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Communicating and Engaging with Diverse Communities

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OVERVIEW

This chapter focuses on the skills and understanding required for communicating and engaging effectively with Aboriginal people in diverse contexts, with particular attention to the urban setting. We briefly discuss concepts of community and culture, such as kinship affiliations, community obligations and values of Aboriginal people.

The work of the late psychiatrist, Mark Sheldon, has been influential in establishing communication and engagement strategies for mental health practitioners working in remote communities, is briefly covered. In addition, protocols for communicating and engaging with Torres Strait Islander people are included. Importantly, the various strategies discussed here are in accord with the *National Practice Standards for the Mental Health Workforce 2013*¹ and highlight the need for recognition and respect of cultural difference for all Aboriginal people.

INTRODUCTION

Aboriginal people come from a variety of different cultural and personal backgrounds and histories. Aboriginal people living in urban contexts may not display stereotypical images of what people look like or live like; however, urban identity is very strong and there is greater diversity than is often realised. Similarly, the diversity among people living in remote communities is often disguised by stereotypical and simplistic images and ideas which do not reflect the nuances and complexities of people's lives and identities in these communities. Practitioners need to have an awareness of the diversity of backgrounds, experiences and histories of different communities in order to work effectively with clients and their families.

Although more than half of the Aboriginal population live in urban and regional centres, most guidelines and assessment commentaries tend to focus on the health, mental health and social issues of remote communities. The highest proportion of Aboriginal (34 per cent) and non-Aboriginal (71 per cent) people live in the major cities of Australia, although Aboriginal people are to live in remote areas than other Australians. More than one-in-five Aboriginal persons were living in regions classified as either remote or very remote in 2011; the same was true of only 1.7 per cent of non-Aboriginal people. This remoteness profile varies markedly by State and Territory—in the Northern Territory, for example, 80 per cent of Aboriginal people live in a remote or very remote setting, whereas practically the entire population of Aboriginal people in Victoria, Tasmania and the Australian Capital Territory were in either regional areas or a major city.²

While the largest numbers of Aboriginal people are living in major cities, they account for a relatively small proportion of the total population in these areas—1.3 per cent of the total population in major cities in 2011. Further, Aboriginal people make up 9.1 per cent of regional Australia and 13 per cent of the population of remote areas, but constitute over 40 per cent of very remote Australia.

CONTEMPORARY COMMUNITIES

The term ‘community’ was initially an imposed idea for the purpose of control over and management of the Aboriginal populations. As part of the history of colonisation, people were dislocated into reserves and missions. As discussed in Chapter 1 (Dudgeon and colleagues), this included disruption to people’s social, political and religious life; and the relocation of distinct groups from different areas. Early constructions of ‘community’ did not recognise language and social and spiritual differences between groups.

Today, Aboriginal community groups vary considerably in their economic, social and geographic circumstances. The National Aboriginal Education Committee (NAEC)³ developed a model of Aboriginal societies that included four broad categories of the community: traditionally oriented, rural non-traditional, urban and urban-dispersed communities. The following definition remains relevant today:

In the main, Aboriginal society is structured around the community. There exist very strong kinship ties within each of the communities and within each of the categories. These kinship ties overlap the various categories thus forming very strong relationships among all Aboriginal people of this country.^{3(p10)}

Aboriginal Perceptions of Community

The defining characteristics of Aboriginal perceptions of community are primarily based on family relationships, involving a sense of belonging along family lines and country or area of origin. Aboriginal perceptions of belonging to a community can be both physical and psychological, based on shared interest or shared location. For some groups, the concept may also hold a political and abstract dimension—an understanding of the entire cultural group of Aboriginal people working against oppression and towards self-determination. This concept of community is often used by those who are in leadership positions and representing Aboriginal interests. Community can also be a broad and fluid concept, uniquely shared by people and by those that work in the area.⁴

WORKING IN URBAN CONTEXTS

Contemporary communities are dynamic and flexible, including many family and political networks and affiliations. Members of these communities will have various responsibilities and obligations that confirm and reinforce their membership. These responsibilities may include:

- being seen to be involved and active within the community;
- supporting community activities;
- obligations to family;
- a sense of responsibility or commitment to use one’s skills for the benefit of the community;
- affiliations to family, and broader kin relations (families become connected through marriage);
- affiliations to factions/sectors within the community (family, work, language group, country of origin, politics); and

- affiliations to particular organisations. Often, members of the community associate the employee with a particular organisation and this may become part of the individual's identity and even carry over to social situations.

There are also many layers of politics that practitioners may need to be aware of especially when drawing in other workers. Examples of this are representation, that is, who should speak and on what matters, and recognising that at times Aboriginal and Torres Strait Islander peoples themselves can be both 'insiders' and 'outsiders', depending on the issue at hand.

Cultural Diversity

Urban diversity is an important consideration when working with Aboriginal and Torres Strait Islander peoples who come from a variety of different cultural and personal backgrounds and histories. The term 'urban' refers to people living in cities or large towns where they are distinctly a minority group and more invisible than Aboriginal people living in country towns and remote communities. They may also move in and out of urban situations (unless it is their country), and may have experienced a longer and more intense history of colonisation.

Aboriginal people living in urban settings within their different forms of groupings may not be highly visible in the urban situation. It is not as easy to 'see' parts of the community as it is in more remote areas, and it is sometimes more difficult to locate or find people. Yet urban Aboriginal people's identity, including their cultural connections and ties to country and family, can be very strong. People living in urban contexts may also be more politically aware and resistant to a dominant society because of a longer and more intense history of oppression.

For many practitioners, assumptions about Aboriginal people are likely to be grounded in stereotypes and images that are probably based on romantic 'traditional' notions learned in the practitioners' early years. These images continue to be perpetuated by the media, which has considerable influence on public attitudes and observations and are not the result of personal contact and association with Aboriginal people.

The lifestyle of urban Aboriginal people may appear similar to the lifestyles of others. However, the reality is that many urban Aboriginal people experience racism on a day-to-day basis. Mainstream society often challenges the authenticity of people's identity, requiring them to constantly negotiate and affirm their identity. When people are confronted on a continual basis about their identity, they become accustomed to having to defend their rights as members of a marginalised and discriminated group.

In urban centres, there are often differences among the local groups in relation to their country of origin, which refers to the geographic area where they were born. For instance, in Perth there are Nyoongar people who are the traditional owners of the immediate and surrounding country, and there are other people from areas such as the Kimberley, Goldfields or Gascoyne regions. People come to live in urban areas for various reasons such as education, employment, health or domestic reasons. Similar patterns of mobility and urban migration occur in all major cities around Australia.⁵

From this diversity there have emerged different forms of affiliation:

- **Local family groups:** families who originate from the area or have lived here for some generations, reflecting different language groups;
- **Country of origin groups:** groups who are affiliated; people who have migrated recently but recognise a different home country; and
- **Transient groups:** outsiders who are in the area for only a short time.

In addition to these dynamics, there are also social groups that form from shared interests such as sports, social or work groups.

Family and Community Obligations

Kinship is very strong in urban situations with people identifying through family names, rather than 'skin' names, with great significance attributed to family and personal relationships. As such, urban people have many family obligations and responsibilities. This includes providing family with advice, helping with money, sharing housing, and assisting with transport and food supplies. This practice, however, can be abused, with some family members utilising the family's resources without reciprocation. Some people may not control their own resources and value things in the same way that others might, and they may rely on others to help them out. Often, because of limited incomes and resources, people are forced to make decisions based on family priorities, and resources are utilised in a biased manner.

There is also an expectation for family members to attend funerals, family gatherings for specific issues and events and other cultural obligations and activities. Funerals are very important in all Aboriginal groups. They tend to be very emotional and it is not uncommon for many relatives to attend. This is a time for reconnecting with kin, connecting with friends and acquaintances not seen for a long time, as well as showing respect for the deceased and the deceased's family. Funerals demonstrate a connectedness with the wider community and can often be a time of re-establishing where one fits into the family/community hierarchy and where new and extended family members are introduced into the family/community.

Specific Cultural Considerations

The specific cultural issues that a practitioner should be aware of when working with Aboriginal groups in urban settings have been addressed in other publications.⁶ Many practitioners need to be mindful that negative and unrealistic images and stereotypes of urban Aboriginal people continue to be perpetuated by the media, which has considerable influence on public attitudes and observations, and are not the result of personal contact and association with Aboriginal people. Practitioners should also be careful not to impose judgments on urban people from the literature and/or from their experience of working with traditionally-oriented people. Some traditional cultural ways are not practised in urban situations. For instance, the mother-in-law taboo, where a son-in-law cannot have any contact with his mother-in-law, does not persist in urban situations.

Practitioners should consider developing a proforma to assist in finding out about urban clients. Good practice requires professionals to build a picture of all family members and others who might be significant in a particular situation. It is not always obvious who has the final authority about a member's health and wellbeing. For example, for a child it may not be the parents but the grandparents.

If a practitioner is aware of the historical and cultural context of Aboriginal people and has engaged in the processes of cultural competence, they need also to be aware that some issues may be just what they are. For instance, a practitioner may come into contact with aggressive or defensive Aboriginal people. People who present as either aggressive or defensive may do so for a variety of reasons. It is important not to take the behaviour personally and, instead, assert oneself appropriately depending on the contextual background and situation.

The practitioner should not always look for 'cultural' reasons for behaviours. Sometimes things are simply as they appear. If in doubt, ask. Allow for individuality to be expressed—different Aboriginal people will act differently in similar situations.

WORKING IN REMOTE COMMUNITIES

In the following section we draw on some of the work of Mark Sheldon, a psychiatrist who worked in remote Aboriginal communities. He was highly regarded as a 'pioneer psychiatrist' who realised that a western model of psychiatric assessment and examination

was not culturally appropriate to meet the needs of Aboriginal people with mental health issues living in remote communities. After working with the Ngangkari (local healers), he was convinced that the best outcomes were often obtained when both traditional healing approaches and western clinical methods were used together.⁷ Sheldon developed a flexible method of investigation which he documented, including how to engage with people in remote communities from the initial point of entry into a community, to the issues that practitioners need to be aware of when meeting with an individual. Further information on Sheldon's work with Aboriginal people is available in Chapter 15 in the first edition of *Working Together*,⁸ or readers can view the full dissertation online.⁷

Working with Traditional Healers

Prominent Aboriginal psychiatrist, Helen Milroy, has also written extensively on the most appropriate ways of working with the diversity of Aboriginal people's experiences and understanding Aboriginal culture so as to be effective within the mental health context. She has also written about the value of working with traditional healers or Ngangkari within remote communities. Milroy states:

As our understanding of traditional methods increases, it is easy to see some overlaps with more recent developments in mental health care. Family-centred care—recognising the vital importance of attachment systems, holistic approaches and long term support—are all well recognised in Aboriginal systems.^{9(p12)}

Many of the strategies for working with Aboriginal people in remote communities are equally important in urban and rural contexts. There are a number of ways for practitioners to appropriately and respectfully work with Aboriginal clients, including: storytelling; understanding the cultural significance of an event, both, currently and historically; and to listen to the persons understanding of their illness. See also Chapter 16 (Adams and colleagues) on assessment and Appendix III of DSM-5¹⁰ for the core Cultural Formulation Interview (CFI). The CFI guides practitioners to consider many of the specific social, historical and cultural issues for the client and their family within the interview process.

WORKING WITH TORRES STRAIT ISLANDER PEOPLE

Practitioners working with Torres Strait Islander clients will find the following sets of protocols useful:

- the Torres Strait Regional Authority (TSRA) Cultural Protocols Guide for TSRA Staff (2011);¹¹ and,
- the Proper Communication with Torres Strait Islander People.¹²

The Torres Strait Islands are a unique part of Australia, and Torres Strait Islanders have a distinctive history and culture as described by Garvey in Chapter 1 (Dudgeon and colleagues). The Torres Strait has a number of governance arrangements in place that need to be considered when engaging with communities.^{11(p7)} These comprehensive protocols cover important information about cultural issues that practitioners need to be aware of to work effectively with clients with mental health issues.¹¹ Some key ideas include:

Communication

Communicating with those unfamiliar to us does not come easily. The more distant and unacquainted the cultures, the greater the challenge. Therefore, good communication requires the parties to truly understand each other's social systems. It is important outsiders understand the behavioural ground rules of the Torres Strait, because if the latter are broken, people become offended and communication breaks down.

Islanders' views and meaning systems vary from that of other cultures, although in some aspects there will be similarities. In cross-cultural communication there is always a risk that ideas will be misinterpreted and this can lead to considerable confusion, misunderstanding, disappointment and even resentment.^{11(p17)}

There is also the problem of dissimilar concepts of social process. In traditional Islander society, both the spiritual and the secular were interwoven, and this is still evident today. However, in European society the two are usually separated. Compounding these differences are past policies of segregation, paternalism, neglect and isolation which have not been erased from Islanders' minds. Similarly, contemporary policies, considered to be progressive and enlightened by some, do not necessarily enjoy widespread support among the Islander communities. For instance, land rights legislation introduced by the Queensland Government in the early 1990s was rejected by many Islanders. In addition, bureaucratic procedures often do not sit comfortably with the Island way of doing things.^{11(p17)}

Interpersonal Skills

In order for practitioners to engage successfully with a Torres Strait Islander client, they need to have good interpersonal skills. You must demonstrate that you are sincere, trustworthy, open and honest. It does help to have a reasonable knowledge and appreciation of Torres Strait Islander custom and history. If you have this knowledge you will be better able to empathise with people and issues.

Taking a genuine interest in people - without being intrusive - helps foster ongoing relationships. Being helpful and friendly is particularly appreciated. Torres Strait Islanders place a good deal of emphasis on courtesy and kindness. This is commonly known as 'Good Pasin', meaning good fashion or behaving with a degree of sophistication and charm.

It is absolutely essential to tell the truth at all times, no matter how unpopular this can be. Failure to do so destroys credibility which is unlikely to be regained. Above all treat people the way they want to be treated, instead of the way you think they should be.^{11(p17)}

Other Communication Protocols

- Familiarise yourself with behavioural protocols in Island communities. This will develop over time with patience and good observation skills;
- Accept guidance from a competent person familiar with local protocols;
- Respect religious protocols;^{11(p19)}
- Respect 'Ailan Kastom' (Island Custom) such as Island adoptions. These have legitimacy in the Torres Strait;
- Do not cause anyone to suffer the loss of personal dignity;
- Avoid direct criticisms of particular individuals;
- Be careful with the use of humour; it may be misunderstood;
- Be patient, tactful and discreet;
- Avoid talking excessively, particularly in the company of Elders;
- Stick to formal addresses when talking to chairpersons and councillors until given permission to do otherwise;
- Do not be submissive; be organised, professional, confident and helpful;
- Never underestimate the breadth and depth of knowledge in the community and the technical skills available;

- Dress appropriately because poor dress standards may offend; and
- Be aware that there are distinct boundaries between males and females, and practice appropriate behaviour at all times. If in doubt about protocols, ask and find out.^{11(p20)}

Consultation and Negotiation

Consultation and negotiation is not a time-specific process. It needs to be recognised as an ongoing and essential component of the policy-making process in Islander affairs. It also needs to be seen as a process founded on networks of relationships that require continual development and nurturing. It is important to remember that discussions in informal settings ‘after hours’ may be of as much, if not more, assistance than formal meetings.^{11(p20)}

COMMON PRINCIPLES FOR PRACTITIONERS

Despite these differences and the diversity of communities, there are some common elements that should be understood and incorporated by practitioners when working and supporting Aboriginal and Torres Strait Islander individuals, families and communities. These include:

- A strong connection to land, country, ancestors and spirits;
- Respect for the important role of Elders in decision making and in passing on knowledge and culture;
- The importance of family—including the extended family structure;
- The importance of community and the obligations to one’s community;
- The important role of AHWs in linking the health professional, the individual, the family and the community; and
- The importance of humour as a bond and source of strength.

Working with Clients and the Families

Several chapters emphasise the importance of involving family and carers when working with someone with a mental illness (see Chapter 13, Schultz and Walker and colleagues; Chapter 14, Wright; and Chapter 16, Adams and colleagues). Involving others equally applies for Aboriginal people in urban and remote areas. Often the boundaries between individuals within an Aboriginal family are less defined, and thus the ‘illness’ may, in a sense, be shared by the whole family. In general, there is a belief that mental experiences are not private but shared by close relatives and may also affect other family members.

There may be a ‘sympathetic’ or ‘associated’ aspect to the illness within the family or community. In effect, the illness becomes a family illness in terms of the perceived origins and the expected goals of management. The patient’s subjective experience is modified greatly by the family and, in turn, they are affected by the experiences of the patient. Any discrepancies between a MHW’s observations (through mental state examination) and the family’s version of the psychopathology can be pointed out, raised for discussion, and can lead to fruitful additional information.

Often one or two family members have a special role as carer or of ‘looking out for’ the individual who has been referred. These carers usually give the most valuable history and will often act as spokesperson for the patient.

Involving an AHW or AMHW in the interview or management is always important to consider. (However, at the same time, there may be a reluctance to disclose, due to their presence. Ask the client privately.)

Interview Techniques

Practitioners working across a range of contexts need to have the skills and ability to work within situations with a high degree of ambiguity and with limited information. It is important to resist imposing one's own understanding and perception of the situation. It is essential to seek advice and help from Aboriginal people.

Sensitive Topics

Sheldon describes the importance of being aware of potentially sensitive topics, including bereavement, the breaking of taboos, ceremonial business, sexuality and fertility, and domestic habit. The key for the clinician/AMHWs is being aware of these sensitivities, reassuring the client that they are aware and seeking permission to discuss these issues. These issues are equally sensitive in urban settings.

Learning from Others

Ideally, practitioners should consider engaging with a mentor. There is a small number of psychologists, for example, who have formal arrangements with Aboriginal Elders as mentors. Mentoring helps to develop their cultural competence generally and, more specifically, in the areas of social and emotional wellbeing, and helps the mentee understand in a more sensitive manner the impacts of forcible removal of the Stolen Generations. In Chapter 29, Peeters and colleagues provide an excellent example of mentoring and two-way learning.

In all cases, when working with Aboriginal clients, practitioners need to be completely cognizant of the different communication skills required and be able to utilise these skills in an effective manner. Sheldon provides a good example of this in his reflection:

The interview skills which I had gained from my training in non-Aboriginal culture remained useful in my work. But they clearly needed to be added to and modified in this very different setting where the language and cultural differences between myself and the patients are immense. These new skills were developed largely through experiential learning, observing other clinicians and discussions with AHWs. One of the challenges is to be able to pick up how Westernised or how traditional the Aboriginal patient is, and be flexible enough to adjust my interview style accordingly.^{7(p26)}

It is important to gain rapport early in the interview. To do this, practitioners need to discuss their role, where their work is based and other places that they work. It is also good to highlight any connections with people they may know, and acknowledge if they know other family members or other workers including the clinic nurse, AHW or Senior Medical Officer. While this process takes time, it helps to put the client at ease, takes the pressure off them to start talking, and thus reduces their anxiety. In some cases, AHWs or AMHWs may vouch for practitioners if they have worked with them before. This can also help put the client at ease. Importantly, most Aboriginal people want to know your relationships with others before they can decide on their relationship with you.

Being Yourself

To engage successfully with Aboriginal people in both urban and remote settings, the practitioner should also consider and practice the following interpersonal skills as stated:

- demonstrate sincerity, honesty and trustworthiness;
- be helpful, kind and courteous;
- have a genuine interest in people and in establishing relationships;
- be responsive;
- be truthful; and
- ***be yourself.***

Throughout this book, there are pertinent chapters that provide information on the knowledge and skills a practitioner will require to work effectively with Aboriginal clients, whether as individual clients, families or communities. As a mental health practitioner, it is important to be yourself. Aboriginal people are more interested in you as a person than in your qualifications. When meeting an Aboriginal person for the first time it is important that they know who you are, where you are from and whether you can talk to them on a personal level. It is useful to engage in conversation and find common ground with the client before exploring the more complex issues that require addressing. This is an appropriate approach across all groups and settings—including urban, rural and remote areas.

Although people will assess whether you are able to engage with them on a personal level, it is still important that they have confidence in your qualifications and professional knowledge and experience as a practitioner. People like to know that they are receiving a quality service with a trained professional who is also able to engage well and authentically—to be him or herself.

The ideal of respectful and principled practice is asked of all mental health practitioners in the Mental Health Practice Standards in recognition that Australia is a diverse society—culturally, linguistically, geographically and historically. As highlighted at the beginning, mental health professionals are required to:

actively demonstrate sensitivity to the social, cultural and spiritual values of consumers, carers and their families and practice in a culturally appropriate manner.^{1(p14)}

Importantly, in the context of this chapter, we have also highlighted that there are complex layers of cultural diversity among Australia's First Peoples. Aboriginal and Torres Strait Islander peoples have unique and diverse cultures spanning urban, rural and remote contexts, influenced by desert and sea and the stories and song lines passed down from their ancestors.

Aboriginal people living in urban contexts, while often invisible to the wider society, bring rich, distinctive, culturally adaptive and diverse experiences and ways of being into this space whilst retaining their distinctive identity as urban Aboriginal people. Reflecting on cultural diversity among Aboriginal students, Ross Humphries, a prior staff member at the Centre for Aboriginal Studies, Curtin University (WA), made the following observations which are still relevant:

Despite all this diversity, the sense of shared identity of many Aboriginal people you will encounter is strong and is oriented by complex family and community networks, as well as a spiritual affinity with the regional area they call home. Consequently, there are few aspects of Aboriginal life that can be assumed or generalised about, although all Aboriginal families have experienced some form of oppression in the areas of health, education, housing, employment, social acceptance and basic human rights (racism). The oppression may have been directly or indirectly experienced, but an individual approach needs to be adopted for all clients as they may have different experiences and different intensity of these same oppressions...

These differences vary between different groups, families, ages, and gender, but probably not to the extent that differences between these groups would vary in the non-Aboriginal community. There are greater commonalities and far more tolerance and understanding across the generations in Aboriginal society.^{6(p265-67)}

There is considerable material now available to assist practitioners when working with Aboriginal people in remote areas. Currently there is still very little written about 'what practitioners need to know and understand in urban contexts' other than Working with Indigenous Australians: A Handbook for Psychologists (2000)⁶ and Dudgeon and Ugle.¹³

It is important for non-Aboriginal mental health practitioners to acknowledge the potential invisibility experienced by Aboriginal people, especially when living in urban contexts, and the potential to treat urban Aboriginal people 'as fully assimilated' into their own non-Aboriginal value base and experience of 'whiteness'. It is also important to ensure that Aboriginal people are provided with culturally appropriate care and that they have equal access to culturally safe services on the basis of clinically determined need, wherever they live. It is incumbent upon practitioners to learn what those differences are and to be culturally respectful at all times. Other themes already covered elsewhere include the need to work in accordance with the Nine Principles underpinning the Social and Emotional Wellbeing and Mental Health Framework. See page xxiv and Chapter 4 (Gee and colleagues) for further discussion.

CONCLUSION

This chapter has examined the diversity of people's communities and experiences and how this presents different expectations and requirements for practitioners working with Aboriginal people in urban, rural, and remote areas and Torres Strait Islander settings. In summary, there are many considerations for practitioners to undertake in order to work respectfully, appropriately and effectively with Aboriginal people. However, Dudgeon and colleagues in *Contemporary Aboriginal Perceptions of Community*⁴ make the following salutary observation from which mental health practitioners, policy makers and service providers can draw encouragement and determination to be effective within this complex, diverse cultural context:

Despite our cultural differences and our diversity, the fundamental truth is that our commonalities (as humans) are greater than our differences. This is our great common humanity. This is not the notion of universality implicit in the discipline of psychology where cultural difference is treated as merely another variable, but is a shared spiritual humanity. We all laugh and cry; feel pain and have a need to belong; love our children and our families; and take joy in the environment around us. This is what enables understanding and communication across cultures.^{6(p5)}

REFLECTIVE EXERCISES

1. List the cultural considerations that might be important when working with Aboriginal and Torres Strait Islander peoples in an urban or remote context, or in the Torres Strait. Do you think this would differ from area to area?
2. What is the composition of the Aboriginal and Torres Strait Islander community where you work and/or live? What would be some of the considerations for working with people from this community?
3. Create a map of the biggest local families and also the other Aboriginal and Torres Strait Islander peoples living in the community who have come from other areas.
4. What are some of the key relevant Aboriginal organisations that may provide culturally secure and appropriate support services for mental health clients?

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