au



Knowledge Translation and Resource Development



Dudgeon, P., Alexi, J., Derry, K., & Selkirk, B. (2022). Indigenous Psychology in Australia. In L. Burton, D. Western, & R. Kowalski (Eds.), *Psychology* (6th Aust & NZ ed., pp. 85-135). John Wiley & Sons.



Dudgeon, P., Alexi, J., Derry, K., Hirvonen, T., & Selkirk, B. (2025). Indigenous psychology. In S. Lilienfeld, S. Lynn, L. Namy, & P. Dudgeon (Eds.), *Psychology: From Inquiry to Understanding* (4 ed.). Pearson Australia.



Gibson, C., Alexi, J., Dudgeon, P., Murrup-Stewart, C., McMullen, S., Decke, D., Ohan, J., Taylor, A., Gill, P., Theilking, M., & Selkirk, B. (2025). Decolonising Tertiary Psychology Programs in Australia: Privileging Aboriginal and Torres Strait Islander Peoples' Voices. *Australian Journal of Psychology*, 77(1), Article 2544928. <https://doi.org/10.1080/00049530.2025.2544928>



Gray, P., Darlaston-Jones, D., Dudgeon, P., Derry, K., Alexi, J., Smith, W., Hirvonen, T., Badcock, D., Kashyap, S., & Selkirk, B. (2025). The contribution of evidence-based practice and the practice-based evidence approaches to contemporary Australian psychology: implications for culturally safe practice. *Medical Journal of Australia*, 223(6), 282-288. <https://doi.org/10.5694/mja2.70028>



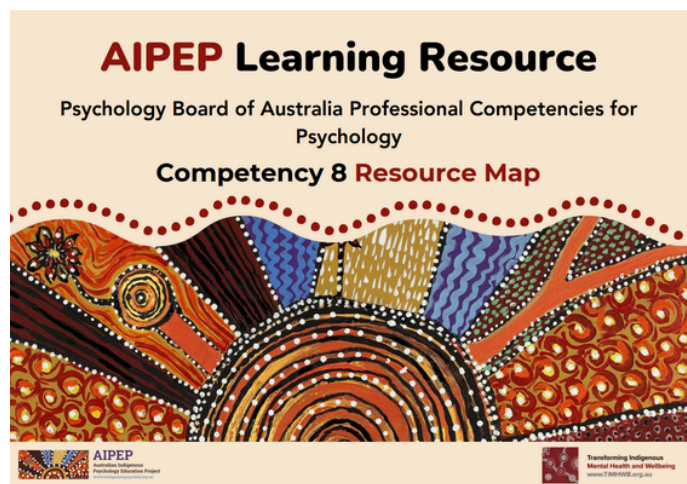
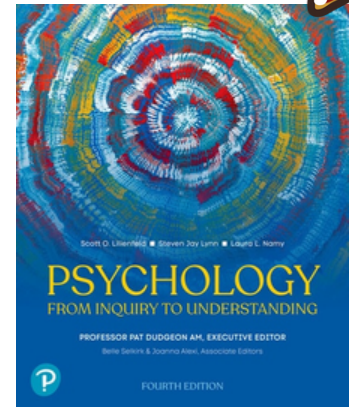
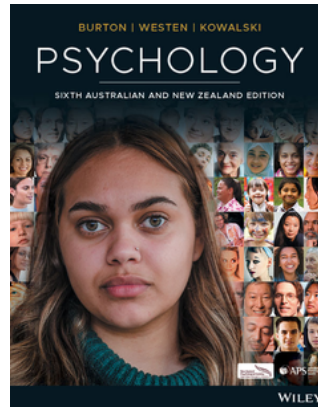
Selkirk, B. (2025). Untying settler-colonial knots in Australian Psychology. *New Zealand Journal of Psychology*, 54(1), 60-70. <https://doi.org/10.63146/001c.132290>



Selkirk, B., Dudgeon, P., Gibson, C., & Alexi, J. (2025). Decolonising tertiary psychology student support in Australia: empowering Aboriginal and Torres Strait Islander psychology students. *The Australian Journal of Psychology*, 77(1), Article 2478083.
<https://doi.org/10.1080/00049530.2025.2478083>



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<https://doi.org/10.26182/70nz-ph06>



Stream Three

Mainstream Mental Health Systems are Culturally Safe (Empowering Service Systems)

Our work was made possible through partnerships with the Great Southern Mental Health Service, NPY Women's Council (NPYWC), Kimberley Aboriginal Medical Service (KAMS), Langford Aboriginal Association (LAA), and the Southern Aboriginal Corporation (SAC).

Stream Three aimed to empower mainstream mental health services to become culturally safe. Cultural safety is about ensuring Aboriginal and Torres Strait Islander peoples have a safe and healing journey through services, where this safety can only be determined by the service user.

To learn about what makes a mental health service culturally safe, we conducted two projects. One moved through three phases (co-design, yarning, and a Delphi Consensus), the other aimed to understand and map the journeys of Aboriginal patients engaging with a regional mental health service.

Project One: Phase One

We first sought to understand what cultural safety in a mental health service means. Our process involved yarning with Aboriginal and Torres Strait Islander service users, carers, community members, Traditional Healers, and mental health workers. We aimed to learn about experiences of engaging with mainstream mental health services, and to co-design a yarning interview schedule to learn about what a culturally safe service would look like.

Our yarning sessions took place in one metro area (Boorloo, Perth), and two regional areas (Rubibi (Broome), Kimberley Region), and (Kinjarling (Albany), Great Southern Region).

What did we learn?



The research process was just as important (if not more) than the outcomes. We emphasise the importance of doing research itself in a culturally-safe way, by listening and being guided by community.

Publication Spotlight:

Co-designing research with Aboriginal and Torres Strait Islander consumers of mental health services, mental health workers, elders and cultural healers



- We must consider the context of communities, communication styles, the significance of relationships and reciprocity, and to understand research is about sharing, not taking.



Services need to understand that when Aboriginal or Torres Strait Islander peoples seek support, cultural identity is 'everything' in assessing needs.



Traditional Healers described culturally safe mental health services as those which are not siloed, and provide more holistic support, addressing issues of 'survival stress' (e.g., working at a community level, accounting for financial stressors, cultural obligations, and racism).



Ngangkari (Traditional Healers from the NPYWC) described mental health services working with Traditional Healers as one way of being more culturally safe - 'walking together in friendship'.



Ngangkari generously shared knowledge via drawings, offering deeper insights than standard Western data collection methods alone would have provided.

Culturally safe services understand and acknowledge Aboriginal and Torres Strait Islander cultural knowledges, lived experiences, and protocols.



'Past (right): people have problems, Ngangkari (Healers) are sitting with people. Present: people are trying to navigate difficulties and find a path. Future (left): people are all coming together to talk about it, moving on. The spirit of 'malpara-malpara'.



'Rubbish thoughts (coloured) have been cleaned out by Ngangkari. Ngangkari doing their work, and they are providing protection (black and white). Middle circle is the damage, which is starting, but most of it has been cleaned out by the Ngangkari.'

Publication Spotlight:

Walking together in friendship: Learning about cultural safety in mainstream mental health services through Aboriginal Participatory Action Research



What does the literature say?

A systematic review of academic and cultural literature suggested the key characteristics of a culturally safe mental health service are;

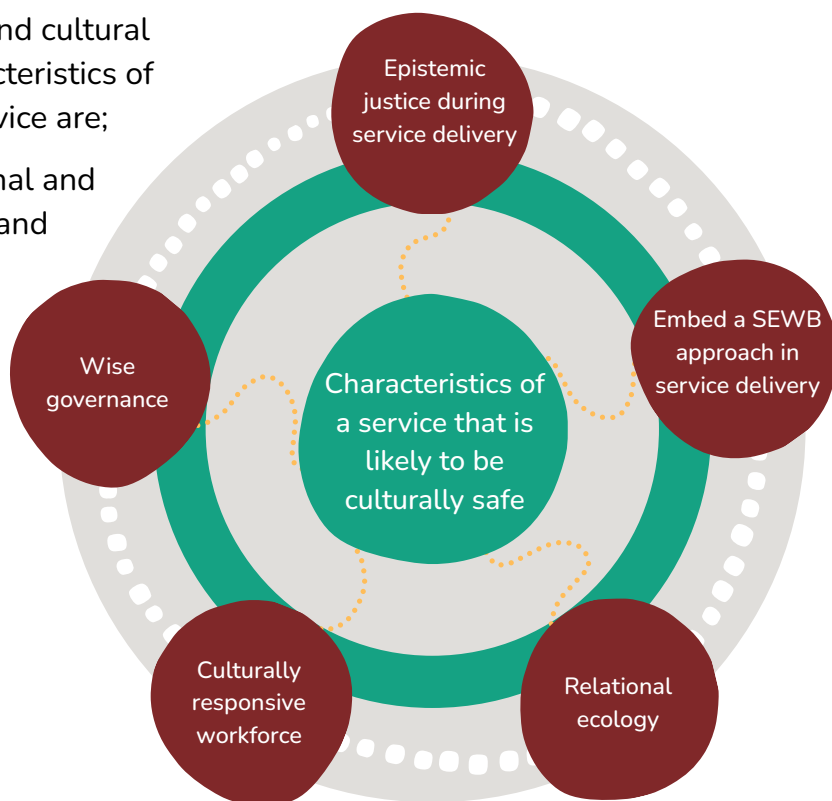
Epistemic justice: Valuing Aboriginal and Torres Strait Islander knowledges and world views, and incorporating these into service delivery.

Embed a SEWB approach: Culturally safe services were those that provided holistic, interdisciplinary, strengths-based approaches to healing.

Relational ecology: Culturally safe services require an ecology of relationality, whereby sustainable and trusting relationships support genuine care.

Culturally responsive workforce: It is the responsibility of all staff to work in ways that support experiences of cultural safety, regardless of their cultural background.

Wise governance: Wise governance recognises the interconnectedness of all people, communities and ecosystems; it strives to make decisions that benefit the collective good while upholding principles of justice.



Publication Spotlight:

Identifying the key characteristics of a culturally safe mental health service for Aboriginal and Torres Strait Islander peoples: A qualitative systemic review protocol



Phase Two

Yarning about experiences of cultural safety

- Participants (n = 35) were adults between the ages of 26 and 75 ($\bar{x}$ = 48.6, SD = 14.5).
- Seventeen (17) participants were mental health workers.
- Eighteen (18) participants were community members who lived in the Perth Metropolitan Area (n = 12), regional (n = 17) and remote (n = 6) Western Australia.

What did we learn?

- The Western system neglects Indigenous perspectives, and acts 'like a brick wall.'
- Culturally safe services work within a SEWB framework.
- Location, environment, and atmosphere influence a service's cultural safety.
- Aboriginal mental health workers support culturally safe experiences.

Phase Three

Delphi Expert Consensus Study

We aimed to identify and prioritise the key principles and actions for culturally safe mental health care — defined by the community. Principles and actions derived from Phases One and Two of the project were presented to 37 Aboriginal and/or Torres Strait Islander mental health workers and community members, who were invited to participate in the Delphi Study. Following one online survey, and two yarning sessions, a consensus was achieved.



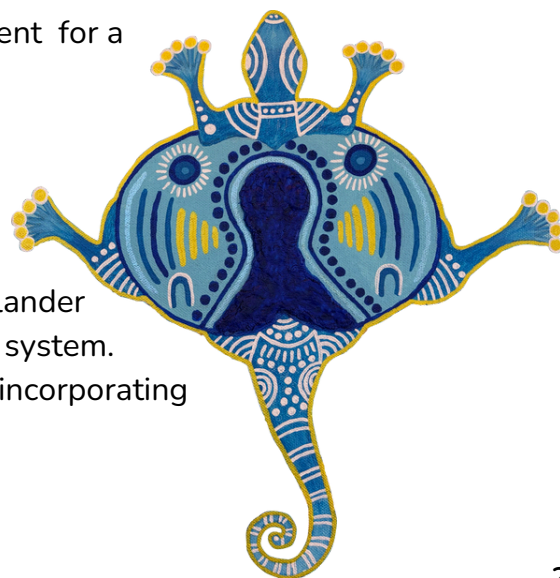
What did we learn?

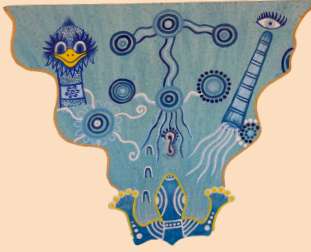
A visual map of the final Delphi Consensus yarning session is shown above (Artist: Ronda Clarke). Each section of the hexagon represents one principle, and the Gecko in the middle represents trust, which holds them all together.

The following principles were identified as the most urgent for a service to become culturally safe. Services need to have;

Trustworthiness

The central overarching principle identified by participants was the importance of trust in the mental health system. Currently, Aboriginal and Torres Strait Islander service users do not trust the mainstream mental health system. The system could begin the process of building trust by incorporating the following:





Aboriginal leadership and governance

e.g. Self-determination for Aboriginal and Torres Strait Islander peoples with the power to influence decision-making, and recognition of the role of Elders.

Access and equity

e.g. Addressing racism, flexibility in service provision, accessibility, and accountability.



Cultural models of care

e.g. Culturally safe physical spaces, including traditional healing practices and valuing lived experiences.

Safe ways of caring

e.g. Family and kinship centred, compassionate care, promoting wellbeing in diverse priority groups and trauma-informed care.



Relationality

e.g. Good community engagement, reciprocity, and respect for Aboriginal cultures.

Workforce

e.g. Strengthening the Aboriginal workforce and fostering a culturally responsive non-Aboriginal workforce.



Project Two

Mapping Patient Journeys: Qualitative and Mathematical Modelling Study

We aimed to understand Aboriginal patients' real-world journeys through a regional mental health service. We integrated lived experience with mapped interactions, tracking how patients move between parts of a service over time.

“...the spaces that we want don't exist yet... where you can come and just go, 'I don't have to explain my whole culture'...”

What did we learn?

- Aboriginal Mental Health Workers (AMHWs) were uniquely central connectors in care, enabling communication and cultural safety but their availability was inconsistent.
- Patients often served as the main link between external supports (family, police, community services) and hospital staff, placing a heavy communication burden on people in crisis and fragmenting care.
- Lived experience testimonials highlighted culture, kinship, and trauma as central to wellbeing and called for more AMHWs, trauma-informed practice and environments designed with Aboriginal cultural protocols and leadership at the core.

Publication Spotlight:

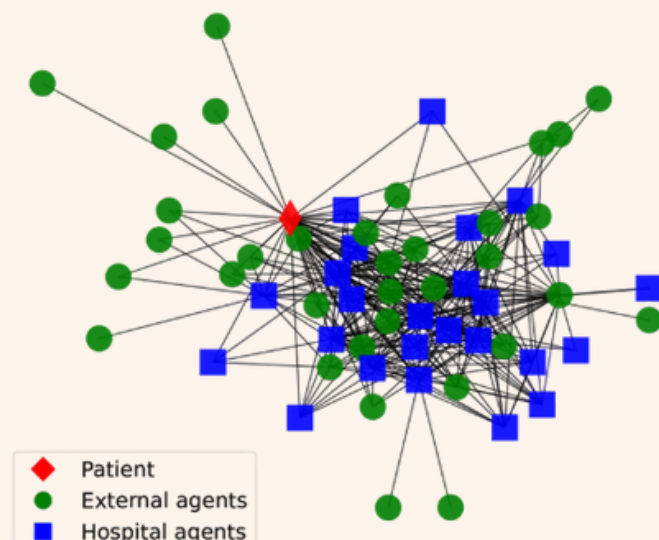
Mapping Aboriginal mental health journeys through psychiatric care systems: a mixed-methods study integrating lived experience with network analysis



*A fragmented system:
The network shows two groups:*

- hospital staff (blue squares), and
- outside services (green circles),

joined almost only through the patient (red diamond).



Knowledge Translation and Resource Development

Resources about Cultural Safety in Mental Health

-  Milroy, H., Derry, K., Kashyap, S., Platell, M., Alexi, J., Change, E.P., & Dudgeon, P. (2023). Indigenous Australian Understandings of Holistic Health and Social and Emotional Wellbeing In: Toward and Integrated Science of Wellbeing. Eds: Elizabeth Rieger, Robert Costanza, Ida Kubiszewski, and Paul Dugdale, Oxford University Press. DOI:10.1093/OSO/9780197567579.003.0008
-  Milroy, H., Platell, M. & Kashyap, S. (2021). The Interface: Western Tools and Mental Health and Wellbeing of the Indigenous peoples of Australia. In B. L. Mercer Editor, H. Macdonald Editor & C. Purves Editor, Collaboration, Culture, and Community Psychological Interventions Around the World. Routledge/Taylor and Francis.
-  Transforming Indigenous Mental Health and Wellbeing Project (2022). The Dance of Life. University of Western Australia. <https://doi.org/10.5281/zenodo.10042685> 

Understanding the context around the overrepresentation of First Nations peoples in the justice system

-  Milroy, H., Watson, M., Kashyap, S., Dudgeon, P (2021). First Nations Peoples and the Law, 50(3), Australian Bar Review.
-  Transforming Indigenous Mental Health and Wellbeing Project (2022). First Nations Youth and the Justice System. University of Western Australia. <https://doi.org/10.5281/zenodo.10042664> 

Experiences of Aboriginal Elders and communities during the COVID pandemic (a study funded by the WA Department of Jobs, Tourism, Science and Innovation [JTSI])

-  Furlong, A., Milroy, H., Ryder, A., Kashyap, S., Buergett, P., Mascall, C., Edmonds, S., Wright, M., & Dudgeon, P. (2025). Lessons from the COVID-19 pandemic: Safety practices and insights from Aboriginal elders, organisations and communities. International Journal of Disaster Risk Reduction, 118, 105263. <https://doi.org/https://doi.org/10.1016/j.ijdr.2025.105263>
-  Transforming Indigenous Mental Health and Wellbeing Project (2025). Keeping Safe during COVID-19: Learning from Aboriginal Elders. University of Western Australia. <https://timhwb.org.au/wp-content/uploads/2025/04/JTSI-Fact-Sheet.pdf> 

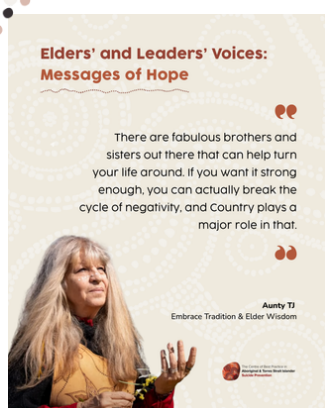


The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)

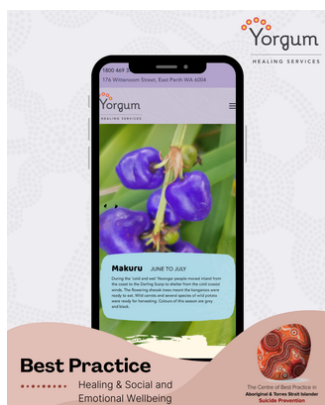
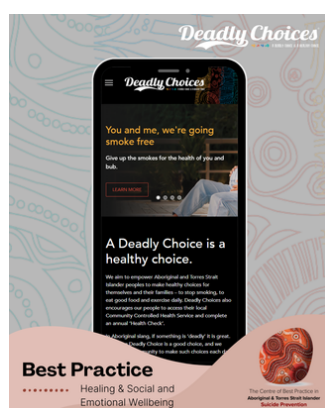
The CBPATSISP Engagement with Community

Over the past few years, the CBPATSISP has impacted community through:

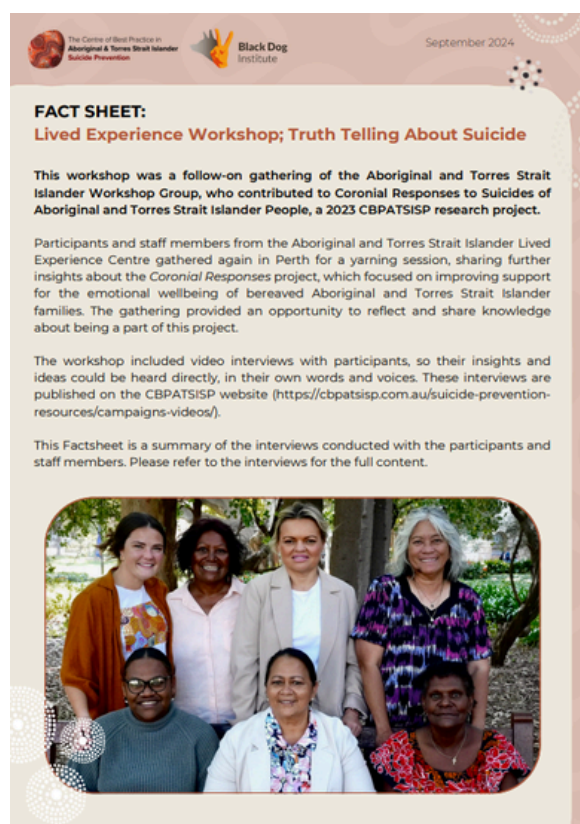
-  translating the latest research in suicide prevention for community through disseminating fact sheets
-  promoting culturally appropriate programs and services through social media platforms, and
-  strengthening the community's SEWB through our Elders' Voices videos and Aunty TJ TikTok channel



Snippets of our Elders' and Leaders' Messages of Hope.



Social media promoting best practice programs and services.



A fact sheet: Lived Experience Workshop; Truth Telling About Suicide.

Research Projects and Outcomes

Delivery of the Cultural, Social and Emotional Wellbeing (CSEWB) Program in Boronia Pre-release Centre for Women and Langford Aboriginal Association

Project Background:

The CSEWB Program was developed after consulting with 11 Aboriginal and Torres Strait Islander communities across Australia, in response to high rates of suicide in their communities. It is a 12-week program which consists of three modules:



Self; to understand self in the context of colonisation and to increase self-awareness and self-esteem,



Family; to understand the Aboriginal and Torres Strait Islander family structures and kinship, and to learn life skills including interpersonal and conflict resolution skills, and parenting skills, and



Community; to understand Aboriginal and Torres Strait Islander history and understand self-determination at the individual and community level.

The program includes a community project and a cultural outing to learn more about Aboriginal and Torres Strait Islander history.

The CSEWB Program has been delivered and evaluated seven times in Western Australia and Darwin. This includes two deliveries in Boronia Pre-release Centre for Women.

Empowered by Culture:

Scan here to see one of the community projects by the participants from Boronia Pre-release Centre.



What did we learn?

As part of the evaluation, participants were instructed to write a story describing the most significant change which occurred for them following the program. Many participants reported that the program helped them to re-connect with themselves and their culture through understanding their relationship with self, family, community, and society in the context of a colonial history. Here are some quotes from participant stories:



Now [they] have regained [their] worth, [their] pride, [their] confidence, [their] connection, [their] ability to stand confident in the colonised society with no shame and the empowerment to work through and overcome any barriers.





[The Program] helped me to gain knowledge and skills needed to help my recovery to be a better person, mother, and member of the community.



Publication Spotlight:

I Will No Longer Starve My Spirit Or My Soul. A mixed methods evaluation of the long-term benefits of the Culture, Social, and Emotional Wellbeing Program in a Pre-release Centre in Western Australia.



An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines

Project Background:

Aboriginal and Torres Strait Islander suicide prevention requires an approach incorporating Indigenous knowledges with multiple evidence-based strategies. The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) was an Aboriginal-led initiative to reduce suicide rates which found that Indigenous-led suicide prevention strategies were a necessity, as were culturally-informed interventions addressing the social determinants of health. The project reaffirmed the protective role of culture in preventing suicide, highlighting the need to integrate cultural resilience and strengths-based approaches into suicide prevention initiatives.

The overarching aim of this project was, therefore, to develop guidelines and strategies for a transformative and decolonising Aboriginal and Torres Strait Islander systems approach to suicide prevention, drawing on the ATSISPEP findings. To do this, an Expert Advisory Group (EAG) was convened to co-design the approach. The EAG comprised both Aboriginal and/or Torres Strait Islander and non-Indigenous representatives from lived experience centres, academic institutes, National/State/Territory Aboriginal Community Controlled Health Organisations, Peak Bodies, and PHNs.

What did we learn?

The EAG found there were five key actions that governments, Primary Health Networks (PHN)s, Aboriginal Community Controlled Health Organisations (ACCHOs) or the community could take towards preventing suicide, as seen in the figure below.

To guide the implementation of this systems approach, the EAG used the analogy of a campfire. For thousands of years, the campfire has been a space to yarn, share knowledges, and reflect. It is a space which invites people to gather, sit, listen, learn, and connect. Around the campfire, you are part of a collective. It is the responsibility of the collective to maintain the fire, to ensure the group can continue to enjoy the warmth and light it brings. Just like when gathering around a campfire, implementing systems change requires gathering, listening, learning, and connecting. There is a shared and collective responsibility to bring about change, and every person plays a unique and important role.



Publication Spotlight:

An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention: Framework and Implementation Guidelines



Coronial Responses to Suicides of Aboriginal and Torres Strait Islander People

Project Background:

This project investigated interactions with coroners' courts by Aboriginal and Torres Strait Islander families bereaved by suicide. When families contact State or Territory coroners, interactions may cause distress if not provided in a culturally-safe way. We, therefore, examined coronial processes and services to establish how coroners confirm the cultural background of people who die suddenly, and/or determine whether an Aboriginal or Torres Strait Islander person intended to take their life, what information or other practical support Indigenous families need after a sudden passing, how coroners' courts can provide this in a culturally responsive manner, and appropriate model/s for coroners' courts to work with Aboriginal or Torres Strait Islander families and communities in a culturally secure manner.

To do so, CBPATISIP conducted a literature review, held a national workshop with Aboriginal and Torres Strait Islander peoples who had experienced the loss of loved ones to suicide, and delivered semi-structured interviews with coroners from seven out of eight Australian jurisdictions, coronial and other government agency staff, and community stakeholders.

What did we learn?

This research found that governments, courts, individual coroners, and others could implement several systemic changes which could improve the experiences of Aboriginal and Torres Strait Islander peoples in contact with the coronial system and enhance understanding of Indigenous suicide to inform prevention. Here are some of the recommendations the research made:



Coroners should be under ongoing cultural supervision/mentoring with an Elder.

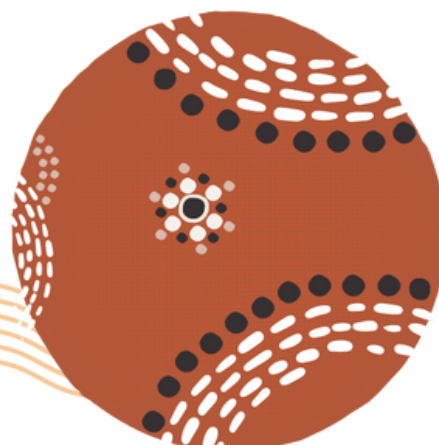


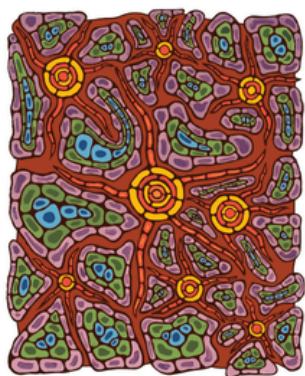
All coroners and their staff should have knowledge and understanding of Aboriginal and Torres Strait Islander kinship structures and how these may differ from Western understanding of family.



Publication Spotlight:

*Coronial responses to
Aboriginal and Torres
Strait Islander Suicides:
Research Report*





BOORN



Kwop Boorn Djenara

As part of the journey towards our next era of work and new identity, we embarked on a collaborative process of defining our purpose and story, and therefore, name. We were guided by Dr Richard Walley OAM, a respected Noongar-Yamatji man, and Cultural Advisor at The University of Western Australia. With his expertise and wisdom, we chose a name for our new centre to reflect our work in SEWB and suicide prevention. Dr Walley created the beautiful *Kwop Boorn Djenara* painting to tell the story of our name and his daughter, Rickeeta Walley, wrote our Cultural Narrative. Both capture the spirit of connection, growth, and hope which will guide the Boorn Centre into the future.

Kwop Boorn Djenara Centre Cultural Narrative

In Noongar language, Kwop is 'good', Boorne is 'tree' and Djenara is 'roots'. This name is a derivative of the Noongar word for feet – Djenna. The roots, reaching deep within the Boodjar, ngarda-koorliny, are the feet of the tree.

This name holds significance for many reasons and was chosen to meet the purpose of the centre of which it will reside. The roots are the unseen foundations which support and nourish the tree above-earth. There is an intrinsic balance that is formed from the moment the seed is planted, or falls from baalang ngaangk, from its mother tree. The seed will sprout, yira koorl, rising towards the sky, and the roots will embed themselves within the Boodjar, ngarda koorl, growing down to become an anchor and absorbing water and nutrients to feed back to itself in a reciprocal cycle of nourishment.

We liken the djenara, to the inner workings of ngarlang noorndiyak, kaadiny ba kaarny, our brains, our minds, our spirits. The health of our brains' functions, and in the beliefs of many Aboriginal people, the health of our spirits, are highly important components of our overall wellbeing. These are all unseen operations of our being, like the djenara holding up and feeding the tree from beneath the Boodjar.

The Cultural Narrative was written and informed by a Whadjuk Noongar team of researchers, writers and cultural advisors. The lead writer and researcher was Rickeeta Walley, a Noongar-Yamatji yok with connections to Whadjuk. The Elder who informed this knowledge-sharing process, was Richard Walley, a Noongar-Yamatji maam with connections throughout the southwest and into the Murchison region.

Our Teams' Reflections

Explicit in the work we do is a vision of the future. A vision we have carried forward from others whose work and struggles we honour and build on. A vision shaped by many, a rich patchwork of perspectives, experiences and desires, bound in solidarity. To realise this vision, transformative change is necessary. A reworking of current systems, how they manifest materially and structurally, and the cultural resources available for people and communities to act in transformative ways.

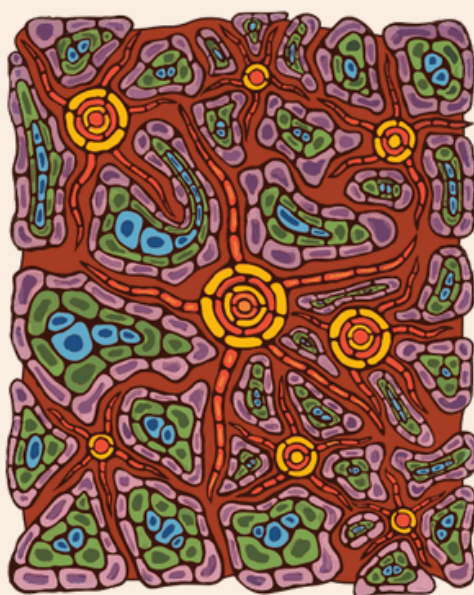
The work we do is transformative. But not on its own. It is only transformative through the relationships and connections driving it. Relationships which reach across time and place. To projects and initiatives that have paved the way and created present opportunities, and the people whose imagined futures have laid the foundation of our own. These relationships must endure, and we must sustain the threads which run through the work we do, as change is collective and unfolds in slow and messy ways across time. Often, it is only in some distant point in the future we can look back and form a clear narrative of how it is we got here.

We are careful to not overstate the change our work has instigated, but we are sure of its transformative potential. We are sure of the relationships we hold and sustain. We are sure of the scope of our work, across multiple domains – communities, mainstream and community-controlled sectors, academia, policy – and across multiple levels – individual, community, cultural, structural. We can see the present outcomes of this work, as seeds carefully planted to nourish the decolonial futures we imagine. Yet, we hold firm now amongst the roots of the saplings and towering trees of past seeds, carefully and lovingly planted. We nourish these trees, and usher them towards clean water and sunlight, the life-giving resources needed to let them grow into mighty forests.

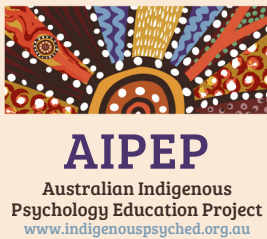
About the Artwork

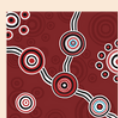
By Richard Walley

“The artwork is an abstract and topographical depiction of boola boorna baalang djenaral, many trees and their roots. The thin, outstretched lines are the roots spreading and digging their way into Boodjar. The centre circles are the insides of the trees' trunks, the multiple circles representing their growth rings. The artwork is painted from above, as many of our old people's painting are. Our artworks throughout many Aboriginal Cultures, depict ngarlang Boodjara, our Countries and songlines, akin to a map but with intricate details and stories of pathways sung and ancient beings that guide us on our bidi.”



Our Partners





Transforming Indigenous
Mental Health and Wellbeing
www.TIMHWP.org.au



Boorn
Kwop Boorn Djenara



The Centre of Best Practice in
Aboriginal & Torres Strait Islander
Suicide Prevention



THE UNIVERSITY OF
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AUSTRALIA**