'What You Do is Important But How You Do it is More Important'

Engaging Indigenous Men in Rural Mental Health Services Research

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ABSTRACT

Evidence on the methods followed by non-Indigenous researchers for conducting research that involves Indigenous people in Australia is sparse. This paper describes the methodology and steps followed by a non-Indigenous researcher for engaging with men from an Aboriginal community in rural Victoria in conducting mental health services research. It describes the process adopted to initiate research and build research capacity within an Indigenous community where Indigenous researchers were unavailable and the local communities were ill-equipped to conduct research themselves. The methodology followed was informed by the values and ethics guidelines of the Australian National Health and Medical Research Council, the decolonising methodology of Linda Tuhiwai Smith as well as methods suggested by other authors. Lessons learnt included providing for a long time frame, which is necessary to develop relationships and trust with individuals and their Communities,[1] adopting a flexible approach and engaging cultural advisers who represent different sections of the Community.

Keywords: Indigenous research methodology, research methods, health services research, men's health, mental health research.

Early research involving Australian Indigenous[2] people commenced with anthropological studies that were often intrusive, demeaning and unethical. Most did not result in any lasting benefit to the community (Henry, Dunbar, Arnott, Scrimgeour, & Murakami-Gold, 2004; Johnstone, 1991; Smith, 1999). As a result, Aboriginal and Torres Strait Islander people, like Indigenous people elsewhere, have grown to distrust research and researchers (Humphrey, 2001). Although, initially, there were no clear policies and guidelines into the conduct of research involving Australia's Indigenous people, more recently there has been a paradigm shift in the approach to research (Henry et al., 2002; Humphrey, 2001; National Health

and Medical Research Council, 2003; Smith, 1999). Nonetheless, literature on Indigenous health research methodology when conducted by non-Indigenous researchers continues to be sparse.

Over the last decade, much has changed in the area of Indigenous research. Two reports, *We Don't Like Research*, published in 2000, and *We Can Like Research*, published in 2008, highlight this development (Onemda VicHealth Koori Health Unit, 2008; VicHealth Koori Health Research and Community Development Unit, 2000). The 2008 report highlights the need for Indigenous people to initiate and control research that involves them. However, there continues to be many Indigenous communities where Indigenous researchers are unavailable and Indigenous communities are either ill-equipped to initiate research themselves or their interest in research needs to be cultivated (Onemda VicHealth Koori Health Unit, 2008). In such situations, research can still be conducted by building 'strong partnerships between the Community, ACCHOs, research organisations and researchers', as recommended by the Victorian Aboriginal Community Controlled Health Organisation's *Strategic Directions Report for the Social Determinants of Aboriginal Health Project* (Watson, Adams, Fredericks, & Mahoney, 2010, p. 9).

This paper is part of a doctoral thesis and describes the methodology adopted by a non-Indigenous student researcher to engage with the Koori[3] population in three towns in rural Victoria. Throughout his study period, and in co-authoring this paper, the student researcher was supported by two Indigenous advisers, one of whom was a formal cultural adviser and the other a co-supervisor. This paper highlights the lessons learnt by the student researcher (who is henceforth referred to as 'the researcher') in carrying out this methodology. The research was informed by the decolonising methodology proposed by Maori academic Linda Tuhiwai Smith as well as the *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research,* published by the Australian National Health and Medical Research Council (NHMRC) (National Health and Medical Research Council, 2003; Smith, 1999). Lessons learnt by other researchers who have conducted Indigenous health research in Australia have also been employed (Henry et al., 2002; Pyett, Waples-Crowe, & van der Sterren, 2009; Waples-Crowe & Pyett, 2005). Smith (1999) states that 'Indigenous methodologies tend to approach cultural protocols, values and behaviours as an integral part of methodology' (p. 15). This paper describes methodology from this Indigenous perspective and it is hoped that it will provide some practical steps particularly for non-Indigenous researchers conducting research among Indigenous communities (see Table 1).

Table 1: Value-based Steps Followed by a Non-Indigenous Student Researcher in Engagement with an Aboriginal Community in Rural Victoria

Steps followed		Value	Timeline
1	Familiarised himself with Aboriginal history and culture and received training in cultural competence	Survival and Protection	Year 1
2	Confirmed area of research need by consultation with the Koori community/Indigenous experts in the field Identified a promoter for the introduction of the researcher to the Community Obtained support in the form of supervision from an Indigenous and non-Indigenous researcher from VACCHO	Responsibility	Year 1
3	Identified partners and formalised partnerships with the Indigenous community involved in the research Obtained formal support from the ACCHO that would support the research Identified and obtained formal support from cultural advisers Applied for and obtained Ethical Clearance for the study	Equality	Year 1
4	Began the process of 'cultural immersion' to get to know the Community and allow the Community to get to know the researcher	Spirit and Integrity	Year 2
5	Gradually built trust through informal interactions with the Community ('learning while working in the community') Recruited participants for the study using snowball sampling	Respect	Year 3
6	Gave back to the Community by: conducting training on 'Basics of Counselling' for the SEWB workers acknowledging participant contributions in publications and presenting them with copies of the work avoiding misinterpretation of meaning by 'respondent validation'	Reciprocity Respect Equality	Years 2, 3 and 4

BACKGROUND OF THE STUDENT RESEARCHER

The researcher's interest in Indigenous mental health grows from his previous experience in community mental health in India and his own Anglo–Indian culture. He is an overseas trained public health physician with previous experience in developing and running a rural mental health service in South India (Isaacs, Neerakkal, Srinivasan, & Jayaram, 2006). The researcher belongs to the Anglo–Indian community, which is a direct outcome of the European colonisation of India and, in belonging to a minority community, he has a subjective understanding of issues around race and identity. This background has enabled him to better understand Australian Indigenous people and, in particular, the Koori people of Victoria.

RESEARCHER'S INTRODUCTION TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The NHMRC states that research involving Aboriginal and Torres Strait Islander people should be guided by a set of core values. One of those values is *Survival and Protection.* This value highlights the need for the researcher to be aware of the history of Aboriginal and Torres Strait Islander peoples and respect their social cohesion and cultural distinctiveness (National Health and Medical Research Council, 2003). Being an international student with no previous exposure to Aboriginal and Torres Strait Islander people, it was necessary for the researcher to get to know the Community, the people and what they stood for.

The researcher obtained an introduction to the history, images and artwork of Koori people through a visit to the Koorie Heritage Trust in Melbourne. He then attended training programs on cultural competence both at the university as well as externally (Indigenous Psychological Services, 2004–2011; National Health and Medical Research Council, 2003; Waples-Crowe & Pyett, 2005; Westerman, 2004). Through teaching Indigenous health to university students, together with informal discussions with knowledgeable members in the field, he educated himself about the history of Australia's Indigenous people. He was also invited to accompany a group of university students for a period of 'cultural immersion training' (Fielke, Cord-Udy, Buckskin, & Lattanzio, 2009) where he stayed with the Adnyamathanha people in South Australia and learned from their Elders about their dreaming stories and songs and dances of their culture. While these introductions did not provide the researcher with specific knowledge of the Victorian community that was to be researched, it still gave the researcher a broad introduction and valuable insight into Australian Aboriginal people and their history.

INVOLVING THE COMMUNITY IN DECIDING THE FOCUS OF RESEARCH

From the literature, it was evident that mental health problems are common among Indigenous people (Berry & Crowe, 2009; Hunter, 2003; Swan & Raphael, 1995) and that Indigenous people with a mental illness are reluctant to access mainstream mental health services. Whilst this is largely thought to be due to cultural inappropriateness of services, (Kowanko, Crespigny, Murray, Groenkjaer, & Emden, 2004; Wenitong, 2002; Westerman, 2004), little is known about help seeking among Indigenous people with mental health problems. Additionally, mental health services in the study area are coordinated by a single regional hospital through community mental health centres spread across the region. Therefore, we felt it would be feasible to focus the research on help-seeking behaviour for mental health problems and development of strategies to render mental health services more user-friendly for Indigenous people. With this background information, the researcher met with key Indigenous persons from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) who are involved in mental health and social and emotional wellbeing (SEWB) programs. In addition to supporting the proposal, one Indigenous and one non-Indigenous researcher from VACCHO agreed to co-supervise the research. An early outcome of these discussions was the decision that being a male, it would be culturally appropriate for the researcher to confine the research to Indigenous men.

We also consulted with the Regional Coordinator of the SEWB program and the staff of the Aboriginal Community Controlled Health Organisation (ACCHO) in the region. Another factor that contributed to deciding the focus of this research was that the then

Director of psychiatric services at the regional hospital was also keen on supporting the research. After consultation with all parties concerned, it was decided that the research would study help-seeking among Indigenous men with mental health problems and the factors that influence their utilisation of mental health services. Therefore, the aim of the research was to improve mental health services for Indigenous men. In-depth interviews and focus groups were to be conducted with participants who included staff from the community mental health services, Indigenous SEWB workers and Indigenous men and carers.

EARLY CONSULTATIONS WITH THE COMMUNITY AND IDENTIFYING CULTURAL ADVISERS

A number of authors have stressed the need to begin consultations with the Community involved in the research before the research proposal is developed (see Pyett et al., 2009; Wand & Eades, 2008). One of the supervisors of the study acted as the promoter of the research. His role as promoter was significant due to his previous experience as the Regional Coordinator of the SEWB program where he had developed important networks and working relationships with all Aboriginal communities and their respective organisations within the region. The promoter was the key to setting the foundation for the research work. At the outset, he introduced the researcher to the CEO of the ACCHO and to other significant members of the Koori community, and discussed the proposed study with them in order to obtain their opinion as well as advice on how to go about the study (Henderson, Simmons, Bourke, & Muir, 2002). While discussing the proposed research with Community members, an Elder poignantly remarked, 'What you do is important but how you do it is more important.'

It is frequently suggested that research be overseen by a steering committee consisting of Aboriginal Elders and other significant members of the community (Henderson et al., 2002; Pyett et al., 2009). When asked for advice regarding a steering committee, the CEO of the local ACCHO suggested that it would be more feasible to have cultural advisers (CAs) who could be contacted individually for advice and guidance. As part of giving back to the community, the researcher offered to conduct education sessions for the staff of the ACCHO as well as for the general community on any aspect of health, including mental health.

One CA was chosen from each of the three key service areas in the region. All three agreed to support the study by recruiting participants and providing guidance on engagement with the Community. Later, formal letters of support were received from each of them. One of them is a co-author of this paper. Ethics approval was obtained from Monash University's Standing Committee on Ethics in Research Involving Humans and from the regional hospital's Human Research Ethics Committee.

'LEARNING WHILE WORKING IN THE COMMUNITY' AND RECRUITMENT OF PARTICIPANTS

Snowball sampling was used to recruit participants (Patton, 2002). Although CAs had initially agreed to introduce the researcher to potential participants, the process took a long time. Recruitment took place mostly during Community gatherings, where Koori men surrounded by their own people felt comfortable enough to talk to outsiders. Such gatherings were infrequent. They usually occurred during NAIDOC week celebrations (National Aborigines and Islanders Day Observance Committee week is celebrated in the first full week in July

each year 'to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander people') and during the week of the Walks for Reconciliation (organised by Koori communities during National Reconciliation Week, which is held between 27 May and 3 June every year) to support action towards reconciliation between Indigenous and non-Indigenous people in Australia (NAIDOC 2011; Reconciliation Australia 2010). The process of recruitment at some of these events is discussed below. Community members who had enough time to get to know the researcher were more forthcoming about participating than others.

One CA advised that in order to recruit participants for the study, the researcher needed to attend Community gatherings. This process has been described as 'learning while working in the community' where the researcher participates in community life and events in order to develop social skills and understanding of the Community's culture (Pyett, Waples-Crowe, & van der Sterren, 2008). The researcher therefore attended every get-together of the local Aboriginal community that he was invited to and made multiple courtesy calls to the different services run by the ACCHO. The promoter initially accompanied the researcher on these visits until he felt comfortable going on his own.

The process of engaging with the Community was slow and occasionally bumpy. In the second year of the research, the researcher was invited to the flag-raising ceremony for NAIDOC celebrations at the local Koori meeting place. Having arrived at the venue early and noticing that his CA had not yet arrived, he walked up to a group of Koori men and introduced himself. In no time, all of them departed, save one, who then said to him:

> You see all of them walked away? You never walk into a group of Koori men and talk to them unless you know them. Stand aside and wait until they call you. Koori people will never talk to you unless they know you. Remember this always.

To ensure that his interview questions were sensitive and appropriate, the researcher conducted practice interviews with his CAs. Although the three CAs had approved of the explanatory statement prepared specifically for Indigenous participants, practice interviews helped the CAs to better understand what the process was about and gave them more confidence in introducing the researcher to other men. During the course of the next twelve months, the researcher attended many funerals, had multiple meetings with his CAs and recruited a few more men for the study. On the invitation of the ACCHO, the researcher also conducted a basic course on counselling for their SEWB and drug and alcohol workers, which was well received. As part of the research, the researcher had incorporated artwork of a local Koori artist in a poster for which he won a prize. A copy of the poster was formally presented to the artist in the presence of his CA and another Elder. Each of these activities demonstrates the core values of *Reciprocity, Respect* and *Equality* (National Health and Medical Research Council, 2003).

An invitation to a men's golf day outing in the second year had provided a promising opportunity for the researcher to meet and recruit men for the study. However, heavy rain led to its cancellation and it was another 12 months before the event was rescheduled and the researcher was able to attend. By this time, he had developed a friendship with his CA. Since the researcher had not played golf before, he was given his first lessons by a Community Elder, and in playing as part of a team he was touched by their generosity, patience and encouragement. Following the game, as the researcher was about to leave, his CA invited him to the cultural program scheduled for the following day. He said, 'Come if you can. You are part of the Community now and you know that the doors are always open'. Another

sign of his acceptance was when men held their hand up to lock his in a 'Koori handshake', which the researcher learnt from an Elder.

The researcher made regular phone calls to his CAs to enquire about potential participants. During one such call, his CA asked him to drive over to a local park where a Koori expo was taking place. There was a gathering of about 200 members of the community there and he introduced the researcher to a few men who agreed to be interviewed. On another occasion, the researcher was invited to participate in the Reconciliation Walk. At the end of the walk, while people were having their barbecue lunch, his CA introduced him to a group of men who readily agreed to participate, giving him their phone numbers. One of the men was a local Elder. At the end of the interview with this Elder, which was conducted later, he suggested that he would accompany the researcher to some houses and talk to people whom he knew. He said that his presence would enable the men to feel comfortable talking about their problems. Two men were recruited that way. Three others were not home that day. One male Elder who agreed to participate was unable to keep his appointments on three occasions because of deaths and funerals.

A total of 12 Indigenous men and carers were recruited for the study, most of whom were from the one community (17 km from where the university department is located). Recruitment was less successful in the two communities that were further away from the university (81 km and 149 km) and in situations where people did not get enough time to be acquainted with the researcher.

DISCUSSION

Conducting field research within Aboriginal communities can be quite challenging, especially when initiated and carried out by a researcher who is non-Indigenous and an outsider. This paper has demonstrated that research of this nature is possible when the researcher is able to exhibit a culturally appropriate and sensitive attitude towards the research, adheres to the right values and protocols and is respectful to the Koori community. The research demonstrates reflexivity, which is an important prerequisite for Indigenous research (Henry et al., 2002; Nicholls, 2009). The researcher demonstrated that he learned from his CAs and the Koori community to be patient and flexible, utilising opportunities that were presented by invitations to Community events. The promoter played a major role in introducing the researcher to the Community.

Although the authors had taken all precautions to ensure that the research was respectful, recruitment of participants in two Communities was less than ideal. This was primarily due to the lack of time, an issue raised by other authors as well (Couzos, Lea, Murray, & Culbong, 2005; Mayo, Tsey, & Empowerment Research Team, 2009; Shahid, Bessarab, Howat & Thompson, 2009). Providing an adequate time frame for the research allows for a relationship to be built between the researcher and the Indigenous community (Waples-Crowe & Pyett, 2005; Mayo et al., 2009). For a community-based research project of this size and scope and involving Indigenous communities with little research experience, we feel that five years would be an adequate time frame rather than the three years allocated to a PhD project. Another likely reason for recruitment difficulties was the stigma usually associated with mental health problems, which is intensified in Indigenous communities where 'shame' exacerbates peoples' reluctance to discuss such private matters with service providers, or other outsiders such as researchers.

CAs were an integral part of this study. Without their support and encouragement, this study would not have been possible. One of the shortcomings of this research was the inadequate number of CAs. We learnt that it would have been useful to have more than one CA for each Community. The CAs in this project did not receive any reimbursements for their time and effort. Since CAs are otherwise busy people, advising student research presented an additional burden without financial or other reward (Shahid et al., 2009). Community Elders, in particular, who accept the role of a CA, bring with them a vast body of experience that could significantly enrich the research process. Perhaps, if they were considered part of the supervisory team and made eligible for remuneration, just as their academic counterparts, the research would demonstrate more *Equality*.

In order to be accepted by the Community, the researcher needs to first be accepted by the CAs and develop a relationship with them. That requires patience and flexibility, qualities that will go a long way in engaging with the Community as well. Repeated postponements of appointments must be accepted by researchers, as family and community gatherings as well as funerals are a priority for Koori people. Crespigny and colleagues have also noted that flexibility was a key factor in their success with developing partnerships for Indigenous research (Crespigny, Emden, Kowanko, & Murray, 2004). Since this was the first time research involving cultural advisers was carried out in our study region, they required time to determine that the researcher was respectful and that the research was outcome-oriented before committing to engage with the researcher and the research process. Once the process of recruitment and interviews commenced, participants generally discussed their experience of the researcher with the CA. CAs relied on participant feedback to reassure them that the research process not only did no harm but was also of benefit to the Community. This was also an opportunity for the CAs to learn about the research process.

A useful way of getting to know the Community is by attending gatherings such as those that take place during NAIDOC week celebrations. One needs to approach the research with respect, understanding and empathy for what Koori people have endured over the years. In engaging with Koori people, one also learns the value of humour, which is an endearing characteristic of their culture and a mark of their resilience and survival. Koori people are a good judge of character and integrity in a person because as one of the CAs stated, 'They have had to do it all their lives to figure out where they stood with outsiders'. Respect is a very important value in the Koori community and the researcher needs to demonstrate this at all times. Furthermore, when discussing sensitive issues such as mental health with men, a little smile or the ability to share a laugh with them can go a long way in developing mutual trust.

CONCLUSION

This paper gives a detailed description of how a non-Indigenous researcher built a research relationship with an Indigenous community, starting from early consultations to writing up a collaborative research paper with two Indigenous co-authors. It highlights some key elements that non-Indigenous researchers need to consider when conducting research involving Indigenous men. They include providing for a long time frame for the research, obtaining the help of an appropriate promoter to facilitate introductions to the community, identifying the right cultural advisers and being flexible and respectful at all times. It is hoped that the processes set up and the partnerships developed through this research will pave the way for long-term collaborations focused on improving Indigenous health and wellbeing in the region.

More culturally appropriate research that takes care of the aspirations and needs of Aboriginal people will go a long way in changing their opinion of research and perhaps even encourage them to embrace it.

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NOTES

1   An Aboriginal community includes country (land), family ties, belonging and shared experiences of Aboriginal people. The term 'Community' has been used with a capital C when it refers to this context.
2   In this paper, the term 'Indigenous' is used interchangeably with 'Aboriginal and Torres Strait Islander'.
3   Koori (also spelled 'Koorie') refers to the Aboriginal people of Victoria and south-eastern Australia.

REFERENCES

Berry, S. L. & Crowe, T. P. (2009). A review of engagement of Indigenous Australians within mental health and substance abuse services. *Australian e-Journal for the Advancement of Mental Health (AeJAMH) 8*(1), 16–27. Retrieved 7 December 2010 from http://amh.e-contentmanagement.com/archives/vol/8/issue/1/article/3249/a-review-of-engagement-of-indigenous-australians.

Couzos, S., Lea, T., Murray, R. & Culbong, M. (2005). We are not just participants—we are in charge: The NACCHO ear trial and the process for Aboriginal community-controlled health research. *Ethnicity and Health*, *10*(2), 91-111.

Crespigny, C., Emden, C., Kowanko, I. & Murray, H. (2004). A 'partnership model' for ethical Indigenous research. *Collegian*, *11*(4), 7-13.

Fielke, K., Cord-Udy, N., Buckskin, J. & Lattanzio, A. (2009). The development of an 'Indigenous team' in a mainstream mental health service in South Australia. *Australasian Psychiatry*, *17*(S1), S75-S78. [CrossRef]

Henderson, R., Simmons, D., Bourke, L. & Muir, J. (2002). Development of guidelines for non-Indigenous people undertaking research among Indigenous population of north-east Victoria. *Medical Journal of Australia*, *176*(10), 482-485.

Henry, J., Dunbar, T., Arnott, A., Scrimgeour, M., Mathews, S. & Murakami-Gold, L., et al. (2002). Indigenous research reform agenda: Rethinking research methodologies. *Links monograph series 2*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.

Henry, J., Dunbar, T., Arnott, A., Scrimgeour, M. & Murakami-Gold, L. (2004). Indigenous health reform agenda: A review of the literature. *Links monograph series 5*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.

Humphrey, K. (2001). Dirty questions: Indigenous health and 'Western research'. *Australian and New Zealand Journal of Public Health*, *25*(3), 197-202. [CrossRef]

Hunter, E. (2003). Aboriginal and Torres Strait Islander mental health. In N. Thomson (Ed.), *The health of Indigenous Australians*, Melbourne: Oxford University Press, 127-157.

Indigenous Psychological Services. (2004–2011). *Training*. Retrieved 15 January 2011 from http://www.indigenouspsychservices.com.au.

Isaacs, A. N., Neerakkal, I., Srinivasan, K. & Jayaram, G. (2006). Initiating a community mental health programme in rural Karnataka. *Indian Journal of Community Medicine*, *31*(2), 86-87.

Johnstone, M. J. (1991). Improving the ethics and cultural suitability of Aboriginal health research. *Aboriginal and Islander Health Worker Journal, 15*(2), 10-13.

Kowanko, I., Crespigny, C., Murray, G., Groenkjaer, M. & Emden, C. (2004). Better medication management for Aboriginal people with mental health disorders: A survey of providers. *Australian Journal of Rural Health, 12*(6), 253-257. [CrossRef]

Mayo, K., Tsey, K. & Empowerment Research Team. (2009). Reflections on a community and university research collaboration. *Australasian Psychiatry, 17*(S1), S68-S71. [CrossRef]

NAIDOC. (2011). *About NAIDOC.* Canberra: Australian Government. Retrieved 15 January 2011 from http://www.naidoc.org.au/about.

Nicholls, R. (2009). Research and Indigenous participation: Critical reflexive methods. *International Journal of Social Research Methodology, 12*(2), 117-126. [CrossRef]

National Health and Medical Research Council. (2003). *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research.* Canberra: NHMRC.

Onemda Vichealth Koori Health Unit. (2008). *We can like research… in Koori hands: A community report on Onemda VicHealth Koori Health Unit's research workshops in 2007.* Melbourne: The University of Melbourne.

Patton, M. Q. (2002). *Qualitative research and evaluation methods.* London: Sage.

Pyett, P., Waples-Crowe, P. & van der Sterren, A. E. (2008). Challenging our own practices in Indigenous health promotion and research. *Health Promotion Journal of Australia, 19*(3), 179-183.

Pyett, P., Waples-Crowe, P. & van der Sterren, A. E. (2009). Engaging with Aboriginal communities in an urban context: Some practical suggestions for public health researchers. *Australian and New Zealand Journal of Public Health, 33*(1), 51-54. [CrossRef]

Reconciliation Australia. (2010). *Who is reconciliation Australia?* Retrieved 14 December 2010 from http://www.reconciliation.org.au/home/about-ra/who-is-ra-.

Shahid, S., Bessarab, D., Howat, P. & Thompson, S. C. (2009). Exploration of the beliefs and experiences of Aboriginal people with cancer in Western Australia: A methodology to acknowledge cultural difference and build understanding. *BMC Medical Research Methodology, 9*, 60. Retrieved 14 December 2010 from http://www.biomedcentral.com/content/pdf/1471-2288-9-60.pdf. [CrossRef]

Smith, L. T. (1999). *Decolonizing methodologies, research and Indigenous peoples.* Dunedin, New Zealand: Zed Books: University of Otago Press.

Swan, P. & Raphael, B. (1995). *Ways forward: National Aboriginal and Torres Strait Islander mental health policy, national consultancy report.* Canberra: Australian Government Publishing Service.

Vichealth Koori Health Research and Community Development Unit. (2000). *We don't like research … but in Koori hands it could make a difference.* Melbourne: The University of Melbourne.

Wand, A. P. F. & Eades, S. J. (2008). Navigating the process of developing a research project in Aboriginal health. *Medical Journal of Australia, 188*(10), 584-587.

Waples-Crowe, P. & Pyett, P. (2005). *Making of a great relationship: A review of a healthy partnership between mainstream and Indigenous organisations.* Melbourne: Victorian Aboriginal Community Controlled Health Organisation.

Watson, R., Adams, K., Fredericks, B. & Mahoney, R. (2010). *Strategic directions: Report for the social determinants of Aboriginal health project.* Melbourne: Victorian Aboriginal Community Controlled Health Organisation.

Wenitong, M. (2002). *Indigenous male health: A report for Indigenous males, their families and communities and those committed to improving Indigenous male health.* Canberra: The Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing.

Westerman, T. G. (2004). Engagement of Indigenous clients in mental health services: What role do cultural differences play? *Australian e-Journal for the Advancement of Mental Health (AeJAMH) 3*(3), 88-94. Retrieved 7 December 2010 from http://amh.e-contentmanagement.com/archives/vol/3/issue/3/article/3369/engagement-of-indigenous-clients-in-mental-health.

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