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¹ Please note that when we mention the term 'First Nations' we include all Aboriginal and Torres Strait Islander people and acknowledge their rich traditions and heterogeneous cultures

Background

Hello and welcome to Weathering Well Care Planning with the Stay Strong mental health research program. The Stay Strong mental health team is based at Menzies School of Health Research. Our program of research began in 2003, and we have worked collaboratively with NT service providers and Aboriginal and Torres Strait Islander communities. For over a decade Stay Strong has developed a range of information sheets, flip charts and the AIMhi Stay Strong approach to brief therapy - Motivational Care Planning which is embedded in the Stay Strong App. The Weathering Well App uses this same brief therapy to develop strengths-based care plans for participants with wellbeing concerns.

The Australian Government's e-Mental Health Strategy for Australia (DoH, 2014) aims to improve awareness, knowledge and use of e-mental health resources. E-Mental Health in Practice (eMHPPrac) is a support service and project funded through the Strategy, providing training, supporting implementation and promoting awareness of e-mental health resources to health professionals working in primary healthcare (eMHPPrac, 2018).

eMHPPrac is a collaboration between Menzies School of Health Research, the University Centre for Rural Health, Black Dog Institute and is led by Queensland University of Technology. As part of the eMHPPrac Indigenous stream, Menzies provides training in e-mental health resources including the Stay Strong App to health professionals, facilitators and support people. See Appendix A for links to other e-mental health resources.

The AIMhi Stay Strong Theoretical Framework

Motivational Care Planning (MCP) is based on 15 years of theoretical development, clinical practice, and empirical research. This therapy is different in many ways from traditional approaches to treatment. MCP draws on a range of brief therapies such as motivational interviewing, problem solving therapy, positive psychology and solution focused therapy (Cuijpers, van Straten, van Sciak, & Andersson, 2009). The focus of the intervention is to promote behaviour change through reviewing the participant's social connections, individual strengths and stressors. It has a focus on the 'here and now' and on current behaviour and planning for change to improve lifestyle choices. The motivation to make change is developed through the comparison of individual values and life priorities with actions, lifestyle behaviours or symptoms that are causing distress. The four-step intervention explores: family and friends, strengths, stressors and setting goals for change.

MCP shares principles of cognitive behaviour therapy (CBT) such as:

- Establishing a strong therapeutic alliance
- Focus on discrete goals
- Focus on the here-and-now
- Cognitive reappraisal
- Patient as collaborative partner (Karwoski, Garratt, & Ilardi, 2006)

MCP shares the positive psychology aim of building on the person's existing strengths to enhance emotional wellbeing. The *'aim of positive psychology is to catalyse a*

change in psychology from a preoccupation only with repairing the worst things in life to also building the best qualities in life (Seligman, 2002). MCP also has overlap with motivational interviewing techniques, in particular supporting self-efficacy and developing discrepancy (Treasure, 2004) and with solution focused therapy which also focuses on competency and strength in participants and is underpinned by the following principles: if it's working keep doing it, if it's not working stop doing it, and keep therapy as simple as possible (Nagel, 2007; O'Connell, 2005).

In addition, this approach is aligned with principles of behavioural activation therapy in which participants and practitioners collaborate to identify target behaviours, goals, and rewards that reinforce non-depressive or healthy behaviour, which has also been shown to be efficacious and cost effective in comparison with CBT (Veale 2008). MCP is designed to be delivered in one or two sessions by workers who may have little training in counselling and limited time, and with participants who may have low literacy or language difference and in individual or group settings. These aspects of the MCP intervention render it a 'low intensity' cognitive behavioural intervention (Bennett-Levy, Richards, & Farrand, 2010). It is a participant centred model, which, similar to solution focused therapy, focuses on participants' strengths and previous successes. There is a focus on working from the participant's understandings of their concern/situation and what they might want to do differently.

The AIMhi Stay Strong approach has some key differences to other brief therapies; it is culturally adapted for Aboriginal and Torres Strait Islander people and presents a holistic model of mental health and wellbeing. Evaluation of training provided by the Menzies School of Health Research has shown that practitioners value the training, have improved confidence and knowledge, and continue to use elements of the approach long after receipt of brief training (Dingwall, Puszka, Sweet, Mills, & Nagel, 2015).

Key steps in motivational care planning

- Review of family and other key people who are supportive
- Review of strengths in a holistic framework inclusive of culture and spirituality
- Review of stressors and worries
- Review of reasons to change linked with family, strengths and stressors
- Simple goal setting and discussion
- Focus on developing simple steps to the goals
- Review of steps and goals over time

Rationale

A person's 'balance' and wellbeing is a result of resilience factors and risk factors that constantly interact (Mueser et al., 2002). At any time, decisions can be made that might change the balance and thus decrease or increase a person's vulnerability to mental illness. Knowing which of these factors are important in relapse of illness, and what can be done in terms of change, is an important component of self-management. The key message is that of the need to build strengths and mitigate stressors, to promote resilience and diminish vulnerability to mental illness. Some risk factors are beyond a person's control such as genetic or environmental influences, but others are within an individual's power to change and influence. Current distress is thus caused by diminished healthy behaviours through choice and/or lack of

opportunity. These behaviours negatively influence identity and self-efficacy and lead to vulnerability to depression and a range of other mental illnesses. Healthy behaviours are culturally informed and include cultural and spiritual activities, family and community engagement as well as physical activity. Planning and supporting and reinforcing healthy and rewarding behaviours will promote resilience and improve wellbeing through positive reward, improved self-identity and greater self-efficacy.



A client centred approach

We talk about family and strengths, spending time developing trust and relationship rather than going straight to the problem.

We use family and strengths as motivation for change. The discussion of strengths and stressors is holistic and covers physical, cultural, mental, and social aspects to life.

The person controls the process. They identify each strength and each stressor of their own, we don't write anything that they haven't volunteered, they see everything that is written, they own the plan and take home a copy of the plan.

Rapport (good connection)

Understanding and communicating with participants or participants is helped by:

- Being introduced by someone they know and trust
- Talking where people feel most comfortable – maybe talking outdoors
- Checking which languages are spoken and how well English is understood
- Recognising that some people may have reading or hearing difficulties
- Avoiding direct questions but using open questions instead
- Making interactions concise and meaningful so as not to sit for too long
- Talking about strengths and family before talking about the problems

The Four Step Weathering Well Plan

The 4-step plan is a way of engaging with participants before you assess them or as a goal setting brief intervention at the end of your assessment. The first two steps in the plan are about getting to know people. Whether it's someone you are working with, or someone you are going to interview – it's a good idea to get to know them a bit first. One of the ways to do that is to take into account the above rapport suggestions and to talk about family, and to get a sense of who is important to them. Another way to do it is to talk about what activities we like to do – what things keep us strong. The App centres on the person's strengths and worries and helps to set goals for change. Users are first asked to identify the people in their life that help keep them strong, their relationships and the role they play in the person's life. They are then asked to identify their strengths in four areas of their life, and this is represented visually as a farming scene. As they input more strengths, the landscape grows greener and more fertile. Similarly, users are asked to identify things in their life that take away their strength in same four areas. As they input more worries, the scene changes colour and simulates drought and tougher times. Users are shown a metaphor for their lives, with worries and strengths changing the farm scene accordingly.

Step 1 and 2: Support People and Things that Keep Me Well

These two steps are about developing rapport and sharing understandings.

- Talking about support people and things we do that keep us well is a good way to get to know someone.
- Talking about family can help us to see the networks of healing and the paths for support of that participant.
- As we talk about family and strengths, we can begin to know what is already strong and talk about how to make it stronger.
- Looking at social connections and recognising their importance helps to link them into the steps to goals for change.
- Plans for change are stronger if support people named on the plan hear about their role with participant consent.
- The plan can strengthen the support networks surrounding the participant.

- Using the Weathering Well App we can type in names of supportive family and friends and select the relationship they have to the participant and the role they play in their life

What you might say: Step 1

One of the important ways in which we can stay well and have balance in our lives is to have people around us who help to keep us feeling okay during the tough times. This is your support map, and this is you in the centre. Who would you put around you on your support map? Who is it that helps to keep you stay well and in balance? What relationship do they have to you? What role would you say they have in your life? E.g. someone you can talk to, someone who is always there...

- Talking about strengths and things we do that keep us well helps to remind us of good things in our lives. The things we value about ourselves and the people around us.
- Talking about our strengths helps to establish rapport and connection between people
- Using the Weathering Well App to describe strengths is an easy way to start talking about wellbeing and mental health.
- Using the App, we can select the things we do that keep us well and type a word or two that describe it in more detail.

What you might say: Step 2

There are four main areas of our lives that people from farming communities said help to define wellbeing. 'surviving to thriving', 'physical', 'family, social and work' and 'emotional and mental wellbeing'. Worries in those areas can throw us off balance, while making positive changes can help us find balance again. The more things we do for our wellbeing, the stronger and more resilient we can be - even during tough times. Look at each of the items on this page. Do they represent something that fits with your own experience? Tell me a little bit more about that?

Step 3 and 4: Exploring Worries and Setting Goals

Having taken time to review positive aspects of people's lives there is more chance that you have established rapport before you begin to talk about the sensitive areas of concern in their lives. An important difference in the Weathering Well approach is that we explore worries after talking about strengths and that we allow the person to volunteer them rather than directly asking questions.

What you might say: Step 3

Moving on... looking at the scene on the page again ...worries in our lives can take our balance away. What sorts of spiritual, physical, social and mental and emotional things throw you off balance? Do any of these fit with you? Tell me a little bit more about that?

Setting goals for change

Once the first three steps are complete, we are in a good position to be thinking and planning for change. Our goals are the things we want to change. We need to think of steps to these goals, and we want the goals and the steps to be achievable and practical and simple. Steps are the goals broken down to manageable, smaller actions. If you have a goal to do further study – a step to that goal might be to find about more about possible study courses, another step might be to get some more information, or to talk to someone or to make a phone call. Steps tend to be more specific and more detailed than goals. The best way to plan goals and steps is to ask four questions: What? Why? How? Who? When?

We are encouraging participants to identify their own personal goals and their own steps to those goals.

As we encourage goal setting and communication within the support network- we support empowerment of that network and all of those within the network.

SMART goals

Another way to think about goals is to aim to set 'SMART' goals. SMART goals are Specific, Measurable, Attainable, Realistic and Timely.

Specific: A specific goal has a better chance of being reached than a general goal. To set a specific goal aim to answer the "W" questions:

What:	What do I want to do?
Who:	Who can help?
Where:	Identify a place related to the goal.
When:	When will you do it/how long will it take

Measurable: To see if a goal is measurable, ask questions such as.....

- How much? How many?
- How will you know when it is reached?

Attainable: When you identify goals that are most important to you, you begin to figure out ways you can realise them. This is where the participant choosing their own goals is important, as they are the one that best knows what is possible. You might think and talk about goals that have been reached in the past, it helps to remember what you can do if you really try.

Realistic: A goal is realistic if you want it and you can actually do the steps that are needed to reach it. The steps are very important, because they break down a big task into smaller, more manageable steps.

Timely: A goal works best when it is put within a time frame so that you know when to begin and how you are going to continue.



What you might say: Step 4

Thinking about the people in your life who support you and thinking about the things that you do for your wellbeing and that you value, and thinking about your worries, what would be one small thing that you might think about changing? Anything else?

- *Tell me a bit more about what that change means for you*
- *Why would making that change be a good thing to do?*
- *Out of those changes, what would be the most important thing to change right now?*
- *If that's the most important goal for now let's talk about how you could go about it?*
- *Have you made changes like that before? Tell me about how that went.*
- *What small step could you do first? Who could help?*
- *Remember, anyone can make changes when they are ready - and small steps can lead to big changes*

Build motivation

Build confidence by reviewing examples of success – such as past successful changes the participant has made

Promote discrepancy and dissonance by comparing the 'ideal' and positive strengths a person reports on their strengths page with the worries that they have. Highlight differences and promote any links which arise throughout the discussion.

Maintain rapport through avoiding suggestions and asking direct questions.

Risk Management

A key message of suicide prevention is that any person might be approached for help by someone at risk and will benefit from developing basic skills.

Risk Management tips below apply to all of us.

Pay attention

Read signs of concern
Trust your hunches
Take any talk of suicide seriously
Show respect
Try to understand
Be yourself
Take them seriously

Reach out

Show you care
Tell them what you noticed
Take time to listen

Check it out
Say things like “lately I’ve noticed...”
Ask others what they’ve noticed
If in doubt check it out

Give support

Let them talk
Explore other options
Build realistic hope
Get more support (eg family, mates, counsellors, crisis lines)
Ask about suicide
If concerned, ask directly “Are you thinking of suicide?”

Get help

Don’t leave if there’s a risk of suicide
Remove available means of harm
Know your limits ... involve others, get further help
Follow up ... stay alert to ongoing needs / risk
Keep safe
Focus on safety first
Encourage no self-harm
Look out for your safety and safety of others

Avoid

‘Quick fixes’ & ‘cheer up’ advice
Telling them not to worry
Drinking to avoid the pain
(Lifeline, 2010)

Know early warning signs

Everyone gets stressed sometimes and we all have warning signs that stress is building up. If we pick up stress early, we can do something about it before it gets out of control. In the same way if we pick up mental illness early, we can make changes before we have a relapse. Common early warning signs of relapse are:

- irritability (feeling ‘cranky’),
- tension or worry,
- social withdrawal (sitting down alone),
- poor appetite,
- poor sleep.

These are early changes that happen before relapse. Knowing warning signs helps people avoid relapse and to recover from mental illness by having more control of it.

Have a crisis plan

Work out what you will do in a crisis, when your early warning signs are getting out of control. Plan *where* you will get help, *who* you will go to, and *what* you will do. You can write this on your stay strong plan and/or talk it through with your support person.

Risk assessment

There are three main sorts of risk – risk of hurting yourself intentionally, or hurting others intentionally, and vulnerability (of getting hurt accidentally through poor decision-making). Consider the following questions for vulnerability risk:

- Does this person have trouble looking after themselves?
- Do they have trouble protecting themselves from others – and not getting hurt?
- Are they at risk when they are away from their support and carers and family?

Suicide risk assessment

Important background factors for suicide risk are:

Suicide attempts in the past

Unmarried / unemployed / not going to school

Illness – physical or mental

Ceremonies to say goodbye (making a will or giving away possessions)

Isolated socially

Drugs, Alcohol and other volatile substances

Events – grief, loss, stress, knowing people who have committed suicide

Important immediate factors for suicide risk are:

Plan – having a plan to hurt themselves

Lethality – having a plan that is likely to result in injury or death

Access – the person being able to carry out their plan

Negative views of self and future (they want to die)

Risk of harm to others

Past violence is the main risk factor for more violent behaviour – but also think about:

- Substance Misuse
- Family history
- Anti-social behaviours

Complete your risk assessment

You may already have a risk assessment or risk management template to use as a guide for some of the risk factors mentioned above. It is important to use your knowledge of the participant, their discussion or their worries, and by asking questions to fill in gaps. The purpose of your assessment is to decide on today's risk – but you can use past history and other information to come to your decision. If there are any signs of risk, ensure that you make the appropriate arrangements to ensure that the risk is managed according to the severity of your assessment.

Safe follow-up plans

If you are not sure whether a person will be safe when you have seen them – check that you have the following things in place:

Support and supervision-a place to stay, someone reliable to stay with

Safe environment – remove any means of self-harm possible

Appointment time given for follow up

Follow up and treatment is arranged

Engagement with your plan is in place (they think it is a good idea)

Resolution or partial resolution of the crisis (something has changed for the better)

If you can't have this safer plan in place and you are worried about risk– then consider supported and supervised arrangements including hospital. Talk to your supervisor, follow your organisation guidelines, look at the Weathering Well help page, take definite action, and write all of your decisions in the appropriate file.

Managing risk – Crisis Contacts

24-Hour Telephone Counselling

- Emergency **000**
- [Lifeline](#) **13 11 14**
- [Kids Helpline](#) **1800 551 800**
- [MensLine Australia](#) **1300 789 978**
- [Suicide Call Back Service](#) **1300 659 467**
- [Beyond Blue](#) **1300 22 46 36**
- [Headspace](#) **1800 650 890**
- [QLife](#) **1800 184 527**

Other Mental health helplines and services can be found by searching the [HealthDirect](#) web page.

Diagnosis of mental illness

People who have lots of worries can get a mental illness – especially if they have been unwell before, or if it runs in the family. The pattern of mental illness is different for different people. The pattern is about changes in thoughts, feelings and behaviour – changes in what people say and do. Some people hear voices, some people just get very sad and stay inside the house all day, some people get too much energy and fight and shout and cause trouble, some people hear voices, some people get very worried and nervous and anxious, and some people get mixtures of all of those things. It's important to work out the pattern of someone's illness. Different patterns respond to different medicines and treatments. If people with mental illness get to know their own illness pattern, they can recognize and treat it early. Four important patterns are anxiety, depression, mania and psychosis.

There are four main ways to diagnose mental health problems.

1. Talk to the person about how they are going – take a *history*
2. Talk to family and others about how they are going – collect *collateral history*
3. Check out their physical health – do a *physical examination*
4. Listen to what they say and what they do carefully and closely – do a *mental state examination*

Mental State Examination

Assessing a person's mental state is like reading their body language. Most of us can tell how someone is feeling without them saying anything. When we watch and listen closely, we can have more information to help us to decide about diagnosis and risk. We can use the following simplified list of six headings to structure our assessment of body language.

- Appearance: Neat? Clean? Strange?
- Behaviour: Calm? Agitated? Appropriate? Cooperative? Distracted?
- Conversation: Silly talk? Wrong talk? Mixed up talk? Fast talk?
- Affect: Unhappy? Angry? Too happy? Afraid? Unconcerned?
- Perception: Hearing voices? Seeing things? Talking to self?
- Cognition: Remembering OK? Confused?

Activity

Mental state examination adds information to our assessment.

Consider the following example – you are seeing a 26-year-old woman with two children who says she has been sad since her partner left her 12 months ago. She is physically well on examination. Her mother says that she used to work full time, but she has not been going out of the house for 2 months. You see her with the Aboriginal Mental Health Worker and her mother. Below are two different mental state examinations.

Which worries you more – Scenario 1 or Scenario 2?

Scenario 1

Appearance	neat and clean
Behaviour	shy but appropriate
Conversation	slow but appropriate
Affect	sad and anxious
Perception	no abnormal perception
Cognition	fairly good attention and concentration

Scenario 2

Appearance	dirty clothes and unwashed appearance
Behaviour	withdrawn, no eye contact, slow movements
Conversation	only occasional words
Affect	sad
Perception	no abnormal perception
Cognition	poor concentration and easily distracted



Answer

Scenario 2 suggests more severe mental illness and greater risk.

The *same* history and the *same* collateral history and the *same* physical findings. A *different mental state examination* can lead us to have a different assessment of the case.

Kessler 10 (K10)

The Kessler Psychological Distress Scale-10 (K10), developed by Professors Ron Kessler and Dan Mroczek, is a 10 item questionnaire which measures psychological distress based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks prior to interview (ABS, 2001). The K10 is available on the android version of the App.

For each question, there is a five-level response scale based on the amount of time that a respondent experienced those particular feelings. The response options are:

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time.

Each of the items are scored from 1 for 'none' to 5 for 'all of the time'. Scores for the ten items are added together, participants can have a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K10 results are commonly grouped for output. The results are grouped in the following four levels of psychological distress:

- Low (scores of 10-15, indicating little or no psychological distress)
- Moderate (scores of 16-21)
- High (scores of 22-29)
- Very high (scores of 30-50).

Additional information about mental illness

- Mental Health is about being well and strong and balanced in our spiritual, physical, social and emotional lives.
- Talk therapies and/or social changes can be better than medication alone for some people.
- Mental Illness is like physical illness – the sooner you treat it the sooner you get better.
- Life events, change of medication, or substance misuse are common causes of relapse and getting sick again.

- If we have too many troubles any one of us can get sick and get out of balance.
- Early warning signs – such as change of sleep or appetite, or increased restlessness or tension, or not wanting to be with other people, are the signals to go and get extra treatment and help. Everyone has his or her own early warning signs.
- Medication, lifestyle change, and increased support in tough times can help to avoid relapses and to stop people getting sick again.
- People make changes in their lives when they are ready. There are lots of different ways to change.
- Often small changes in our spiritual, physical, social and emotional lives are all that is needed to be healthy and in balance again.

Cultural assessment and belief systems

Culturally shaped belief systems and spirituality can impact on the way mental health and mental illness is expressed. The only way to be sure whether unusual behaviour is culture or illness is to seek advice from a **family member**, an interpreter or other community member. Only when you have an assessment from an informed cultural perspective can you be sure that you understand the whole problem and have ideas for a holistic solution.

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Weathering Well Care Planning: Brief Treatment Manual

Appendix A: Digital Mental Health Resources

Medicare Mental Health

Head to Health is a national mental health and wellbeing website for both the general public and health professionals. The site is managed by Health Direct as part of the Australian Government Department of Health Australian e-Mental Health Strategy. The website assists health professionals and their participants to find relevant mental health and wellbeing information, online programs, services, helplines and other resources. Head to Health resources are sourced from the leading publicly funded health focused organisations in Australia including beyondblue, Black Dog Institute, ReachOut.com, Lifeline and many more.

- <https://www.medicarementalhealth.gov.au/>

Mindspot

The MindSpot Clinic is an innovative national mental health service that provides virtual assessment and treatment for adults with anxiety and depression. Since launching in Dec 2012, the MindSpot Clinic has provided services to more than 45,000 Australian adults. Mindspot also have an **Indigenous Wellbeing Course** designed to help **Aboriginal and Torres Strait Island** adults to manage symptoms of depression (including low mood) and anxiety (stress, worry, panic, social anxiety). MindSpot is funded by the Australian Department of Health, and free to Australian adults aged 18 years and over.

- mindspot.org.au

Stay Strong

The Stay Strong program develops and evaluates culturally responsive, strengths-based wellbeing tools for improving health knowledge, fostering self-management for healthier and meaningful outcomes for all First Nations people. Stay Strong website hosts wellbeing resources such as videos, flipcharts, fact sheets, apps etc developed through codesign by Menzies in partnership with local communities.

- [Staystrong.org.au](http://staystrong.org.au)

Wellmob

WellMob brings together online resources made by and for First Nations mob. Here you will find websites, apps, podcasts, videos, helplines, social media and online programs all with a focus on social and emotional wellbeing.

- Wellmob.org.au

eMHPrac

eMHPrac aims to empower the Australian health and wellbeing workforce to incorporate digital mental health services into regular treatment, building capability and capacity to improve treatment opportunities for all Australians.

- emhprac.org.au

Weathering Well Care Planning: Brief Treatment Manual

Stayin on Track

This is a discussion forum developed by Aboriginal men for Aboriginal dad. It is a place to yarn about being a dad and helps support dads through fathering at a young age.

- stayinontrack.com

myCompass

Developed by a team of health professionals at the Black Dog Institute, and funded by the Australian Government, myCompass is a pioneering e-health initiative designed to simply and effectively promote mental health and wellbeing. Accessible 24/7 from any internet-enabled computer, mobile phone or iPad, the myCompass self-help program assesses user symptoms, then provides a personalised and interactive program that includes online psychological tools, round-the-clock monitoring of moods and behaviours and motivational tips via email and SMS. Most importantly of all, clinical evidence shows that it works.

- mycompass.org.au

National Eating Disorders Collaboration

The National Eating Disorders Collaboration (NEDC) brings expertise, experience and evidence from leaders in the field together in one place. Our primary purpose is to make eating disorders information a lot more accessible for everyone. The website provides information and links for people affected by eating disorders, carers and friends, teachers and health professionals.

- nedc.com.au

ReachOut.com

Targets individuals under the age of 25. It includes peer support forums, tips, links and information for coping with tough times and improving wellbeing, volunteering and social engagement. The site also has a list of professionally reviewed apps and tools that are available to encourage health and wellbeing.

- au.reachout.com

Butterfly Foundation

Provides information, support and referrals for people affected by eating disorders. Includes telephone and email support.

- thebutterflyfoundation.org.au

Counselling Online

24/7 text-based counselling for people concerned about their own or other peoples' substance use.

- counsellingonline.org.au

Weathering Well Care Planning: Brief Treatment Manual

eheadspace

A confidential, free and secure space for young people 12 –25 and their families. Provides chat, email or phone contact with a qualified youth mental health professional. eheadspace can help with a broad range of issues like bullying, drug and alcohol issues, depression and anxiety, relationships, concerns about friends, study and work, fitting in and isolation. Can also support parents and carers worried about a young person.

- eheadspace.org.au

Gambling online

24/7 text and email counselling for people concerned about their own or another person's gambling.

- gamblinghelponline.org.au

KidsHelpline Online Counselling

A web-based counselling service for people aged between 5 – 25 years and lets you connect one-on-one, in real time, with a Kids Helpline counsellor over the web.

- kidshelp.com.au/teens

Lifeline Online Counselling

A short-term support service for people who are overwhelmed and having difficulty coping or staying safe. It occurs in real time using 'chat' technology with a Lifeline worker. Currently available 8pm-4am (AEST) 7 days.

- lifeline.org.au

Suicide Call Back Service

Offers text-based online counselling with a professional counsellor. The service is available for people affected by suicide, including people who are feeling suicidal, people who are worried someone they know may be suicidal, and people who have lost someone to suicide.

- suicidecallbackservice.org.au

e-couch

Modules for depression, generalised anxiety and worry, social anxiety, relationship breakdown, and loss and grief. It provides evidence-based information and teaches strategies drawn from CBT, Interpersonal Therapy, relaxation and physical activity. People can access information without registration or register for the full program.

- ecouch.anu.edu.au

MoodGYM

Teaches skills drawn from CBT to help prevent and manage the symptoms of depression. It was originally designed for young people but is used by people of all ages. The program provides 5 modules which each take about 30 minutes to complete.

Weathering Well Care Planning: Brief Treatment Manual

- moodgym.anu.edu.au

BRAVE Program

Helps children and teens overcome anxiety by teaching strategies for managing anxiety-provoking situations. The programs are free and provide ways for children and teenagers to better cope with their worries. There are also programs for parents.

- brave4you.psy.uq.edu.au

Mental Health Online(formerly Anxiety Online)

Provides information, symptom feedback through the e-PASS assessment program, publicly available treatment programs (GAD, Social Anxiety, Panic Disorder, OCD, PTSD) and opportunities to participate in new programs through research trials. Treatment programs can be accessed as self-help for free or with therapist support for a small fee.

- anxietyonline.org.au

OCD? Not Me!

For young people aged 12-18 years with obsessive compulsive disorder. It involves 8 stages and provides information, tips, activities, and support to help users to overcome the symptoms of OCD. The program also provides support for parents and caregivers.

- ocdnotme.com.au

THIS WAY UP™(Crufad)

Provides courses with in-house clinician support for a small fee to people with a special code from their clinician. Also provides free self-help and a range of professional education and schools courses.

- thiswayup.org.au