Welcome to today's Insight / APSAD webinar.

We'll be starting a little after 10am (QLD time).

- Use the chat icon for all questions and comments – *select All panelists and attendees.*
- If you are experiencing other problems or require further technical assistance call Zoom on **1800 768 027.**
- A pdf version of today's presentation will be available soon in the chat window.
- A recording of this webinar will be available on our YouTube channel in the coming weeks.

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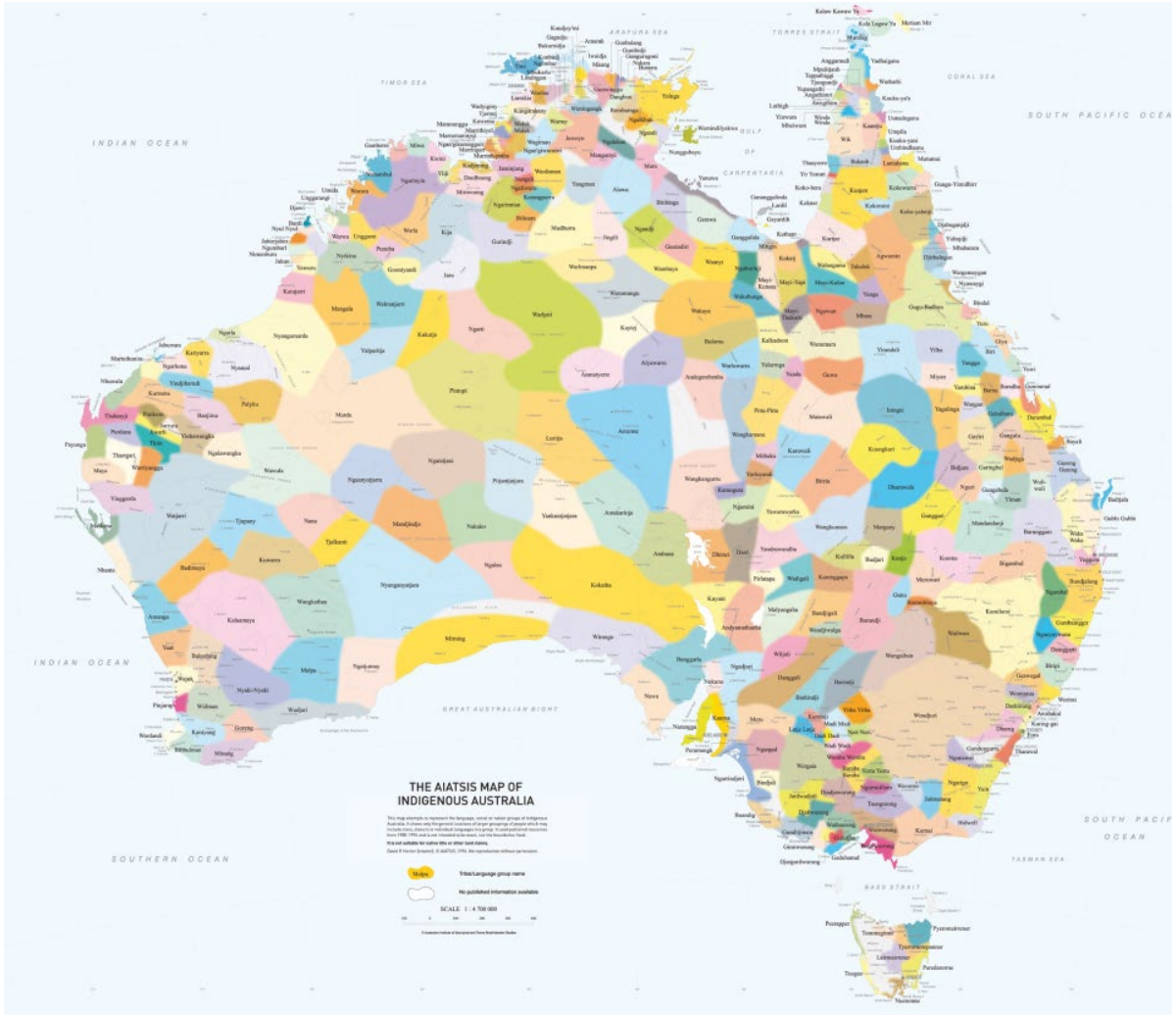
The Australasian Professional Society on Alcohol and other Drugs



We acknowledge the Traditional Owners of the land on which this event takes place and pay respect to Elders past and present.

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

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Aboriginal and Torres Strait Islander Suicide Prevention

insight/APSAD Webinar Series 2021

Professor Pat Dudgeon
Poche Center of Indigenous Health
School of Indigenous Studies
The University of Western Australia

We acknowledge and pay our respects to

the traditional custodians of the land we meet on today,

and their Elders past, present, and emerging.

We also wish to acknowledge and respect

the continuing culture, strength, and resilience

of all Aboriginal and Torres Strait Islander

peoples and communities.

Aboriginal and Torres Strait Islander Culture

- Rich, ancient culture and history of 60,000-75,000 years
  - Original theories of arrival initially disputed
  - Now recognised as one of the oldest living populations in the world
  - Colonisation occurred ~200 years ago (landed 1770, colonised 1788)
- Strength and resilience of peoples
- Large diversity of language groups and cultures, originally >250

Aboriginal and Torres Strait Islander Disadvantage

Australia population of 24.19 million people

- 3% (798,400 people) identify as Aboriginal and/or Torres Strait Islander
- Lower life expectancy, average rates of income,

  home ownership, employment, and education
  - Life expectancy of Indigenous people up to 9 years lower than other Australians
  - Death rates higher across all age groups
- Higher rates of infant death, homicide death, arrest and imprisonment
  - Infant death rates 2 to 3 times other Australians rates
  - Homicide death rates 6 times higherOriginal theories of arrival initially disputed

Source: Australian Bureau of Statistics 2018

Suicide Statistics

Mainly due to **historical and political determinants** for Indigenous Australians

6% of all deaths among Indigenous peoples (**vs 2%** non-Indigenous).

2nd leading cause of death for Indigenous males (**vs 10th** non-Indigenous).

7th leading cause of death for Indigenous females (**vs 23rd** non-Indigenous).

40% of all Indigenous youth deaths (ages 5 to 17).

23% of all suicide deaths in Australian children (ages 5 to 17) are Indigenous.

Source: Australian Bureau of Statistics 2019

Why is there a Mental Health and Suicide Gap?

STRESS & DISTRESS		SERVICE GAPS	UNTREATED MENTAL HEALTH PROBLEMS		NEGATIVE CYCLES
Multiple, frequent and severe exposure to stressors and adverse historical and social determinants/ weakened resilience	**Triple** the average rates of high and very high psychological distress	**Significantly less access** to culturally appropriate primary mental health care services **Institutional racism** in general population mental health and suicide prevention services	Show up in statistics as: **Double** the average rates of hospitalisation for mental health conditions **Double** the average rates of suicide	Contribute to: **Alcohol and other drug use** Violence and trauma Unemployment and poverty Imprisonment Community, family and cultural stress	**Additional stressors** trigger new and exacerbate existing mental health problems and suicide ideation and further weaken resilience
>>>	>>>	>>>	>>>	>>>	>>>

Alcohol and other Drug use

Kimberley region of Western Australia (WA)

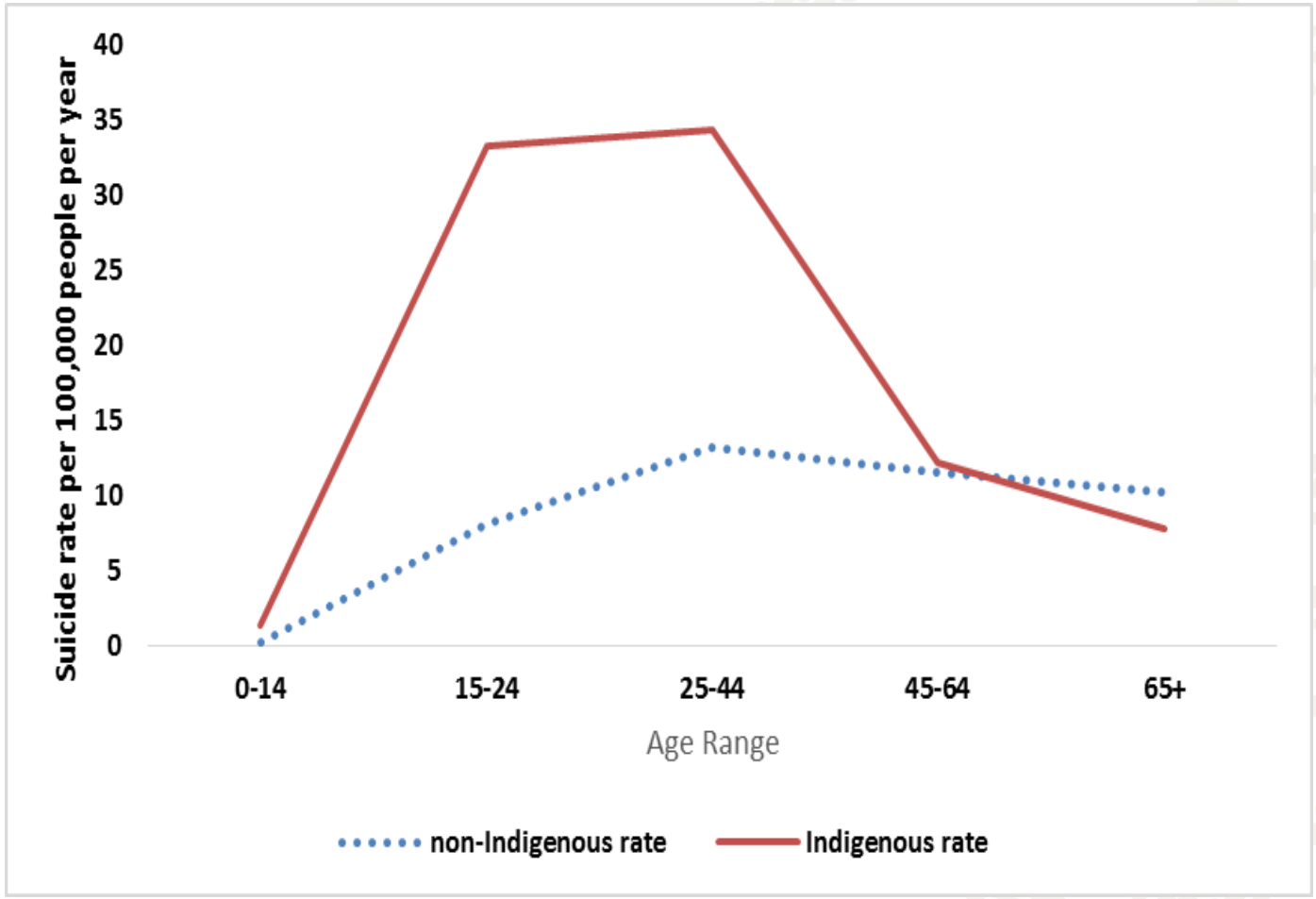
- Suicide rate of 52 per 100,000 people (16 WA; 12 Australia)
- 3x higher emergency department (ED) attendance for self-harm than rest of WA
  - Highest rates in ages 15-19 and 20-24 years
  - 80% of ED attendance for self-harm involved alcohol

Western Australia

- 22% of ED presentations involved alcohol (13% Australia)
- 3% of ED presentations involved methamphetamine (3% Australia)

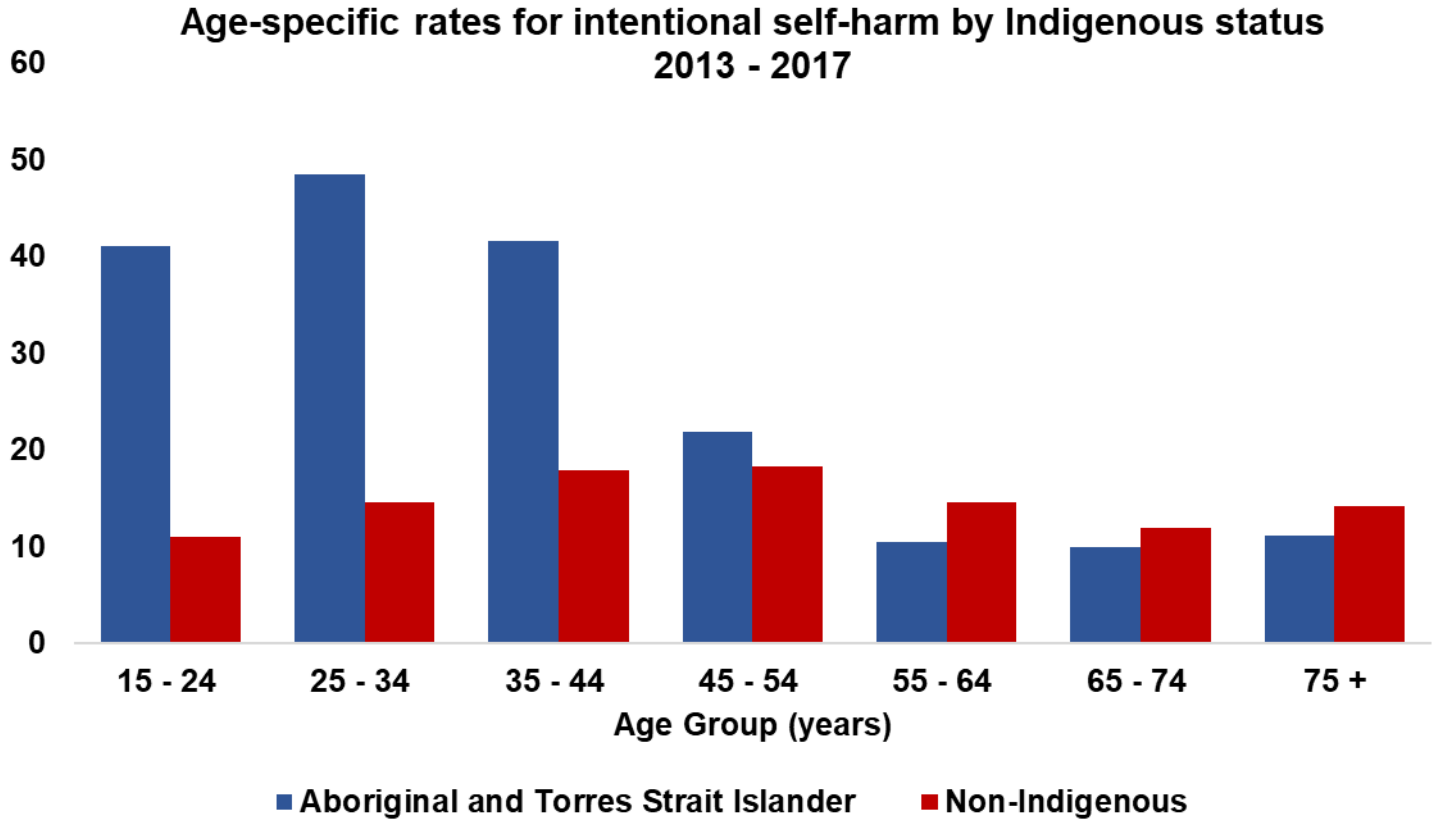
McPhee et al., 2021
Australia Bureau of Statistics 2019
ACEM Alcohol and Other Drug Harm Snapshot Survey 2019

Suicide Statistics - Youth



- Aboriginal **youth** most at risk of suicide, especially males ages 17 to 23.
- Among 15 to 24 year olds, the rates of **intentional self-harm** are **5 times higher** than non-Indigenous youth.

Intentional Self-harm by Age



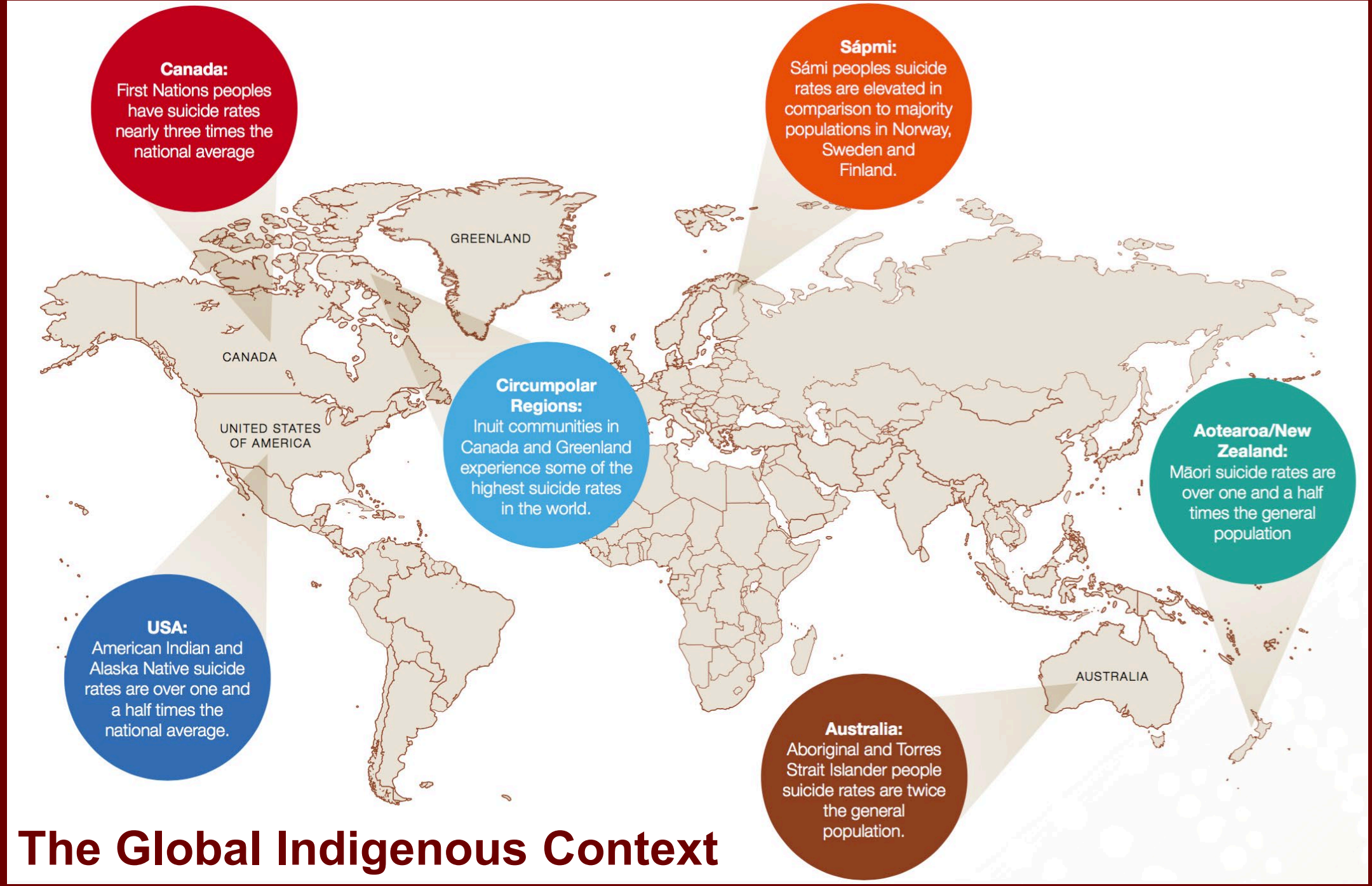
- Leading cause of death for Indigenous age 15 to 34 years
  - > 3 times non-Indigenous Australians
  - 67% of all Indigenous self-harm deaths
- Higher rates in **younger** cohorts in **Indigenous** vs older cohorts in non-Indigenous
- Median age at death
  - Indigenous: 30 years vs non-Indigenous: 45 years
- Indigenous age-specific suicide rates decrease with age

Australian Bureau of Statistics 2018

Aboriginal and Torres Strait Islander Suicide Rates

Cumulative impact of complex, interrelated factors that heighten self-harm and suicide risk:

- Ongoing exposure to socio-economic disadvantage and multiple psychological stressors
- Grief and loss from
  - premature deaths/suicide of family, community members and friends
  - dislocation and forced removal of children
  - mistreatment
- Violence and inter-personal conflict
- Transgenerational trauma
- Pervasive racism and discrimination at individual, institutional and system levels
- Loss of sense of purpose and meaning in life
- Poor health (physical and mental) and SEWB, and co-morbidities
- 'Access' gap to mental health services:
  - **34.5%** of Indigenous peoples who reported (very) high rates of psychological distress ***also*** experience access problems to health services.



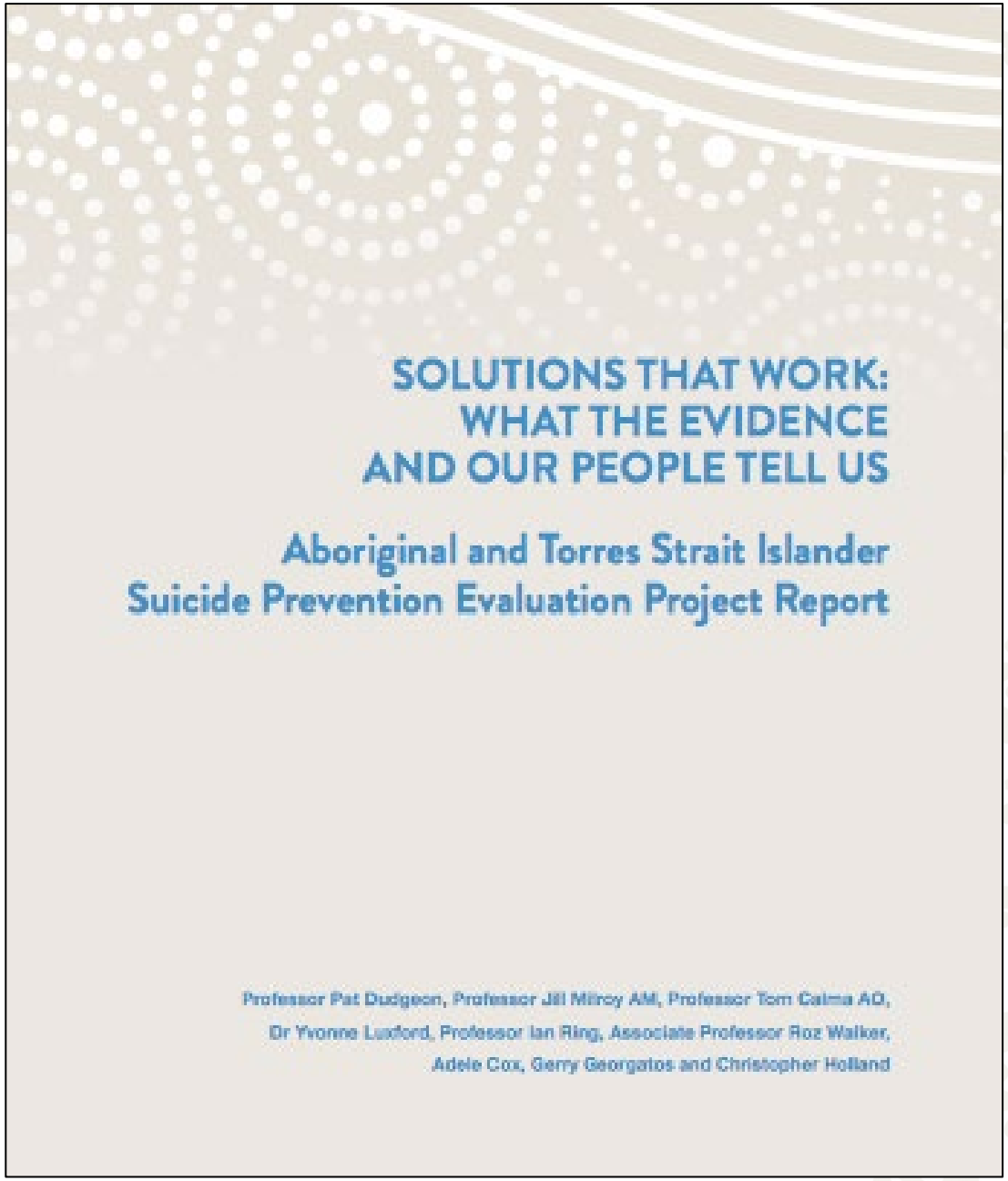
The Global Indigenous Context

SOLUTIONS THAT WORK: WHAT THE EVIDENCE AND OUR PEOPLE TELL US

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

Why did we need ATSISPEP?

- Indigenous Suicide has **many causes**, including cultural, historical, political and other unknown considerations.
- The development of an evidence base for **what works** in Aboriginal and Torres Strait Islander suicide prevention.



- The ATSISPEP project generated the following tools and resources for use by Indigenous communities along with stakeholders, government, organisations and funding agencies such as Primary Health Networks, **to support Indigenous suicide prevention activity:**
- An Evaluation Tool for evaluating proposals for Indigenous suicide prevention activity
- A Community Tool to support the development of Indigenous suicide prevention activity
- An Evaluation Framework for Indigenous suicide prevention activity for use by communities, government and Primary Health Networks
- Interactive maps showing Indigenous suicide numbers and rates by postcode
  - Fact Sheets
  - Discussion Papers

http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf

UNIVERSAL/ INDIGENOUS COMMUNITY-WIDE In this report 'universal' is used to indicate community-wide responses, not population-wide responses as the term usually indicates	**Primordial prevention**	• Addressing community challenges, poverty, social determinants of health • Cultural elements – building identity, SEWB, healing • Alcohol /drug use reduction
	Primary prevention	• Gatekeeper training – Indigenous-specific • Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy • Reducing access to lethal means of suicide • Training of frontline staff/GPs in detecting depression and suicide risk • E-health services/internet/crisis call lines and chat services • Responsible suicide reporting by the media
SELECTIVE – AT RISK GROUPS	**School age**	• School-based peer support and mental health literacy programs • Culture being taught in schools
	Young people	• Peer-to-peer mentoring, and education and leadership on suicide prevention • Programs to engage/divert, including sport • Connecting to culture/country/Elders • Providing hope for the future, education – preparing for employment
INDICATED – AT RISK INDIVIDUALS	**Clinical elements**	• Access to counsellors/mental health support • 24/7 availability • Awareness of critical risk periods and responsiveness at those times • Crisis response teams after a suicide/postvention • Continuing care/assertive outreach post ED after a suicide attempt • Clear referral pathways • Time protocols • High quality and culturally appropriate treatments • Cultural competence of staff/mandatory training requirements
COMMON ELEMENTS	**Community leadership/ cultural framework**	• Community empowerment, development, ownership – community-specific responses • Involvement of Elders • Cultural framework
	Provider	• Partnerships with community organisations and ACCHS • Employment of community members/peer workforce • Indicators for evaluation • Cross-agency collaboration • Data collections • Dissemination of learnings

ATSISPEP Overall Messages

- **Community control and empowerment:** projects grounded in community, community-owned, based on community needs and accountable to the community.
- **Holistic:** Aboriginal and Torres Strait Islander definitions of health; incorporating spirituality, culture and healing.
- **Sustainable, strength based and capacity building:** sustainable projects that build community capacity and endure until community is empowered; not 'one off'.
- **Partnerships:** work in genuine partnerships with local Aboriginal and Torres Strait Islander stakeholders and other providers to support and enhance (not duplicate or compete with) local measures.
- **Safe cultural delivery:** delivered in a safe manner.
- **Innovation and evaluation:** build on learnings, try new and innovative approaches, share learnings, and improve the evidence base.

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

CBPATSISP

- Australia's leading authority on Indigenous suicide
- Reduce impact of suicide in Indigenous communities, by
- Promoting self-determination and respecting Indigenous culture

Aims:

1. Identify international and Australian research and evaluations for best practice in Indigenous suicide prevention through an Indigenous 'lens', community organisations, and Primary Health Networks
2. Identify the need for, and facilitate, innovative research to support the identification of best practice
3. Promote and disseminate best practice to stakeholders through clearing houses, website, conferences

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menzies.edu.au
Australian Indigenous HealthInfoNet

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

Influence and leadership

- Works with communities, clinicians, workforces and funders
- Publishes clearing houses of best practice programs, services and research
- Develops resources and reports to address key gaps
- Contributes to development of policy and practice
- Partners with key sector organisations to increase reach and influence
- Speaks about Indigenous suicide in public forums, media

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Australian Indigenous HealthInfoNet

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

Funding Indigenous Suicide Prevention

- Self-determination to prevent Indigenous suicides
- Funding allocated directly to Indigenous organisations
- 2021 Budget: Indigenous organisations (e.g., aftercare) given “preferred provider” status
- Most funding still directed via mainstream organisations:
  - State health departments
  - Large non-government organisations
  - Primary Health Networks

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Australian Indigenous HealthInfoNet

Manual of Resources in Aboriginal and Torres Strait Islander Suicide Prevention

- Extensive consultations on groups' resource needs
- Information for 3 user groups:
  - Communities – individuals, families, friends, Elders, community organisations
  - Clinicians and front-line workforces
  - PHNs and other funders
- Videos, podcasts, poster resources, tutorial, and written guidance
- Developed by or with Indigenous people
- Live and growing information hub

Clinicians &
Front-Line Workers

RESOURCES FOR CLINICIANS & FRONT-LINE WORKFORCES

Clinicians, including psychologists, psychiatrists, emergency medicine specialists, GPs and nurses, have important roles to play in supporting the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people, and in preventing suicide.

Other front-line workers who provide services to Indigenous people can also make essential contributions. Social workers, youth workers, and any staff who support community programs and services, need to understand how Indigenous people may exhibit distress and how to respond to individuals, families and whole communities.

For some professionals, supporting Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing will be part of their education, training and supervision. For many others, their development in these domains will occur in the workplace, with limited formal oversight.

All workforces need to understand how to work with Indigenous people in a culturally responsive and safe way that supports positive and trusting relationships.

This section of the Manual includes resources that apply in all these situations.

Clinicians & Front-Line Workers

- CULTURAL UNDERSTANDING & RESPECT
- RESPONDING TO CRISIS
- STAYING SAFE & WELL: SELF-CARE FOR PRACTITIONERS
- POLICIES & POSITION STATEMENTS
- PROMOTING RESILIENCE & PREVENTING SUICIDE
- RESPONDING AFTER SUICIDE
- CLINICAL CHECKLISTS & TOOLKITS

Clinicians & Front-Line Workers

CULTURAL UNDERSTANDING & RESPEC

Working with First Nations families and children – A framework for understanding

Didja Know – Cultural information and Communication Guide (NSW)

Communicating Effectively with Aborig and Torres Strait Islander People

RESPONDING TO CRISIS

Aboriginal and Torres Strait Islander young people and Mental Ill Health

Defining and addressing Aboriginal and Torres Strait Islander trauma, grief and postvention

Conversations Matter: Yarning about suicide prevention in our community

Conversations Matter: Yarning if someone is thinking about suicide

PROMOTING RESILIENCE & PREVENTING SUICIDE

Supporting the social and emotional wellbeing of Aboriginal and Torres Strait Islander youth

The Strength Within: Social and Emotional Wellbeing Workforce Development Program

Journey Home

READ MORE

Using Aboriginal cultural knowledge systems to strengthen families' resilience

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

SHARE YOUR PROGRAM

Do you have a good program or service in suicide prevention that is working well in your community or organisation?

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) evaluates and promotes suicide prevention practice that empowers Indigenous individuals, families and communities and respects their culture.

The CBPATSISP Clearing House shares promising and best practice programs and services in order to recognise the important work that communities are doing and supports Primary Health Networks and service organisations to further develop their own suicide prevention initiatives.

We are interested in programs and services that build resilience, empower people, and build community and cultural connection, for example through sports or arts, as well as more specific social and emotional wellbeing and suicide prevention services.

If your program or service can assist others to identify successful approaches to address suicide, we want to hear from you. Please register your interest on the Share Your Program tab on the CBPATSISP website.

For more information, please refer to the guidelines at www.cbpatsisp.com.au.

After we hear from you, a member of our team will contact you to finalise your listing in the CBPATSISP Clearing House website.

Contact details: CBPATSISP Research Officer, Ee Pin Chang on email ee.chang@uwa.edu.au or call (08) 6488 2195 (Monday—Friday).

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

Best Practice Programs and Services – Criteria

1 Indigenous Ownership
Develop, implement, lead, deliver and governance of programs and services

2 Community Leadership
The program or service works within (or with) local Aboriginal Community Controlled Health Service, and/or has relationships or integrates with Indigenous community organisations, programs or services

3 Community Consultation and Co-design
An Indigenous community reference group established, which includes key stakeholders of target group (e.g., youths, Elders, lived experience, LGBTQI)

4 Evaluation
Ongoing program or service evaluation to ensure continuous quality improvement

5 Cultural Responsiveness
Non-Indigenous staff undertake cultural responsiveness and safety training

6 Capacity Building
The program builds Indigenous community capacity through training, mentoring and support of Aboriginal and Torres Strait Islander people to lead and deliver future programs or services

On behalf of Professor Pat Dudgeon, NACCHO, and Gayaa Dhuwi (Proud Spirit) we extend an invitation to our:

SOCIAL & EMOTIONAL WELLBEING GATHERING

Bringing together community leaders, services, front line workers, and experts to create a national Aboriginal and Torres Strait Islander SEWB blueprint for our future.

DATE:
30-31 MARCH 2021
9AM - 4PM AWST

LOCATION:
THE UNIVERSITY CLUB OF WESTERN AUSTRALIA

RSVP TO:
kate.derry@uwa.edu.au

NACCHO
National Aboriginal Community Controlled Health Organisation
www.naccho.org.au

THE UNIVERSITY OF WESTERN AUSTRALIA | Poche Centre for Indigenous Health

Gayaa Dhuwi (Proud Spirit) Australia
Aboriginal and Torres Strait Islander Leadership in Social and Emotional Wellbeing, Mental Health and Suicide Prevention

About the Gathering

TIMHWB acknowledges the essential role of community-led initiatives in creating effective change and empowerment for Aboriginal and Torres Strait Islander peoples, as well as the critical role of policy and funding support.

PURPOSE: to bring together SEWB leaders and experts from community organisations, academia, and policy contexts to talk about SEWB.

Through focused roundtable discussions, we invite you to share what you have been doing in your organisation and what you envisage and plan for the future of SEWB in your organisation and more broadly.

About the Organiser

In partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and Gayaa Dhuwi (Proud Spirit), the Transforming Indigenous Mental Health and Wellbeing (TIMHWB) Project aims to:
empower SEWB and mental health
- services,
- workforces, and
- systems,

to improve Aboriginal and Torres Strait Islander mental health and

https://timhwb.org.au/fact-sheets/

Fact Sheet:
Social and Emotional Wellbeing

In this factsheet some of the principles, domains, and determinants related to Aboriginal and Torres Strait Islander perspectives of Social and Emotional Wellbeing (SEWB) are presented within a holistic framework. This framework is consistent with Aboriginal and Torres Strait Islander ways of knowing, being, and doing, and it recognises the importance of culture and history as important factors that, inform and guide better health care for Aboriginal and Torres Strait Islander peoples.

Holistic health

"Aboriginal health does not (just) mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community... Health care services should strive to achieve this (whole-of-life) state where every individual is able to achieve their full potential as human beings and must bring about the total wellbeing of their communities."

National Aboriginal and Islander Health Organisation, 1979

The National Aboriginal Health Strategy (1989) and *Ways Forward report (1995)* used this definition of health to further develop holistic Aboriginal and Torres Strait Islander understanding of wellbeing - or what is now commonly described as social and emotional wellbeing (SEWB).

SEWB incorporates an ecological, collectivist perspective of self that is intrinsically embedded within family, community, and extended kinship and clan group networks. Connections to land, culture, and spirituality shape these networks. Mental wellbeing is an important component of SEWB, but needs to be viewed as only one component of health that is inextricably linked to the social, emotional, physical, cultural, and spiritual dimensions of wellbeing.

This view of health requires pathways of healing to be in harmony with a holistic world-view. Healing for Aboriginal and Torres Strait Islander peoples is often viewed as a collective and relational process involving physical, social, emotional, mental, environmental, and spiritual wellbeing.

Indigenous knowledge systems are life-affirming and fundamental to restoring vital connections to the domains of SEWB. While there is great diversity in the way these dimensions of wellbeing are manifest in the knowledge systems of different Aboriginal and Torres Strait Islander groups and Indigenous people's worldwide, this broad understanding of health and healing is shared by many Indigenous peoples across the world.

National Mental Health and SEWB Framework

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017) is the community-endorsed, guiding national document that defines the evolving understandings of SEWB among Aboriginal and Torres Strait Islander peoples and communities.

The National Aboriginal Health Strategy (1989) underpinned the development of nine principles by Indigenous SEWB experts in consultation with communities. These principles are the foundation of culturally safe and responsive work with Aboriginal and Torres Strait Islander peoples. Programs adopting these principles are more likely to be successful in supporting the health and wellbeing of Aboriginal peoples and communities.

The Ways Forward Report and SEWB

SEWB Diagram adapted from Gee et al., (2014)

INDIGENOUS GOVERNANCE FOR SUICIDE PREVENTION IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

A Guide for Primary Health Networks

Professor Pat Dudgeon, Professor Tom Calma,
Professor Jill Milroy, Rob McPhee, Leilani Darwin,
Steffanie Von Helle and Christopher Holland

Indigenous Governance

INDIGENOUS GOVERNANCE FRAMEWORK		
INDIGENOUS GOVERNANCE OF SUICIDE PREVENTION ACTIVITY		
LEVEL	**ACTIVITIES**	**SUCCESS FACTORS**
All	All	Utilise existing national guidance and standards Working with Indigenous leaders
Regional	Regional identification of need, planning and implementation	Indigenous Health Councils
Service	Cultural safety and cultural competence in services	Working with Aboriginal Community Controlled Health Services and Community Controlled Organisations
Community	Programs and activities operating in communities Culturally/linguistically adapting mainstream activities and programs Cultural activities and programs/healing	Approaching communities with respect Addressing power imbalances Co-design and co-implementation of suicide prevention activity
FOUNDATION: ORGANISATIONAL CAPACITY TO WORK UNDER INDIGENOUS GOVERNANCE		

OUR TEAM:

Professor Tom Calma
Chancellor - University of Canberra & Chair - Poche Indigenous Health Network

Professor Shaun Ewen
Pro Vice-Chancellor - University of Melbourne

Associate Professor Michael Wright
Senior Research Fellow - Curtin University

Rob McPhee
Chief Operating Officer - Kimberley Aboriginal Medical Services (KAMS)

Dr Graham Gee
Senior Research Fellow - Murdoch Children's Research Institute

Thomas Brideson
Chief Executive Officer - Gayaa Dhuwi (Proud Spirit) Australia

Angela Ryder
Researcher - Langford Aboriginal Association

Kevin Taylor
Lecturer & Researcher - School of Indigenous Studies, University of Western Australia

Michael Mitchell
Community Cultural Expert, Perth WA

Ted Wilkes
Nyoongar Cultural Expert. Perth WA

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CSIRO-UWA Chair of Complex Engineering Systems - Faculty of Engineering and Mathematical Science, University of Western Australia

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Julie Robotham
Consultant

OUR PARTNERS:

NACCHO

Gayaa Dhuwi (Proud Spirit) Australia

Aboriginal and Torres Strait Islander Leadership in Social and Emotional Wellbeing, Mental Health and Suicide Prevention

Kimberley Aboriginal Medical Services Ltd

NINTIONELIMITED

Curtin University

LAA

Langford Aboriginal Association

Heart of Our Community

AHCWA

Aboriginal Health Council of Western Australia

HealingFoundation

Strong Spirit • Strong Culture • Strong People

Aboriginal Medical Services Alliance Northern Territory

AMSANT

LOOKING FORWARD PROJECT

'Culture is the pathway to wellbeing'

Government of Western Australia

Department of Health

AIPEP

Australian Indigenous Psychology Education Project

AIPA

The Australian Indigenous Psychologists Association

IAHA

Indigenous Allied Health Australia

THE UNIVERSITY OF WESTERN AUSTRALIA

Poche Centre for Indigenous Health

What is happening now

- Gayaa Dhuwi leading the Aboriginal and Torres Strait Islander Suicide Prevention Plan
- SEWB Framework about to be refreshed and renewed
- WA State government action in increasing Indigenous ownership

Follow us on Twitter

@cbpatsisp

@timhwb

2018

2nd National Aboriginal and Torres Strait Islander Suicide Prevention
20–21 November 2018

2nd World Indigenous Suicide Prevention
22–23 November 2018

Conferences

Rendezvous Hotel Perth
Scarborough, Western Australia

Love and Hope – a music video created from the World Indigenous Suicide Prevention Conference: https://www.youtube.com/watch?v=d415CdeNemM

'Self Determination', 'quality of life', 'well being'…these are terms that have only recently entered the vocabulary of mental health professionals working in Indigenous settings. They are unfamiliar and handled with uncertainty and at times temerity. But they are also unavoidable.

(Ernest Hunter, 1997, p. 6)

Professionals, their organisations and management groups in the mental health field need to learn **to work with** Aboriginal people and not to continue **to work on** them.

(Tom Brideson & Len Kanowski, 2004, p.7)

Thanks for joining us today!

Join us again next week for

‘Released Offender Alcohol and Drug Support (ROADS) Providing treatment on release’

Heidi Deifel-Carlino & Michaela Boyce

Want to see previous webinars? Subscribe to our YouTube channel.
youtube.com/c/InsightQueensland

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APSAD
The Australasian Professional Society on Alcohol and other Drugs