A SUMMARY OF ACHIEVEMENTS BY ADJUNCT PROFESSOR WESTERMAN AND INDIGENOUS PSYCHOLOGICAL SERVICES IN ABORIGINAL MENTAL HEALTH & SUICIDE PREVENTION

Adjunct Professor Westerman has spent the past 25 years dedicated to Indigenous mental health and suicide prevention. This is in a research, clinical capacity and delivering whole of community suicide intervention workshops into high risk communities across Australia. She is without peer when it comes to outcomes and impacts in this challenging field. Her most notable awards include:

- Australian of the Year (WA), 2018
- Inductee into the WA Women's Hall of Fame 2018
- Curtin University Lifetime Achievement Award, 2018 (the highest honour bestowed on Curtin University Graduates),
- 40 under 40 WA Business Awards (2009), recognising A/Prof. Westerman as one of the best businesspeople in WA under 40 – awarded the "Strategic Alliance Award" for runner up
- The National Health & Medical Research Council Post-Doctoral Fellowship to investigate ADHD in Aboriginal people, (2006) and,
- The Suicide Prevention Australia Award for Emerging Researcher (2006)
- The NAIDOC National Scholar of the Year (2002)
- The Mark Liveris Award, Curtin University, Health Sciences for best Oral Presentation of PhD

In addition, A/Prof Westerman has achieved numerous national and international accolades for her ground-breaking work in the complex and much needed areas of Aboriginal mental health and suicide prevention including:

1. Becoming the first Aboriginal person to complete a Masters and Doctor of Philosophy (PhD) in Clinical Psychology in 2002
2. In 1998 she started her business, Indigenous Psychological Services (IPS) -a business that resulted in her recognition as one of the foremost business leaders under 40 in Western Australia in 2009
3. A/Prof. Westerman has personally trained **25,000+** mental health practitioners across Australia making her the **"clinicians clinician"** when it comes to practitioners across Australia choosing to be trained in Indigenous mental health and suicide prevention by A/Professor Westerman for over 21 years and at a level that would make her arguably the most in demand trainer in Australia.

4. The extent of reach means that these 25,000+ in being trained in evidence based unique tools and approaches enables these clinicians to reach many thousands more Aboriginal people and communities at risk throughout Australia at a far greater level,
5. In addition A/Prof. Westerman has been an invited keynote speaker at over 50 conferences Australia wide and an international keynote speaker on five occasions in Canada, New Zealand and America (refer to Attachment 1) "Publications and Keynotes" extending this reach into the hundreds of thousands,
6. In 2005, the Canadian government sent a delegation to Australia to explore A/Prof. Westerman's work in suicide prevention and recommended the same approaches be used with Aboriginal Canadian populations. Download report HERE.
7. A/Prof. Westerman has also been cited by Canadian Health (2009) as making a 'substantial contribution to Aboriginal youth suicide and mental heal as a direct result of her work in developing the first scientifically and culturally validated screening tool for Aboriginal youth at risk
8. A/Professor has been pivotal in challenging mainstream ideas of mental health and suicide prevention via the development of NINE unique psychometric tests from the 'ground up' rather than adapted from mainstream mental health construction. These tests are both culturally and scientifically validated and exist as the only tests in Australia that can lay claim to that.
9. The cornerstone of the challenging of mainstream psychology has been the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y) aged 13-17 years, and the Adult version (WASC-A). The WASCY/A are the only uniquely developed culturally and clinically validated screening tools capable of identifying Aboriginal people at risk of suicide and mental ill health. These tools resulted in several crucial world firsts:
    a. They determined a unique set of risk and protective factors for Aboriginal suicide and mental health for the first time and was cited by Canadian Health (2009) as making a substantial contribution to Indigenous youth suicide,
    b. Determined and operationalised cultural resilience as a factor in suicide prevention. The WASCY and WASCA determined that cultural resilience buffers suicide risk for the first time at a population level (Westerman, 2003, 2019 in preparation),
    c. Led to the (self-funded) development of the first 'whole of community' mental health and suicide intervention programs capable of targeting unique risk and protective factors. These programs have demonstrated a capacity to target whole communities at risk and reduce suicide risk factors for the first time (Westerman & Sheridan, 2019 submitted),
    d. Determined mental health and suicide prevalence data using a clinically and culturally validated tool for the first time (Westerman, 2003),

e. Determined covariants to disorder for Aboriginal people for the first time (see Westerman, 2003 and Westerman, 2019 in preparation).

10. The development of the first, suicide intervention program that is evidence based, provided selected and targeted intervention and addresses whole of community risk for Aboriginal community; service providers and Aboriginal youth. This is the only program that has content that is delivered across these different groups and has demonstrated a reduction in suicide and mental health risk factors as outcome. The focus is to skill up and mobilise 'whole communities' to deal with any issues that present themselves. A copy of this publication is provided at Attachment 2. This cannot be circulated until it is published in the coming months.

11. Delivering Whole of community intervention programs have been delivered throughout Australia, including Roebourne, Kalgoorlie, Laverton, Mullewa, Wyndham, Mowanjum and Broome (Western Australia); Katherine, Alice Springs, Galiwinku, Gove, Maningrida, Tiwi Islands (Norther Territory); Bowraville and Tabulum (New South Wales); Echuca and Warrnambool (Victoria) and Doomadgee (Queensland). **These programs have not been able to be delivered in WA since 2009 due to an absence of funding**. This is despite significant community requests, support, recognition as best practice, and extensive Government lobbying (refer to section on "**ONGOING EXCLUSION FROM SUICIDE PREVENTION & ABORIGINAL MENTAL HEALTH DIALOGUE & FUNDING SUPPORT")**

12. Over 2,000 Aboriginal community members and youth have participated in these programs,

13. The ongoing development of evidence-based practice for Aboriginal mental health and suicide that mainstream psychology and mental health have, to date, not provided. This was at great personal and financial cost, but as a result many thousands of Aboriginal people have a greater likelihood of encountering practitioners who have cultural competence and are considerably more capable of being effective in addressing client and community needs.

14. In addition, she developed the first culturally and psychometrically validated measure of Aboriginal mental health cultural competency (CCP: Westerman, 2003) which determined the skills that were essential to being effective in working with Aboriginal people for the first time.

15. This has been since followed up with two more measures that can determine and improve cultural competencies – the General Cultural Competency Profile (GCCP: Westerman, 2012) is for use in the general (non mental health) workforce such as teachers, police etc.,

16. The Cultural Competency – Child Protection (CCP-CP: Westerman, 2019) which has attracted national and international interest given the over-representation of Indigenous children in out of home care (54% in WA and this is consistent across most states). The CCP-CP provides our best opportunity to directly measure the improvements in chid protection cultural competencies against the rates of removal of Aboriginal children. **This would provide a first opportunity to address the main factors implicated in generational Indigenous child removal.**

17. The Cultural Competency Profile for Foster Carers (in development). With over 33% of Indigenous children in the care of non-indigenous carers and with significant research evidence indicating that a strong sense of cultural identity is crucial to positive outcomes across health, mental health, education, employment being able to determine and address the cultural competencies of foster carers is crucial.
18. The Cultural Needs Scale (CNS). This determines the extent of cultural need/barriers for Indigenous people in the workplace, enabling the proactive addressing of these barriers to ensure workforce retention,
19. The Acculturation Scale for Aboriginal Australians. A tool that has been developed uniquely for Aboriginal Australians to gauge cultural connection and identity formation. This enables a number of important therapeutic interventions and outcomes. It is also used in criminogenic environments.
20. The Acculturative Stress Scale for Aboriginal Australians. This tool gauges the extent of stress experienced by Aboriginal people as a result of marginalisation, racism and enables clinicians to be able to proactively treat and address this stress. It is also used in criminogenic interventions which have implicated culture stress in offending behaviours.
21. From these unique psychometric tests, IPS has since designed the only programs in Australia that have demonstrated the ability to improve Aboriginal mental health cultural competencies (Westerman & Butt, 2009; Westerman & Sheridan, in preparation). Please click here for an overview of the results of these programs
22. A/Prof. Westerman has addressed numerous Parliamentary Inquiries as an expert witness has been cited by the Prime Minister in his recent Closing the Gap speech and has personally delivered over 300 private contracts across Australia into organisations and communities at risk,

PROBONO work as a result of an absence of funding:

The establishment of Indigenous Psychological Services (IPS) which provides approximately 30% of its services at no cost to individuals communities. This includes aspects of community intervention programs, over $100,000 of free places at workshops for community and Indigenous service providers, self-funding all of her research, development of unique programs, world first psychometric tests, mentoring Aboriginal and non-Aboriginal students undertaking university studies and mentoring of Aboriginal people in the mental health and psychology fields.

Ensuring the next generation of Indigenous psychologists trained in best practice (#BuildAnArmy)

In addition to self-funding evidence-based research, programs and tests which have addressed significant gaps in our knowledge of indigenous suicide and mental health, A/Professor Westerman is also developing the next generation of Indigenous psychologists to provide our best opportunity of being free of having the highest rates of indigenous child suicides in the world. Specifically:

1. Personally, funded and launched the Dr Tracy Westerman Aboriginal Psychology Scholarship Program (along with Curtin University). This Australia first initiative directly addresses the needs of bereaved Indigenous families and communities based upon decades of Inquiries, the most recent being the **Fogliani Coronial Inquiry** into the deaths of 13 Aboriginal children in the Kimberley which cited that all of the bereaved children experienced 'system failure' or more specifically a lack of access to specialist programs and services in these high risk areas. A/Prof. Westerman started the scholarship as a direct response to this critical need in Indigenous communities which have not been responded to by successive governments. The scholarship includes:
    - A personal donation of $51,800 to commence the scholarship in her name. Refer to media here.
    - The donation of her personal time to develop the scholarship and mentor the recipients in evidence based best practice in suicide and mental health prevention
    - Whilst A/Professor Westerman hoped to fund one scholarship in the inaugural year (2019), the momentum generated from her personal profile and fundraising endeavours via social media attracted significant donations from the corporate and private sector which to date **have tallied over $500,000**. As a result **FIVE Indigenous students were able to be awarded as initial recipients of the scholarship.**

MEDIA LINKS ABOUT THE SCHOLARSHIP RECIPIENTS ARE HERE:

- Incredible young people represent 'the future of our communities'
- Indigenous scholarship to honour 40under40 winner
- Dr Tracy Westerman Scholarship Program

FOCUSED ON Changing the 'narrative' on Indigenous suicides for all Australians through publications, opinion pieces, blogs, lectures and radio

In the aftermath of the recent Fogliani Inquiry (2019) into the suicide deaths of 13 Indigenous children in the Kimberley, A/Professor Westerman commenced writing a considerable number of academic and, public opinion pieces in response to what she and many others within the Aboriginal community saw as a destructive narrative that was being created by the portrayal of Indigenous suicides and more

specifically of bereaved Indigenous parents and communities. She put this very simply in a tweet and Facebook post that garnered hundreds of shares and retweets:

"When a non-Indigenous child dies by suicide, we rightly look for deficits in systems and how we can 'do better' as a society. When an Indigenous child dies by suicide, we look for deficits in their families, in our culture. When are we going to have more empathy for Aboriginal parents bereaved by suicide?"

1. A/Professor posted on the sobering outcomes of the Fogliani Inquiry which continued this 'blame' and stigmatising response to these deaths by suicide with a post that noted the following:
    a. Not ONE of these 13 children who died by suicide had a mental health assessment, yet 1/42 of the recommendations of the Inquiry focused upon improving mental health assessment. If you cannot assess, you cannot treat, you cannot prevent
    b. The Inquiry found that NOT ONE of these children had Foetal Alcohol Syndrome Disorder (FASD) yet 21% of the recommendations focused upon alcohol restrictions and improving diagnosis and assessment of FASD
    c. A litany of headlines followed this Inquiry that spoke to a "Alcohol, abuse" being rife in Aboriginal communities and somehow 'explanatory' of these suicide deaths
    d. She was interviewed on ABC radio about these findings. Link to this interview is here
2. These posts were quickly picked up by major media and achieved the goal of 'changing the narrative on Indigenous suicides'. The following opinion pieces have been vital to this end goal achieving thousands of views, shares and comments across Australia:
    a. Where is the funding going? Featured by IndigenousX, National Indigenous Times and Australian Doctor.
    b. What are the causes of indigenous suicides? Featured by the National Indigenous Times, IndigenousX
    c. Our children's lives deserve more than silence featured by SBS (NITV) in response to the silence of our political leaders and mainstream media of the suicide deaths of Aboriginal children
    d. Why don't Indigenous suicides matter? Featured on IndigenousX and the National Indigenous Times (obtained over 10,000 views in less than 24 hours)
    e. Sick Heart of a Generation. A ¾ page feature in "The Australian" newspaper. The most substantially featured individual opinion in a paper on Indigenous suicide prevention. The reaction to this piece has been significant with lectures at Universities stating that they use this for their students as a roadmap to solutions on this complex issue. The

response across Australia to this piece from academics, CEOs of major organisation etc., has been overwhelming.

f. Fairfax media featured A/Professor Westerman as the national face of the joint call to action of the Royal Australasian College of Physicians (RACP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the National Aboriginal Community Controlled Health Organisation (NACCHO) which urged Mr Morrison and all state and territory leaders to make Indigenous youth suicides an "urgent national health priority".

and Saturday Paper urging the Government to listen to the expertise of A/Professor Westerman

23. Significant public presence on radio educating the public on Indigenous suicide prevention. A number of recent broadcasts include (and are provided as mp3 files as uploads to this application):
    a. Caama Radio (Alice Springs) interview
    b. Noongar Radio extended interview
    c. Features on ABC National with Geraldine Dougue; the Lifematters program and significantly more that are too numerous to include in this application.

1. THE WESTERMAN ABORIGINAL SYMPTOM CHECKLIST – YOUTH & ADULTS

There are **few culturally validated screening tools** for health professionals in Australia. The WASC-A and WASC-Y are the only scales specifically developed for the measurement of depression, anxiety, suicidal behaviours, alcohol and drug usage, impulse control, and cultural resilience in Indigenous adults and youth.

The WASCY was psychometrically determined (evaluated) in 1998 with an additional study in 2007; with the WASCA initially validated in 2012. Despite being the ONLY uniquely developed, psychometrically validated tool in Australia for at risk Aboriginal people the question remains as to why it was excluded in the context of the highest rates of child suicide in the world in our indigenous communities.

Most vitally, the WASCY/A address arguably the biggest contributor to test bias with Aboriginal Australians: practitioner error in the administration of psychological tests (Westerman, 2003). The WASCA and WASCY are the only tools which incorporate thorough administration training in addition

to a comprehensive user manual with clinical and cultural validation guidelines specifically developed to combat test bias. Additionally, the development and validation of the Aboriginal Mental Health Cultural Competency Profile (Westerman, 2003; Westerman & Sheridan, in preparation) directly addresses the issue of cultural competence associated with the application of tests. (Westerman, 2003, 2010; Kearins, 1981).

Thomas et al. (2010), a development and validation study of "Strong Souls", a culturally appropriate tool for assessment of social and emotional well-being in indigenous youth, the authors refer heavily to the WASC-Y (Westerman Aboriginal Symptom Checklist), as being the only previously validated social and emotional wellbeing screening tool developed specifically for use with Aboriginal Australians. Specifically– *"These results are comparable to the WASC-Y, the only broadly available indigenous assessment tool".*

The Canadian Health Report (2009) reviewed mental health programs across New Zealand, Canada and Australia and named the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y: Westerman, 2003) as the only uniquely developed and scientifically validated mental health screening tool for Aboriginal youth worldwide. It was recognised as a "significant contribution" to the field of indigenous suicide internationally.

Given that the recent Fogliani Inquiry noted that not one of the 13 Indigenous children who died by suicide had a mental health assessment – these tools are critical to the suicide prevention field A/Professor Westerman was interviewed on the ABC about this topic. A link to the interview can be found here

UHELP: Action Learning Model program in Queensland lists the WASC-Y as being *"the psychosocial tool of choice for youth engagement in mental health settings"* indicating the study teams awareness of the efficacy of the tools stating:

> Use of appropriate and effective instruments and tools. The use of the Westerman Aboriginal Symptom Checklist (WASC) as a psycho-social tool of engagement is regarded by project facilitators as an effective instrument for engaging with Indigenous Youth and for developing relationships between participants and facilitators. Participants also 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 followup assistance".

WHY THE WASCY IS SO CRITICAL TO INDIGENOUS MENTAL HEALTH & SUICIDE PREVENTION

The WASCY and WASCA determined a unique indigenous suicide aetiology or set of risk factors for Aboriginal suicides and mental health for the first time. It was ground-breaking at the time and to this day to develop a unique tool and norm it to determine a different set of risk factors. Finding amongst many other factors that impulsivity accounts for up to 64% of the variance in suicide risk. The implications of this are substantial and attracted the interest of the Canadian Government who sent a delegation to Australia, noting the WASCY and the IPS Whole of Community Suicide Intervention Programs as best practice and the replication of this approach for Canadian Inuit.

Why is assessment so important to this whole area

"All roads lead to assessment. Get assessment wrong, get treatment wrong; fail to measure treatment impacts; fail to develop robust client outcome evidence of 'what works'.

So prevention hinges on getting assessment right – the nature of suicide risk is that it changes. Being able to predict it takes years of clinical instinct. Throw culture into the mix and there are few in this country capable of it. This is why the WASCY/A and associated comprehensive training accreditation program was developed. The outcomes include:

1. All roads lead to assessment. If you can assess, you can prevent, you cannot treat. You cannot measure the impacts of what you are doing with clients. It has a significant number of 'knock on effects'
2. The most important aspects of the development of the WASCY and WASCA is that they address the most significant contributor to test bias with Aboriginal Australians: practitioner error in the administration of psychological tests (Westerman, 2003). The WASCA and WASCY incorporate thorough administration training in addition to clinical and cultural validation guidelines specifically developed to combat this test bias. Additionally, the Aboriginal Mental Health Cultural Competency Profile (Westerman, 2003; Westerman & Sheridan, in preparation) directly addresses the issue of cultural competence associated with the application of tests (Westerman, 2003, 2010; Kearins, 1981).

3. It assessed the impacts of treatment - it can measure a reduction in culturally and clinically determined Indigenous specific suicide risk factors
4. It informs program 'design' 'to ensure that suicide risk (and protective) factors are targeted in "program delivery'
5. It enables programs to be accountable as it will insist upon a measurability to their outcomes
6. It provides evidence of 'what works' and contribute ultimately to our understanding and validation of treatments of 'best practice' which we currently have no evidence for, and MOST importantly,
7. The WASCY/A enables us to track continuous suicide data (suicide risk factors that move and change) gathered by the WASCY and determine whether a reduction in these factors reduces the overall suicide rate (this is known as morbidity or categorical data) which takes longer to access so we cannot be as responsive to it to understand those factors that reduce suicide death rates. This is complex but the WASCY-A determine what risk factors are reducing the suicide death rate in more of an immediate, measurable and responsive way.
8. We cannot do this at the moment because Government (guided and driven by ATSISPEP) cannot decide on a uniform tool to be used by all people at the 'coal face' despite 25,000 people across Australia choosing to be accredited in the WASCY/A.
9. MOST importantly, we simply cannot access the SUICIDE morbidity data to enable the ongoing tracking of what is having an ACTUAL impact on the overall suicide death rate

2. THE UNIQUE, EVIDENCE BASED WORKSHOPS OF ADJUNCT PROFESSOR WESTERMAN

Following A/Professors PhD research in 2002, which resulted in numerous firsts in the field of Aboriginal mental health, cultural competency and suicide prevention, the first evidence based training workshop was designed and delivered from 1999. This workshop achieved significant firsts including:

- This workshop is without peer when it comes to the uptake of both private organisations and individuals who have attended Australia wide with over **25,000+ practitioners** choosing these workshops as the ‘training of choice’ **for over 21 years** making it arguably the most in demand training in Australia and A/Professor Westerman the most in demand trainer in Australia.
- This is made all the more significant given that Government do not subsidise or support this program to increase its’ reach into those most in need (i.e. ACCHOs; NGOs etc),

Adjunct Professor Westerman has developed numerous mental health training programs based upon population level differences in risk and protective factors and not based upon adapted mainstream ones.

These programs are currently being considered by Curtin University to form the first Aboriginal psychology degree. The most popular workshops delivered by Adjunct Professor Westerman include:

- Cultural Competency for Supervisors of Aboriginal people
- Aboriginal mental health assessment and intervention, including accreditation in four unique psychometric tests and a unique cultural supervision plan
- Suicide prevention in Aboriginal communities

These workshops have been developed to teach participants how cultural differences translate with counselling and engagement of Aboriginal clients, improve cultural competency, how to understand the unique cultural formulation and manifestation of mental ill health from depression, trauma, self-harm, suicide prevention and culture bound syndromes such as spiritual visits of deceased loved ones, longing for country, cultural grieving and how to incorporate resolution and healing with mainstream concepts of grief. The suicide prevention in Aboriginal Communities workshop is the only program in Australia developed for Aboriginal people based on empirical evidence of cultural difference (see Westerman, 2003). These programs have been evaluated since 1999 with an evaluation report available on our website soon.

3. IPS' WHOLE OF ABORIGINAL COMMUNITY SUICIDE INTERVENTION PROGRAMS

The Whole of Aboriginal Community Suicide Intervention Program, developed by Adjunct Professor Westerman, has been delivered and evaluated in 16 distinct Aboriginal communities across Western Australia, the Northern Territory, New South Wales and Victoria. Subsequently, they are the only programs that have determined their replication and impact across numerous Aboriginal cultural and language groups.

Adjunct Professor Westerman's work has been recognised at both a national and international level for over two decades. In 2005, the Canadian government sent a delegate to Australia specifically to explore the innovative approaches to suicide prevention that Dr Westerman and Indigenous Psychological Services had developed in Aboriginal Australian communities and recommended a similar approach to address high rates of Inuit suicides in Canada. The following year (2006) she received the Suicide Prevention Australia LiFE 'emerging researcher' award for her contributions to Aboriginal suicide prevention.

The outcomes of these programs have been available on the IPS website since 1998 and were in fact presented by paper and keynote in 1999 to the Suicide Prevention Australia conference which outlined the results for the first time. Each of these programs have been outcome evaluated. The only programs to have this evidence.

The publication has now been submitted to the Australian Psychologist for publication (Westerman & Sheridan, submitted) and so cannot be distributed but is provided in summary form here.

4. ADJUNCT PROFESSOR WESTERMANS GROUNDBREAKING WORK ON CULTURAL COMPETENCY TESTING, DEVELOPMENT AND INTERVENTION

Adjunct Professor Westerman developed the first culturally and psychometrically validated measure of Aboriginal mental health cultural competency (CCP: Westerman, 2003) which determined the skills that were essential to being effective in working with Aboriginal people for the first time. This has been since followed up with two more measures that are capable of determining and improving cultural competency – the General Cultural Competency Profile (GCCP: Westerman, 2012) and the Cultural Competency – Child Protection (CCP-CP: Westerman, 2019) which has attracted national and international interest given the over-representation of Indigenous children in out of home care (54% in WA and this is consistent across most states). The CCP-CP provides our best opportunity to directly measure the improvements in chid protection cultural competencies against the rates of removal of Aboriginal children. **This would provide a cutting-edge global opportunity to address the main factors implicated in generational Indigenous child removal.**

She has since designed the only programs capable which have demonstrated the ability to improve Aboriginal mental health cultural competencies (Westerman & Butt, in preparation) and attached in summary form at Attachment 3.

5. ADJUNCT PROFESSOR WESTERMAN'S GROUNDBREAKING WORK ON CULTURE BOUND SYNDROMES IN ABORIGINAL AUSTRALIAN POPULATIONS

About to be accepted for publication by Clinical Psychologist is the seminal work of Adjunct Professor Westerman on Culture Bound Syndromes in Aboriginal Australian populations. This paper formed part of her PhD research but Adjunct Professor has the better part of 21 years training practitioners in the assessment and treatment of Culture Bound (CB) Syndromes in Aboriginal Populations. This

publication is an Australian First and will enable many considerable and wide sweeping changes to the field including:

1. It validates the existence of CB syndromes for the first time in Australia ensuring that Aboriginal people who present to mental health services are able to be culturally and clinically assessed for the first time.
2. It will address the problems with misdiagnosis of mental health issues and the failure to accurately culturally assess indigenous people by practitioners who are not guided around these types of culturally complex assessments. At the moment, assessment is fraught as we have seen with the Fogliani Inquiry. This paper is arguably the most important paper to be published on this topic
3. It will ensure that practitioners are trained more appropriately to be able to better understand that CB syndromes can often manifest in the same way as clinical disorders (e.g. longing for country looks like depression; cultural spiritual visits look like psychoses etc.,etc.,). A copy that is not able to be distributed until it is published in the coming months is provided at Attachment 4.

THE IMPACT OF THE COMPLETE ABSENCE OF GOVERNMENT FUNDING

Significant impacts of the exclusion of IPS' work have resulted and are ongoing and entrenched. This includes:

1. Quite simply, it removes the possibility of access to the best, evidence-based practice in Australia for our most vulnerable communities. IPS have had to self-fund all of its work. In addition, Governments simply do not fund anything that IPS does. This includes research that has been self-funded over 21 years; the IPS training programs that have seen uptake beyond any program in Australia and yet attracts $0 in support to increase access to it. As a result, IPS self-funds access and allows for over $100,000 in free places to Indigenous counsellors annually since the inception of IPS. This is not sustainable for a small business.
2. The lack of ability to access IPS whole of community intervention programs that exist as the only evidence based Indigenous suicide prevention programs that are demonstrated a reduction in suicide risk factors. Given we have a complete absence of selected and targeted intervention programs specifically determined for Aboriginal people and that the ATISISPEP review failed to find a single program that met this critical yardstick makes this absence of funding of great concern.
3. The lack of access to the WASCY and WASCA. The absence of government support for this tools and 21 years of work in this area is resulting in a number of distressing outcomes:

- That practitioners do not have wide scale access to a tool capable of assessing suicide risk in Aboriginal people. Access to the WASCY has critical outcomes – a key case in point – 13 children in the Kimberley died WITHOUT a mental health assessment: the most complex area of suicide prevention and access to best practice assessment tools, in the country has been restricted
- That much needed prevalence data is not being captured to enable the identification of early risk; geomapping of critical hot spots for early intervention and prevention
- Access to the WASCY would enable programs to be developed based upon the unique factors associated with suicide risk and for these programs to be outcome evaluated. Given that no programs in the ATSISSEP review were identified as being outcome evaluated, this is of vital importance to the development of evidence and programs and program accountability through rigorous client outcome evaluation.

THE ONGOING SELF FUNDED WORK THAT HAS HAD TO OCCUR TO ADDRESS THE ESCALATION IN SUICIDES:

Dr Westerman has already begun this process by independently raising close to **$600,000** to fund the 'Dr Tracy Westerman Aboriginal Psychology Scholarship Program'. The aim of the scholarship is to foster the development of the next generation of Aboriginal clinicians who have remote and rural connections and are eager to continue to work in these communities upon graduating. This has already been outlined in the document so will not be repeated here.

In addition she has also recently incorporated a not profit Institute (see next section) which will aim to take this entire issue to best practice across Australia driven by evidence of what works and that is outcome evaluated.

THE WESTERMAN JILYA INSTITUTE FOR INDIGNEOUS MENTAL HEALTH

With her growing profile since the 2018 WA Australian of the Year award and process of being a finalist in the Australian of the Year 2018, A/Prof. Westerman has attracted considerable attention and goodwill for her ground-breaking work and her passion within the community. She has been and has become an even stronger driving force in the reduction of Aboriginal youth suicide and will soon launch the **Westerman Jilya Institute for Indigenous Mental Health – a not-for-profit organisation that aims**

to drive clinical and cultural best practice in Indigenous mental health and suicide prevention in Australia. This Institute has attracted national support and vitally, a commitment from Curtin University to consider a partnership in this endeavour. The Jilya Institute aims to value add to the existing skills of services and practitioners in high risk communities to deliver best practice, evidence based programs. Jilya will address the significant gaps in evidence based practice which has led to the escalation of Indigenous suicides and related issues. The "Jilya" model Institute is at the early stages and a website, brochures and other information will be up and running soon. It is exciting and bold and aims to address escalating rates of incarceration, child removal, suicide, poor educational outcomes and mental health by providing a training, research and educational institution capable of guiding practitioners who work with high risk Aboriginal people and families from across Australia.

ATTACHMENT 1: KEYNOTE ADDRESSES AND PUBLICATIONS

- Westerman, T.G (1997) Psychology Week Conference, Perth, WA. "Psychology and Aboriginal Mental Health: Bridging the Gap".
- Westerman, T.G. (1999) International Conference on Child Abuse and Neglect, December 5th at Perth. Paper entitled "The development of a measure for the purpose of identifying Aboriginal youth at risk of suicide, depression, anxiety and low self-esteem".
- Westerman, T.G. & Vicary, D.A. (2000) "Applied Interventions with suicidal Aboriginal clients". Suicide Prevention Australia Conference, April 1 –3, 2000, Sydney, NSW.
- Westerman, T.G. (2000) Suicide Prevention Australia Conference. "The development of a measure to identify Aboriginal youth at risk of suicide, depression, anxiety and low self-esteem".
- Westerman, T.G. (2000) Youth Suicide Prevention Conference for Catholic Education School Psychologists. "Working with suicidal Aboriginal clients". Esplanade, Fremantle, May 26th.
- Westerman, T.G (2000). "Working with 'at risk' Aboriginal youth". "Next Step" professional development forum, September 7th, 2000.
- Westerman, T.G (2000). "Assessing Aboriginal youth at risk of suicide, depression, anxiety and low self-esteem", Health Department, September 14th, 2000.
- Westerman, T.G (2000) "Working with suicide and depression" School Psychologists Association Conference, Education Department, September 21st, 2000.
- Westerman, T.G. (2001) Suicide Prevention Australia Conference, Sydney. "The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y)"
- Westerman, T.G & Dalton, B. (2001) Suicide Prevention Australia Conference, 2001. "The Western Mining Indigenous Employment Initiative: combining mental health prevention with employment opportunities".
- Westerman, T.G (2002). Identifying internalizing disorders in Aboriginal populations: the cultural manifestations of disorder. Mental Health Symposium, Perth, March 18.
- Westerman, T.G (2002). The MHS Conference. "Mental Health Outcome Measures and Aboriginal People". Sydney, August, 2002
- Westerman, T.G (2002). **Keynote Address**: Mental Health Promotion and what it means for Aboriginal People. Mental Health Symposium, Perth, March 18.
- Westerman, T.G (2002) Women's Refuge Conference of WA, Inc. Working with Aboriginal Youth and Children: A community development approach to the prevention of suicide in the Derby region.
- Westerman, T.G (2002). **Keynote Address**: Assessment of Aboriginal People: measuring the success of intervention programs with Aboriginal people, Auseinet Forum, Adelaide, September
- Westerman, T.G (2002). **Keynote Address.** Women's Refuge Conference of WA Inc. Mandurah Performing Arts Centre, Mandurah. Aboriginal Children and Domestic and Family Violence: An

analysis of the nature of violence in Aboriginal communities and the psychological impacts on Aboriginal children.

- Westerman, T.G. (2003) **Keynote Address.** Alcohol and Other Drugs Conference. Co-occurrence of Disorders in Aboriginal populations: how does this affect diagnosis, prognosis and treatment. Darwin, May 6th.
- Westerman, T.G. (2003). **International Keynote Address.** How do we as Indigenous People Prevent Suicide – models of best practice and intervention. Iqualuit, Nunavut Province, Canada
- Westerman, T.G. (2003) **Keynote Address and Expert Panel,** Unchartered Territory Conference, Darwin, Northern Territory. "A Model of Best Practice for Aboriginal Suicide Prevention. Preliminary Results from work in Western Australia. May 8th.
- Westerman, T.G. (2003). **Keynote Address.** Why is it important to have specialist mental health services for Aboriginal people? Pilbara and Kimberley Regional Education Conference – students with special needs. Karratha, June 13th , 2003.
- Westerman, T.G. (2003). **International Keynote Address.** How do we as Indigenous People Prevent Suicide – models of best practice and intervention. Iqualuit, Nunavut Province, Canada.
- Westerman, T.G. (2003). **International Keynote Address.** Therapeutic Interventions with Aboriginal clients. Nome, Alaska, USA, October 15th – 17th.
- Westerman, T.G. (2003). **International Workshop Presentation:.** How do we as Indigenous People Prevent Suicide – models of best practice and intervention. Nome, Alasksa, USA, October
- Westerman, T.G. (2004). **Keynote Address.** *Making a Difference Conference.* What is effective with Aboriginal people – ways forward. Alice Springs, June.
- Westerman, T.G. (2004). **Keynote Address.** Models of Intervention: incorporating traditional with westernized models of service delivery. Armidale, NSW, June.
- Westerman, T.G. (2005**). Keynote Presentation.** Ethnic Child Care Resource Unit. Aboriginal families and the emotional wellbeing of Aboriginal children, Perth, WA
- Westerman, T.G. (2005**). Keynote Presentation.** The Northern Territory Australian Psychological Society Branch Conference, Darwin. The parameters of culturally derived psychological and mental health assessment of Aboriginal people: where does the differential diagnosis come into play?
- Westerman, T.G. (2005**). Keynote Presentation.** Aboriginal Child Behaviour Management – how to use cultural strengths in the classroom. Association of Independent Schools. Broome
- Westerman, T.G. (2006**). Keynote Presentation.** Association of Independent Schools of WA & Catholic Education Office Child Protection Conference. Aboriginal Family Violence: Demystifying Culture from Abuse. Fremantle, WA, January.
- Westerman, T.G. (2006). Keynote Presentation. Mater Community Youth Mental Health Services Conference. Assessment of Attachment Disorders in Aboriginal People. Brisbane, QLD, May.

- Westerman, T.G (2006). **International Keynote Presentation.** Can Psychology services meet the needs of Indigenous people? The Australian Psychological Society and New Zealand Psychological Society Combined Conference, Auckland
- Muuji Forum (2007). **Keynote Presentation**. Self- care and Worker Burnout. How to address compassion fatigue in the helping profession, Canberra, ACT
- Westerman, T.G. (2007). Effective Practice in Indigenous Suicide: What impacts can be made by adopting a unique cultural approach, Suicide Prevention Australia, Sydney, NSW
- Westerman, T.G. (2007) **Keynote presentation.** The value of unique service provision for Aboriginal Australians – the benefits of starting from scratch. Psychology and Indigenous Australians: Effective Teaching and Practice Conference, Adelaide 13 July (2007)
- Westerman, T.G. (2007). **Keynote presentation.** The value of unique service provision for Aboriginal Australians – the benefits of starting from scratch. Making Waves 33rd International Conference of the ACMHN, Cairns 12th October
- Westerman, T.G. (2007). International **Keynote presentation.** The value of unique service provision for Aboriginal Australians – the benefits of starting from scratch. Two Nations, Ten Cultures? Combined APSAD & Cutting Edge Addiction Conference, Auckland NZ, 4-7 November
- Westerman, T.G (2008). Keynote presentation. Psychometric Assessment of Aboriginal People: getting it right. The Victorian Transcultural Psychiatry Unit, Melbourne, June.
- Westerman T.G. (2009). Keynote Presentation. Culturally competent forensic mental health assessment: where are we at? Australian Institute of Criminology, Sydney, August.
- Westerman, T.G. (2009).Keynote Presentation. Development of innovative models of mental health service; what we have learnt. Australian Community Support Organisation Conference, Melbourne
- Westerman, T.G. (2009). International Keynote Presentation. Is best practice really elusive when working with Indigenous people? Wellington, New Zealand, September
- Westerman, T.G. (2009). Keynote Presentation. Unique Aboriginal mental health service provision – what are the benefits and what has been achieved? WA Country Health, Kalgoorlie, November
- Westerman, T.G. (2010). Aboriginal Parenting Differences - how to recognize the value in effective intervention and prevention. QEC Early Parenting Program 6th Annual Conference. Melbourne
- Westerman, T.G. (2012).Cultural Competence in Aboriginal Mental Health: the predictors of best practice. WA Drug & Alcohol Conference, Perth
- Westerman, T.G. (2012). A culturally competent mental health workforce: the work of IPS in delivering best practice workforce development programs across Australia, Western Regional Alcohol and Drug Dual Diagnosis Conference, Warnambool, Victoria

- Westerman, T.G. (2017). Working with dual diagnosis in Aboriginal mental health: where is the evidence base? Tamworth Aboriginal Medical Service, Tamworth
- Westerman, T.G (2017). Developing culturally competent workforces – what is the payoff for Aboriginal clients and service delivery, Sydney, YFoundation.
- Westerman, T.G (2017). Cultural Competence in child protection: how can we ensure minimum standards. An introduction to the work of IPS in the Department of Communities, Perth, WA
- Westerman, T.G. (2017). How do we prevent violence in Indigenous Communities. Culturally informed practice. KWY Conference, Adelaide.
- Westerman, T.G (2018). Cultural Competence in Educational Institutions – Why it is vital to outcomes for Indigenous people. TEMC Conference. Burswood, WA
- Westerman, T.G (2018). Indigenous Literacy Day Round Table. Catholic Education WA Kaartdijin Week 2018. Leederville, WA
- Westerman, T.G (2018). Cultural Competent Forensic Mental Health Assessment. District Court of Western Australia Judges' Conference 2018. Perth, WA
- Westerman, T.G (2018). WA Australian of the Year Social Inclusion Breakfast Forum: Social Inclusion's Role in Community Wellbeing. Crawley, WA
- Westerman, T.G (2019). KWY, National Child Protection Summit, Adelaide. The Cultural Competency Profile – Child Protection – results for a whole of organisation cultural audit and review
- Westerman, T.G (2019). Curtin University, Occasional Address to 1,300 Psychology and Social Work Graduates
- Westerman, T.G (2019), WA Leadership Conference ACHSM. Leadership in Aboriginal Mental Health & Suicide Prevention

Publications

- Westerman T.G. & Wettinger, M. (1998) Working with Aboriginal People. Psychologically Speaking, Western Australian Psychological Society.
- Westerman, T & Wettinger, M (2001) Establishing Rapport with Aboriginal clients. In Centre for Aboriginal Studies Psychological Practitioners Handbook,
- Westerman, T.G. & Vicary, D.A (2001) Preventing Aboriginal Youth Suicide. In Dudgeon,P., Pickett, H & Garvey, D. Centre for Aboriginal Studies Psychological Practitioners Handbook
- Westerman T.G (2002). Psychological Interventions with Aboriginal People. *Connect Magazine,* Health Department of Western Australian.
- Westerman, T.G. (2003). Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours. Available from Curtin University, Perth, WA.
- Westerman, T.G. (2004). Guest Editorial. Engagement of Indigenous Clients in Mental Health Services: what role do cultural differences play? Australian e-journal for the Advancement of Mental Health (AeJAMH), Volume 3, Issue 3
- Westerman, T.G. & Vicary, D.A (2004). Guest Editorial. That's just the way he is': Some implications of Aboriginal mental health beliefs. Australian e-journal for the Advancement of Mental Health (AeJAMH), Volume 3, Issue 3
- Westerman, T.G (2010). Engaging Australian Aboriginal Youth in Mental Health Services, *Australian Psychologist, Vol 45(3), pp 212-222*.
- Westerman, T.G & Sheridan, L (submitted). A whole of community Indigenous suicide intervention program. Results from high risk remote communities, Australian Psychologist
- Westerman, T.G (submitted). Culture-bound syndromes in Australian Aboriginal Populations: where is the evidence, Australian Psychologist
- Westerman, T.G & Sheridan, L (In preparation). The Westerman Aboriginal Symptom Checklist – Youth (13-17 years). A culturally and psychometrically validated tool for at risk Aboriginal youth.
- Westerman, T.G (submitted). Prevalence and co-variance of mental health based upon the Westerman Aboriginal Symptom Checklist – Youth (aged 13 -17 years).

ATTACHMENT 2: TARGETED AND EVALUATED CULTURAL COMPETENCY INTERVENTION PROGRAMS FOR THE ABORIGINAL MENTAL HELATH WORKFORCE

ATTACHMENT 3: CULTURE BOUND SYNDROMES IN ABORIGINAL POPULATIONS. THE FIRST ARTICLE PUBLISHED IN AUSTRALIA ON THIS TOPIC

ATTACHMENT 4: THE WESTERMAN JILYA INSTITUTE FOR INDIGENOUS MENTAL HEALTH MODEL