

April 2025

embrace exclusive

creating community

finding your people and lasting
wellbeing go hand-in-hand

PLUS

NEW PARENTING PROGRAM /
INTEGRITY & COMMUNITY /
SEEKING JOY



Acknowledgement of Country

The Kids Research Institute Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and waters of Australia. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kurna Elders, their people and their land upon which The Kids is located and seek their wisdom in our work to improve the health and development of all children.

Foreword

COMMUNITY is at the heart of everything we do in our work at Embrace.

It started with our priority-setting project in 2021, from which over 600 community submissions went on to form the basis for our research priorities.

These priorities are the guiding light for all the research we do.

It's also evident in our Embrace Community Group, which is always seeking new members. And excitingly, we'll soon be recruiting eager community group members into a reference group that will meet quarterly and advise on research, ensuring that we are tapped into the changing needs of WA residents.

In these ways, the importance of community transcends our work.

When we talk about our mental health, the need for community, socialising, and belonging are crucial.

Our connections allow us to thrive.

In this edition of embrace exclusive, you'll find an article by one of our Youth Community Group members, Rachael Burns, on what community means to her.

You'll also learn more about how the community is involved from the outset of a new project developing a parenting program for Aboriginal and Torres Strait Islander parents, and how LGBTQ+ community-controlled mental health and AOD services are being improved in a national study.

So read on, and maybe consider what your community means to you. We're thrilled you're a part of ours.

Embrace Co-Directors



Professor Helen Milroy

Professor Jeneva Ohan



Embrace is supported by principal partner, Rio Tinto.

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Seeking Joy

Guest column by Dr Alix Woolard,
Embrace Senior Research Fellow

DO you remember a piece of wholly unexpected advice that changed your life?

There was a time when I was in the depths of working on my PhD, facing another existential crisis.

I was working from my apartment, wondering if this was the right path for me. Worrying I wasn't smart enough to be a researcher – worrying I was out of my depth.

Then there was a knock at the door.

I remember it as if it were yesterday – one moment I'm questioning every decision I've ever made, and the next I'm standing face-to-face with my 80+ year old neighbour, Joy (who, by the way, did not look a day over 50 – she was the very embodiment of her own name).

I naturally invited her in for a drink and a chat and after I shared my worries, my fears, I wondered aloud at how she remained so youthful, so exuberant.

I'll never forget her response.

"Alix, I have had so many jobs I can't even remember them all," she said.

"I have had financial success, I've lost money, I have had hard stuff happen as well as good. Do you know how I knew I was on the right path?"

I waited with bated breath for the answer.

"The people around me. I have never regretted my path in life because I have met so many wonderful people."

Cue the tears from me.

Joy was onto something here. As humans, we are social creatures, and our wellbeing is deeply tied to our connection with others. When we face hardship, it's our community of people, our friends and family who hold us. Studies even show that stronger social connections improve and increase lifespan!

I have seen and experienced the healing that can come from having connection to others. At the end of the day, it's not the accolades or achievements that define a life well-lived—it's the people we share it with.

There's a common question we ask in therapy: "What do you value the most?"

It's a question that helps us understand our problems, and work towards growth and change.

And for me, it's not about professional successes or financial benefit, it's all about social connection. So every now and then, I think back to Joy's words of wisdom in the eye of a storm, and I thank her for reminding me what drives me. ■

Community comes together for parenting program



PARENTING can be a difficult task for most of us.

For Aboriginal and Torres Strait Islander peoples, these challenges can be even more pronounced due to the ongoing complexities of intergenerational trauma.

Raising children relies on strong, safe and secure bonds of attachment between caregivers and the child.

These connections can be disrupted through behaviours based in trauma, whether historical, intergenerational, or caused by current experiences.

It is in this backdrop that Healing Kids, Healing Families and Embrace researchers have begun development of a parenting program that is specific to the needs of Aboriginal and Torres Strait Islander people.

“It will be trauma-informed, culturally safe, and built by the community,” says senior researcher Dr Nita Alexander.

While parenting programs have historically been adapted for use within Aboriginal and Torres Strait Islander communities, this project will deliver the first program built from the ground up with the community it seeks to support.

“In this program, we aim to view culture as a strength and an asset for child-raising,” Nita says.

“This can only be achieved through listening and learning from the community and building a program with and for them.”

The parenting program was unveiled to community members at Noonakoort Moodijabiny (or ‘Everyone Becoming Strong’) in late March.

Among those in attendance were community members, health professionals, and of course parents, who expressed eagerness to see the program under development.

Parenting practitioner Stacey Trinidad, who attended the event after meeting with Nita and Aboriginal Project Officer Bek Morrison in late 2024, says she and her colleagues were often left frustrated by the launch of pilot parenting programs that would often disappear after making minor improvements, often as a result of a lack of funding.

“There’s so much strength in culture,” Stacey tells us at the event. “We don’t need to reinvent the wheel, we just need to go back to basics and to the people who have been doing this for thousands of years.”

“It needs a community approach.”

Whadjuk Ballardong Yorga Elder Robyn Collard started proceedings with a Welcome to Country and Water Ceremony, in which aromatic native leaves like eucalyptus were used to cleanse and refresh all in attendance.

Bek, who hosted the event, reflected on the need for a community-centred Aboriginal parenting program, before giving attendees a sneak peak of the project artwork, Building Stronger Foundations, by Noongar Yorga artist Jacinta Anderson. This artwork will be shared publicly later this year.

After dinner, attendees split into yarning circles to share ideas like how to make the program useful for families.

“I was proud to share our progress with the community, and also encouraged by sitting in and listening to our yarning circles,” Bek says.

“We heard insights about what should be included, and yarned about how to overcome barriers to achieve our goal of decreasing the effects of intergenerational trauma to our kids and next generations.”

For Nita, the program represents an opportunity to see tangible and lasting change for Aboriginal and Torres Strait Islander people – one that will see ownership remain within the community.

“This has the potential to change generations of Aboriginal and Torres Strait Islander peoples’ experience of raising their children,” Nita says.

In March, the Productivity Commission released findings that only 4 of 19 Closing the Gap objectives remain on track.

“Researchers have a unique opportunity to hear and take action on the voices from community,” Nita says.

“The difficulty, however, is translating the research into outcomes that government and policymakers will listen to. But with considerable community buy-in, we’re optimistic the tide is starting to turn.” ■

Healing Kids,
Healing Families

Interested in participating?

Scan the QR code to express your interest in joining an advisory group for the Aboriginal Parenting Program project.

Email aboriginalparenting@thekids.org.au to find out more.





Optimising accessibility for LGBTQA+ community

IMAGINE walking into a reception room for a medical appointment.

You're nervous, but you have been on the waitlist for months. The receptionist doesn't make eye contact with you and tells you to sit down and wait.

You sit in an uncomfortable chair, the room is brightly lit and hurts your eyes. There is barely any decor to look at, and the resources on offer don't feel relevant to you at all. Your practitioner calls you into their room, and doesn't acknowledge your name, pronouns, or why you are there. They don't ask you questions and don't make eye contact. They look at your details on a screen.

After five minutes, you are ushered out with a potential bandaid solution and without any input of your own.

Would you return to this service? And more importantly, would you feel heard?

This is unfortunately a mere snapshot of the experiences felt by many members of the LGBTQ+ community in healthcare settings.

In Australia, LGBTQ+ people experience a disproportionate burden of mental ill-health, and rates of alcohol and other drug (AOD) use are routinely higher when compared with the general population. Despite these high rates, professional support engagement remains low.

"Narratives around the world that weaponise and harm LGBTQ+ people can discourage them

from receiving support, which in turn leads to heightened levels of distress," says Dr Jack Farrugia, Postdoctoral Researcher on Optimise+, a new research project seeking to improve models of care for LGBTQ+ people in Australia.

"We know there are people experiencing psychological distress that aren't seeking support. It's important that we create safe spaces that people can access and receive the support they need."

"If someone is having an unsafe experience in a health service, they may not say something in the moment, and could go somewhere else or nowhere else at all. Creating these safe spaces can help them to lead happier and healthier lives."

Optimise+ seeks to build on the best parts of LGBTQ+ community-controlled mental health and alcohol and other drug (AOD) services across Australia. The project uses evidence-based information and will work collaboratively with community organisations.

"LGBTQ+ organisations are doing amazing work to make sure the community feels safe, and we want to learn more about this. What is going well, what are the outcomes of the people you

are seeing, what isn't going well. We want to inform a model of care that can be utilised by them and other organisations out there."

Dr Farrugia points to the simple steps organisations can take to improve inclusivity in their practice.

"Inclusivity can start as early as the first point of contact with the service. The moment you walk into any space, you are constantly looking out for signs of inclusivity. Will they ask for pronouns? Are there diverse resources and rainbow flags? Does the therapist share their own pronouns?"

"These things may seem small, but they are needed to make LGBTQ+ people feel included and safe," he says.

The project is at its first stage, involving audits of LGBTQ+ community-controlled mental health and AOD services, and services which see or employ members of the LGBTQ+ community.

This four-year project, funded by the Medical Research Future Fund, is a partnership between frontline services and leading researchers across Australia.

With the Optimise+ aims implemented, maybe the waiting room can go from an uncomfortable experience, to a space where LGBTQ+ people can feel safe and heard. ■

Below: Youth Mental Health Postdoctoral Researcher Dr Jack Farrugia



The overlooked condition

AS our collective glossary of mental health vocabulary expands, one condition has, until recently, remained overlooked: dissociation.

Researchers from Embrace and the Healing Kids, Healing Families team are shining a light on a condition both under-recognised and under-served, after analysing adolescents' experiences of dissociation and ways of coping with these experiences, in two soon-to-be-published papers.

"We interviewed young people, parents and clinicians," says lead author Dr Bronwyn Milkins.

"And we were surprised that a lot of participants found it difficult to articulate what dissociation was to them. They haven't been asked about their dissociative experiences before, despite it being a significant part of their mental health challenges. When it has been addressed, they have been dismissed, told they were being manipulative, or told they were lying, so it wasn't being picked up.

"They were scared and finding it hard to articulate."

In an already little-understood condition, even less is known about dissociation among young people.

The team's paper analysing adolescents' ways of coping with dissociation is the first of its kind. Similarly, their paper on how adolescents experience symptoms of dissociation was the first study to consider the condition in the context of daily life.

"Clinically, we've just been assuming that the criteria developed for adults apply equally to young people," Dr Milkins says.

"But we know that PTSD has different presentations and criteria for young people, as does depression. So we've been applying the dissociation criteria to young people without knowing the full picture."

One novel finding from this research that has not been present in previous research on adult dissociation was the value adolescent people placed on having a trusted person with them while dissociating.

"They like either just having a trusted person

present but not doing anything, or being there to help them process their feelings. It was acknowledged that it can be difficult to predict what the adolescent would need in the moment, but for the most part, the participants said they would be able to give direction to the trusted person in the early stages of a dissociative episode." Less effective coping strategies have included avoidance of friends and family, and impulsive behaviours.

"Young people would describe going and doing activities and knowing they were there but simultaneously feeling like they were not in control of their own body. They might go and get a tattoo just to reassure themselves they exist," Dr Milkins says.

"What can look like strange, impulsive behaviours are really ways of dealing with this disorienting state."

"Also, sometimes they would cope with dissociation by dissociating even more. The initial moments may be quite scary, so they might use substances or daydream to enter a controlled state of altered consciousness. They're still dissociating, but they feel more control. This technique unfortunately prolongs the dissociation."

Later this year, the project team, which is being coordinated by Dr Maryam Boutrus, will launch a pilot training program to help clinicians better identify and work more closely with adolescents who experience dissociation. A systematic review on younger children's experiences of dissociation is also underway.

"Young people who have been exposed to traumatic events or come from marginalised backgrounds seem to experience dissociation more frequently and severely, but identification and treatment has been very much neglected," Dr Milkins says.

"Most dissociation starts as a way of coping with traumatic experiences. If we miss out on identifying and working with this crucial aspect of a person's mental health, they will be disadvantaged in their recovery journey.

"We need to work more closely with young people on this." ■

Healing Kids, Healing Families researcher Dr Bronwyn Milkins.

BE A GUEST ON OUR PODCAST

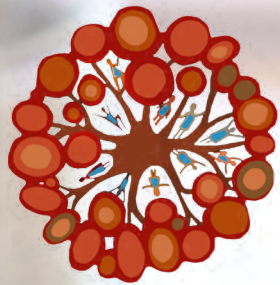
We're searching for young people, parents and carers to interview for season three of our podcast, *Embracing the Mind*.

If you're interested in sharing your story, email embrace@thekids.org.au to tell us a bit about yourself.

Scan the QR code to hear previous episodes from host and **senior researcher Dr Alix Woolard** on the latest research in mental health.



HEALING TREE



Connecting on country and its benefits to our social and emotional wellbeing



FORGING connections through yarning and sharing personal stories is one of the simplest ways to improve our social and emotional wellbeing.

That's why *Healing Tree*, our event last December, focused on experiential learning in celebrating Aboriginal culture and social and emotional wellbeing. Surrounded by flowering banksias, warbles of magpies ringing out overhead, and the mighty *Gija Jumula* (Giant Boab) looming nearby at Kaarta Koomba, The Kids researchers guided community and partner organisations through a morning of self-guided activities and sparking conversations about a path forward following the referendum on a Voice to Parliament.

Timed at the changing of the Noongar seasons of *Djilba* (wildflower season) into *Kambarang* (the return to hot weather amid an abundance of colours and flowers), attendees began the morning with a Welcome to Country and Smoking Ceremony hosted by Go Cultural's Walter McGuire.

The rest of the morning included yarning circles, live music, painting leaves for display on the Healing Tree sculpture, and learning about Noongar history and connection to the land.

Yarning circles facilitated by staff from Embrace and across The Kids' Aboriginal Staff Network, included discussions about the meaning of culture, the importance of resilience, and ways for Aboriginal and non-Aboriginal Australians to work together towards better health and wellbeing outcomes for young people.

Attendees also embraced their creative side by painting leaves to hang on the Healing Tree, a wooden sculptural piece that was stationed in the center of the event and served as a place of connecting and reflecting together. People were encouraged to draw on one side of a leaf and write what social and emotional wellbeing means to them on the other side.

Social and emotional wellbeing, the framework which guided the event, embeds wellbeing within culture, family, and community, and focuses on the connection of all parts of our social contexts and individual emotional state.

This concept first gained recognition in the book *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, of which Embrace Co-Director Professor Helen Milroy AM was a co-editor.

The event created a mood of reflection for attendees as they participated in a guided meditation among community members and the leaves they painted together.

'Healing', 'family', 'friendship', and 'nature' were some of the answers written on the leaves, which continue to hang on the Healing Tree at The Kids. This event was organised by The Kids Research Institute Australia Embrace team and Kulunga Aboriginal Unit. ■





Type 1 Diabetes and your Wellbeing

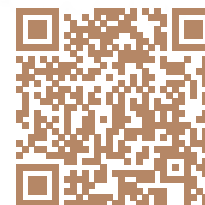
We understand that living with Type 1 Diabetes (T1D) can impact your mental health and wellbeing and even be traumatic.

We have created a free online program to support young people aged 13-17 with their T1D.

Selected participants will receive a free Wellbeing-T1D Pack

**Join a program
designed by teens
with T1D, for teens
with T1D!**

For more
information,
scan the QR
code:



Watch our
video on *Social
and Emotional
Wellbeing*



community

Noun [C, + sing/pl verb]
safety; myth; integral

Artwork and story by Embrace Youth Community Group member Rachael Burns

The concept of 'community' has always been something I've struggled to understand.

At times, I've believed it a total myth, while at others, it was a lifeline. The one constant was its lack of constancy, but I think I've finally landed at a definition of community that works for me.



Community: a safe and loving environment; a sense of inclusion

As a child, I thought of it in terms of my local area — the libraries and playgrounds, civic centres and sports ovals. It wasn't so much about people as it was about growing up in a safe and loving environment. It was the experiences and the greenspaces around me which I took for granted but enjoyed nonetheless.

As I started going to school and existing around peers, I came to understand 'community' as a sense of inclusion — the feeling of being in company. It wasn't necessarily a connection, but it was inclusion through being a part of clubs and groups that came together to play sports or learn. For the most part, it was something I viewed as a positive.

Community was not something that I thought deeply about — either regarding its absence or presence.

Community: a myth; a degree of social acceptance (synonyms: blending, masking)

As I moved into late primary school and early high school, socialising became progressively difficult. It became evident that I didn't relate to my peers in the ways I was expected to.

Instead of forming commonalities, forming bonds, I became hyper-aware of the ways in which my brain and thinking patterns deviated from those around me and in turn the ways that I didn't fit in. I began to believe that community as belonging was a myth.

Community was merely a degree of social acceptance, synonymous with blending in and masking. I mastered the art of observing others, altering my behaviour such that I wouldn't appear as the outsider I felt.

In doing so, I lost parts of who I was.

I started to become mentally unwell, turning to coping mechanisms that caused me significant harm. I collected diagnoses and hospital admissions like passport stamps, becoming unrecognisable to the passionate and outgoing person I had been.

I wasn't yet an adult, but I had seen and witnessed unspeakable things and in the process, I'd been completely alone. I was surrounded by nurses and doctors and security guards, but I had nobody around me to whom I could relate. Socialising didn't extend beyond conversations about treatment plans. I had nobody that saw me as a human being rather than a patient and the term 'relationship' was always prefaced by 'therapeutic'.

I spent my days alone in the four walls of either a hospital room or my bedroom, finding company in textbooks and practice exams while pushing away family and friends. I only existed in two contradictory parallels. In clinical settings, I was a patient who was frequently reminded that she was primarily a burden, and almost as an afterthought, a human being. In academic settings, I was a 'gifted student' with 'incredible potential' who was far more interested in study than in something as menial as a social life.





Community: my people; comfort and belonging

My current understanding of community only started to form last year as I began to step into advocacy and embrace my neurodivergence. Connecting with the parts of myself I had vowed to eradicate, I started to celebrate these inherent characteristics of the person I am. I accepted my identity, recognising that the way my brain operates is likely different to that of many of my peers.

As a passionate mental health and disability advocate with lived experience, community is now fundamental to the work that I do and in creating a sense of safety. It is particularly relevant to my own passion project, Integrity Initiative, which I launched last year. Integrity Initiative is

a mission to humanise mental health treatment and deliver dignity to those stripped of it through a lived experience-focused, community-centred approach. We will develop and deliver essential packages and resources for people experiencing mental ill-health across Western Australia, and host community engagement events to raise awareness, decrease stigma and encourage early intervention for mental health challenges. The program and all of its work will be by people with lived experience of mental ill-health, for people with lived experience of mental ill-health, alongside established community organisations, taking a lived experience, evidence and human rights-based approach.

Integrity Initiative draws upon my new-found comfort in the term 'community'; that which brings together connection to country, to peers, to locality, and belonging all in one. Community based on passion, shared values, mateship and identity. ■



Community forms a silver lining in wordcloud survey

TALKING to friends, family and other trusted people were the most commonly identified ways to look after your mental health by both high school and university students in a recent Embrace survey.

The responses serve as a reminder of the importance of community to support our wellbeing.

Other answers that came up with both age groups included exercise and sport, self-care, and creative pursuits like writing, reading and listening to music.

High schoolers were more likely to turn off their phone and practice skin and hair care routines to look after their mental wellbeing, while university students veered towards rest, journalling and staying away from toxicity.

Students at both events responded to mental health-related questions on sticky notes which went on display on a mental health poster.



The Embrace-led activity encouraged important discussions around mental health for young people, including who to turn to for support and what your mental health means to you.

Similar answers were also given when asked about their biggest mental health concern, with issues such as "money", "stigma", "stress" and "anxiety" commonly mentioned across both groups.

The differences in answers showed more concern from university students regarding studying in a new country and studying at university level, while high school students commonly reported bullying and not fitting in as key mental health concerns for them.

Embrace Senior Research Fellow Dr Alix Woolard, who shared tips and support at the high school expo, said it was important to have open discussions about mental health with young people. ■



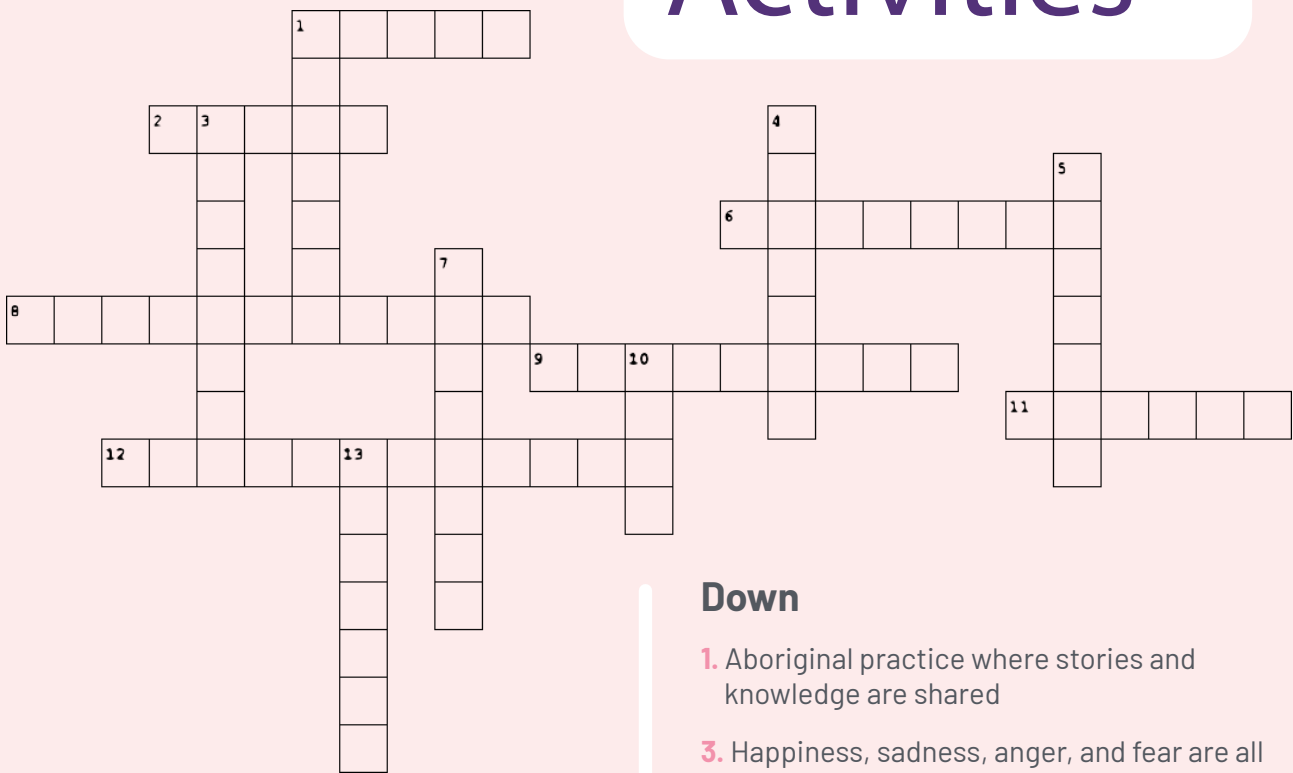
Embrace staff discussing mental health with members of the community at school and university events.



Roblox
Read
Therapist
Turn off my phone
Self care
Exercise
Hang out with friends
Listen to music
Play sports
Sleep
Think happy stuff
Deep breaths
Good hygiene
Me time
Spend time with loved ones
Talk to my friends
Basketball
Art
Play games
Take care of my skin and hair
Surround myself with good vibes and energy
Appreciate things around me
Talk to my mum

Activities

CROSSWORD



Across

- 1. Another word for adolescent
- 2. 'Community is at the _____ of everything we do at Embrace'
- 6. New LGBTQIA+ project involving Dr Jack Farrugia
- 8. Event at which painted leaves were hung on a _____
- 9. Noongar season that begins after Djilba
- 11. To be a rightful member, or in the right place
- 12. Condition experienced after trauma; often overlooked

Down

- 1. Aboriginal practice where stories and knowledge are shared
- 3. Happiness, sadness, anger, and fear are all _____
- 4. To assist; to aid
- 5. To return to a normal state of health, mind, or strength
- 7. To study/explore; what The Kids does
- 10. Embracing the _____, a podcast hosted by Dr Alix Woolard
- 13. Ideas, customs, and behaviours of certain peoples or societies

WORD SCRAMBLE

Combined word hint:

The Kids and Embrace hope our work can contribute to an improved



FSEA	
UECRLTU	
POSUTRP	
SRTTU	
PHTAYRE	
TNECCNO	



WORD SEARCH

Embrace
Research
Community
Mental health
Wellbeing
Healing
Youth
Families
Connection
Dissociation
Yarning
Inclusive
The Kids
Safe

HELP GUIDE OUR RESEARCH

Scan the QR code if you are interested in signing up to the **Embrace Community Group**.



On joining, you will have access to regular newsletters featuring updates and opportunities to shape our work, participate in our research and attend our events.

In coming months, we will be recruiting for a new Reference Group through the Embrace Community Group.



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