Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF PROFESSOR HELEN MILROY

I, Professor Helen Milroy, Professor of Child and Adolescent Psychiatry at the University of Western Australia, of 35 Stirling Hwy, Crawley WA 6009, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Background

Professional background and qualifications

2 I am a Professor of Child and Adolescent Psychiatry at the University of Western Australia; and an Honorary Research Fellow with the Telethon Institute for Child Health Research in Perth, Western Australia. My formal qualifications include:

(a) Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Western Australia; and

(b) Fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP); with a Certificate of Advanced Training in Child and Adolescent Psychiatry (CATCAP).

3 I am a Commissioner on the National Mental Health Commission.

4 I am a Chief Investigator on the Million Minds Mission Research Grant, Generating Indigenous Patient-Centred, Clinically and Culturally Capable Models of Mental Health Care.

5 I am currently the Co-chair of the Million Minds Mission Advisory Group.

6 My experience includes having worked in the area of child psychiatry for 28 years and I worked as a General Practitioner and Consultant in Childhood Sexual Abuse at Princess Margaret Hospital for children for several years before completing specialist training in Child and Adolescent psychiatry.

7 I was also one of the Commissioners appointed to the Royal Commission into Institutional Responses to Child Sexual Abuse from 2013-2017.

8 My work and research interests include holistic medicine, child mental health, recovery from trauma and grief, application of Indigenous knowledge, Indigenous health

curriculum development, implementation and evaluation, Aboriginal health and mental health, and developing and supporting the Aboriginal medical workforce.

9 A copy of my curriculum vitae with a more extensive list of my professional background and qualifications is attached and marked 'HM-1'.

Determinants

In your experience, what are the key determinants of mental illness for Aboriginal and Torres Strait Islander people?

10 The historical legacy for Aboriginal and Torres Strait Islander people has had a significant impact on the mental health of those living in communities today. When I speak of legacy I am referring to the past incidents of trauma that have been experienced by indigenous communities, and the types of harm that have been suffered in the past. This legacy can manifest today in the form of intergenerational trauma, the ongoing experience of loss and grief as well as significant disadvantage and ongoing racism. All of these factors have an impact on the mental wellbeing and mental health outcomes of Indigenous communities.

11 When I speak of intergenerational trauma I am referring to trauma that is transmitted across successive generations from grandparents down to parents and their children. It is a type of trauma that has a prevalence in the Aboriginal and Torres Strait Islander communities and particularly so in respect of members of the Stolen Generations who have, by their very circumstances, experienced a range of risk factors for poor mental health arising from historical trauma.

12 Other issues which can impact on mental health include the social determinants of health such as poor education, poverty, unemployment, racism and discrimination. As well a range of biological, developmental, psychological, social and community factors also contribute to mental health outcomes such as poor birthweight, childhood adversity, community violence and parental mental illness.

13 Racism today remains an important social determinant in relation to mental health issues for Aboriginal and Torres Strait Islander people. Studies[1] have found that a person's experience of racism is significantly associated with poor mental health outcomes in relation to anxiety, depression, suicide risk and poor mental health generally.

14 Due to the altered population structure in Indigenous communities, children are often left to perform adult roles. From my work particularly in respect of children, I have

[1] For example, Priest NC, Paradies YC, Gunthorpe W, Cairney SJ, Sayers SM. Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth. *Medical Journal of Australia* 2011; 194 (10): 546-550.

observed that in many families, children become the carers for sick relatives and this impacts on their development. This hardship in turn increases the amount of stress, anxiety and pressures felt by individuals in the family and increases the tendency for poorer mental health outcomes to arise.

15 There are a multitude of potential risks that contribute to poor mental health outcomes. In addition, a lack of access to culturally safe services contributes to poor outcomes.

16 In terms of protective factors, I would note that Indigenous culture and spirituality can play an important and positive role. Aboriginal and Torres Strait Islander communities that have a strong sense of identity and culture tend to show better health outcomes.

Early intervention

How does the mental health of Aboriginal and Torres Strait Islander infants and children compare to the mental health of non-Indigenous infants and children?

17 Most of the large surveys that have been conducted on mental health are adult-focused rather than child-focused. These surveys in relation to adults demonstrate that there are higher rates of mental distress and suicides in Aboriginal and Torres Strait Islander communities when compared to non-Indigenous communities.

18 The limited data that is available in respect of children suggests that mental health issues are also more prevalent in Aboriginal and Torres Strait Islander children than they are in non-Aboriginal and non-Torres Strait Islander children.

19 The Western Australian Aboriginal Child Health Survey is a comprehensive data set that looked at health, mental health, education and family outcomes in WA.

20 Some of the prominent findings from the survey was that Aboriginal and Torres Strait Islander children experienced higher rates of emotional and behavioural difficulties and poorer health and education outcomes. Those children raised by members of the Stolen Generation or had parents with chronic disease were at greater risk for emotional and behavioural problems.

21 In the latest AIHW reports, Indigenous children are 10 times more likely to be in out of home care and are grossly overrepresented in the juvenile justice system. Placement in out of home care or the juvenile justice system is likely to impact on mental health outcomes.

To the extent you are able to do so, would you please comment on how the mental health of Aboriginal and Torres Strait Islander infants and children compares to the mental health of non-Indigenous infants and children in Victoria?

22 While I cannot comment on issues that may be relevant only to Victoria specifically, I would expect that Aboriginal and Torres Strait Islander infants and children in Victoria face many of the same issues that are present for Aboriginal and Torres Strait Islander infants in Western Australia and across Australia as a whole (which have both been the focus of my studies).

23 Speaking generally, the mental health of Aboriginal and Torres Strait Islander children on a national level is thought to be worse than non-Aboriginal and non-Torres Strait Islander children due to a number of specific characteristics that are more prevalent in those communities. However, the lack of available data means that it difficult to form firm conclusions about how the mental health of Aboriginal and Torres Strait Islander children compares as a whole.

24 Given the specific factors that have been identified as impacting Aboriginal and Torres Strait Islander communities, some of which I have outlined above including the historical legacy, intergenerational trauma, experiences of racism, poverty and exposure to adverse childhood events, it could be expected that the mental wellbeing of Aboriginal and Torres Strait Islander infants and children will be at a lower level than non-Aboriginal and non-Torres Strait Islander children.

What is meant by "early intervention" in the context of mental health and why is it important?

25 There is a bit of a misunderstanding as to what is meant by early intervention versus prevention. Both are important in relation to building a structure for strong mental health but this distinction should be recognised. This distinction is much easier to recognise in physical medicine but is more difficult in relation to mental health.

26 The mental health system has been set up with a framework that has better application to physical health, trying to deal with symptoms as they present rather than dealing with the underlying causes for poor mental health. A child's best chance at having good mental health is to be born healthy, grow up in a loving and supportive family and community with good access to services, education and support as needed throughout development.

27 Early intervention also plays an important role in the context of mental health as it can assist in averting a cascading impact of the illness leading to other mental health complications or a worsening of the same condition. For example, where an infant has issues with language or hearing, if these are not picked up early, it can lead to

difficulties at school and with learning which in turn contribute to mental health problems. In the course of depression and anxiety, picking up early warning signs can assist in getting appropriate treatment to prevent further complications such as poor academic performance and social problems.

28 Given many of the risk factors for poor mental health in adults begin in childhood, there should be a strong focus on prevention and early intervention as well as building resilience.

29 It can be difficult to assess mental health issues particularly in young children. Hence the importance of having access to training and specialist services.

Why is early intervention particularly important for Aboriginal and Torres Strait Islander children?

30 Early intervention is important for everyone but Aboriginal and Torres Strait Islander people are a higher risk population when it comes to mental health issues and hence require additional effort. In addition, cultural factors also need to be considered in the design of any intervention.

Are there barriers, from a systemic perspective, to effective early intervention for Aboriginal and Torres Strait Islander children? If so, what are they?

31 Picking up the early warning signs can be difficult in children and more so within a cross-cultural context. Understanding cultural norms is essential when assessing a child's behaviour. As well there is generally a lack of training and expertise in child mental health available for health workers especially in rural and remote communities.

32 Another of the key barriers from a systemic perspective to establishing an effective early intervention is the lack of a suitable workforce and levels of funding available. In a study in South Australia, the researchers found that the level of funding required to resource the workforce needed to deliver community mental health care to children and families in need was a five-fold increase.[2]

Trauma

Can you please explain what is meant by the term 'psychological trauma'?

33 Psychological trauma is where a person is overwhelmed by the trauma they are experiencing. It is where a person experiences a type of trauma that causes the person

[2] See, Segal L, Guy S, Leach M, Groves A, Turnbull C, Furber G. A needs-based workforce model to deliver tertiary-level community mental health care for distressed infants, children, and adolescents in South Australia: a mixed-methods study. *Lancet Public Health* 2018; 3: e296–303.

to suffer a psychological injury as a result. The types of events that can give rise to psychological trauma include violence, sexual abuse, major catastrophes (for example bushfires, landslides). The trauma experienced may be a one off event or be part of a prolonged form of trauma such as may occur in child abuse. Children may experience trauma by witnessing violence against a parent or sibling.

34 Psychological trauma impacts people differently although there are some common characteristics and what actually triggers psychological trauma differs from person to person. Psychological trauma can cause a significant impact on an individual to function in their everyday lives. A common illness caused by trauma is post-traumatic stress disorder where an individual may develop disturbing thoughts, feelings or re-experiencing the traumatic event. However, there are a vast array of impacts that can occur including other disorders such as anxiety and depression or substance use disorders.

What are the causes of psychological trauma in Aboriginal and Torres Strait Islander children?

35 A difference for Aboriginal and Torres Strait Islander children in regard to trauma is the legacy of discrimination and racism that is ongoing.

36 Indigenous children will be impacted by intergenerational trauma as well as contemporary forms of trauma including sexual and physical abuse, exposure to community and domestic violence and drug use, loss of a parent or carer.

What is meant by the terms 'historical trauma' and 'intergenerational trauma' insofar as they relate to Aboriginal and Torres Strait Islander people?

37 Historical trauma refers to the trauma that was experienced by Aboriginal and Torres Strait Islander communities through colonisation and many of the aspects associated with it. In terms of the origins of the historical trauma it is important to consider the magnitude and range of trauma experienced. These included massacres, dispossession from homelands, the loss and removal of children resulting in family separations and community fragmentation, the loss of land, and denial of culture and identity. These events that flowed from colonisation span many years and generations.

38 Intergenerational trauma is what happens as a result of the historical trauma. For example, a woman who has her infant child forcibly removed can have impacts across and through later generations through a variety of mechanisms including mental health issues and parenting as well as biological and psychosocial impacts. For example, a woman who is traumatised through pregnancy can have impacts on her baby through the exposure to high levels of stress hormones. This can lead to a difficult pregnancy, low birthweight and other early difficulties. For infants this early life stress can cause

disruptions in attachment, identity and biology that continue to impact them over their lifetime including when they have children of their own. Intergenerational trauma also disrupts cultural norms and parenting, fragments social cohesion and family relationships. Accordingly, this type of trauma continues and is why we can observe the impacts of intergenerational trauma on successive generations.

In what ways can historical and intergenerational trauma impact on mental health?

39 Historical and intergenerational trauma impact on mental health for individual, families and communities. We know from the exposure to adverse childhood events research (ACES) that individuals can have poor outcomes across a number of life domains including physical health, mental health, education and employment.

40 Consistently with what I have noted earlier in this statement in respect to mental health generally, childhood trauma can be linked to a variety of mental health and social issues across the lifespan. These include an increased risk of suicidal thoughts, poor mental health outcomes, increased risk for alcohol and substance misuse and a vulnerability towards experiencing other traumatic events as well as poor education and employment outcomes and difficulty in social relationships.

41 Therefore the impacts of intergenerational and current trauma are important factors to consider when analysing the incidences of poor mental health outcomes generally in Aboriginal and Torres Strait Islander communities.

Are particular members of the Aboriginal and Torres Strait Islander community more at risk of trauma-related mental illness? If so, which members, and why?

42 I think trauma-related mental illness is an issue across Aboriginal and Torres Strait Islander communities throughout the country. This is because the historical trauma experienced by Aboriginal and Torres Strait Islander people was not limited to one location or time and occurred over many generations.

43 ABS data also demonstrates the demographic makeup of the Aboriginal and Torres Strait Islander population. Relative to non-Aboriginal and non-Torres Strait Islander communities there are very few elders, a larger number of adults and then a much larger number of children. It is a pyramid with the elders at the top and is consistent with the type of population structure that is normally seen in a developing country rather than a country like Australia. The result of such a demographical makeup is that it results in more children having to care for their parents (including sick relatives) as there are fewer adults to take on carer responsibilities in the communities. There are less healthy adults to support and buffer children.

44 This places an undue burden of care onto children which may place their mental health at risk.

45 While trauma-related illnesses can impact Aboriginal and Torres Strait Islander communities across Australia and across the lifespan, the most opportune time to intervene is in childhood.

Trauma-informed care

What is 'trauma-informed care' or 'trauma recovery informed care'?

46 Trauma-informed care is difficult to define in a strict sense. However, a widely cited conception of it is:

"*A program, organization, or system that is trauma-informed:*

(a) *Realizes the widespread impact of trauma and understands potential paths for recovery.*

(b) *Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.*

(c) *Responds by fully integrating knowledge about trauma into policies, procedures, and practices.*

(d) *Seeks to actively resist re-traumatization.*"[3]

47 Properly delivered trauma-informed care gives the service provider the opportunity to understand how trauma impacts on people accessing the service and how they can alter how the service is delivered from a more compassionate response to produce better outcomes.

48 Trauma-informed care has general application. Accordingly, it does not have a specific focus on the types of issues that may be more unique to Aboriginal and Torres Strait Islander communities such as historical trauma but nevertheless can still be an effective approach for Aboriginal and Torres Strait Islander peoples provided it is delivered in a culturally competent way. Trauma-informed care and cultural safety are both required.

49 The key of trauma-informed care is to ensure that it is compassionate and can accommodate the needs of the person based on the trauma a person has experienced throughout their life.

[3] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

50 In delivering trauma-informed care it is important to recognise when delivering care to people who have experienced trauma, that these care experiences may trigger a traumatic memory and case a further traumatising experience. For example, an involuntary admission or being held in seclusion could easily trigger traumatic memories and cause significant distress. Triggers are not always obvious and can be caused by a variety of experiences such as smell, touch or feelings of being trapped.

51 Trauma recovery informed care is a similar concept.

In your experience, is trauma-informed care effective for improving mental health outcomes for Aboriginal and Torres Strait Islander people?

52 There has not been enough specific evaluation yet but it looks promising.

Do Aboriginal and Torres Strait Islander people face any barriers, at a systemic level, to accessing trauma-informed care? If so, what are the barriers?

53 Some concepts in trauma-informed care might be a little bit different from an Aboriginal and Torres Strait Islander perspective. Although this is the same for any treatment which involves cross-cultural engagement. It may need to include Traditional healing and other culturally derived treatments and ways of healing.

54 In this sense it is important to note that there are differences in the way Indigenous peoples experience mental health issues to Western populations. These differences must be kept in mind when administering any form of trauma-informed or mental health care.

What impact (if any) can cultural safety and community have in preventing trauma-related mental illness?

55 Culture plays a big part in Aboriginal and Torres Strait Islander mental health and a lot of work has gone into cultural safety when interacting with Aboriginal and Torres Strait Islander communities. In this sense there has been an emphasis in recognising the role that the community can play in seeking to prevent trauma-related mental illnesses from developing. But we are not there yet.

56 Efforts that have been made to address Aboriginal and Torres Strait Islander mental health from a cultural and community perspective have included the strengthening of Aboriginal community controlled health services, developing Aboriginal mental health services and workforce, promoting leadership and cultural aspects of recovery and healing.

57 One example might be where an Aboriginal or Torres Strait Islander person is diagnosed with psychosis when it is not this case. An Aboriginal or Torres Strait Islander person suffering from depression may describe hearing elders speaking to them while they are in a depressive state. This could easily be misdiagnosed as that person suffering from a form of psychosis rather than depression on the basis that it is different to the type of response that a non-Indigenous person is likely to describe if they are suffering from depression. This can have potentially cause significant problems if incorrect assessment and treatment occur.

58 There is now also the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* that is supported in the 5th National Mental Health Plan.

59 Cultural safety training is essential for anyone working in a cross-cultural context to ensure an understanding of the way history and culture can influence mental health issues. There probably has not been enough evaluation to know how effective translation is into practice.

60 There are other differences in culture that need to be considered when thinking about Aboriginal and Torres Strait Islander health such as the role that Traditional healers can play in those communities.

61 A Traditional healer might take a different approach to the approach that would be taken by someone working in the public mental health system. Both approaches have their merits and should be part of a collaborative approach that seeks the best outcome for the person seeking help.

62 All Indigenous groups have their traditional healers. The NPY Women's Council did have funding to employ Traditional healers to work alongside health services to assist their communities. Some of their work is described in a book they published called Healing Hands. It is a good reference to assist in understanding cultural beliefs and ways of healing. Traditional healers can provide a cultural assessment and treatment in keeping with the cultural belief systems.

Resilience

Which factors support or increase resilience in Aboriginal and Torres Strait Islander individuals?

63 Resilience is supported in Aboriginal and Torres Strait Islander individuals where there is a strong connection to identity, country, community and culture.

64 There was a study by Chandler and Lalonde which considered the factors related to suicide rates in First Nations people in Canada. The study found that self-determination, strong culture and identity were protective factors.

How can mental health services support families and communities to increase resilience?

65 Making sure mental health services are culturally safe, work with communities using cultural values such as shared decision making, and support strong identity and cultural practices through an empowering approach is needed. Supporting resilience must come from a cultural perspective. In addition, tackling systemic racism and discrimination is essential.

Culturally competent service delivery

What is meant by "cultural competence" in the context of service delivery and what is its role in improving mental health outcomes for Aboriginal and Torres Strait Islander children and families?

66 Cultural competence is part of a culturally safe service but refers to the way interventions are designed and delivered. It is not a one-off training but rather a life-long learning. That is you get better at cultural competency, the more you are able to learn and engage effectively with Aboriginal culture and communities. There may be some particular issues that require a specific approach, such as a taboo which the practitioner will need to be aware of in order to assist the person in an appropriate way. There may be men's business or women's business that requires a gender sensitive approach or culturally derived issues such as grieving for country that require understanding in a treatment plan.

67 In mental health care it is also important to provide a choice of practitioners both Indigenous and non-Indigenous due to issues of confidentiality. Some people would prefer not to disclose their mental health or trauma issues where they are related to the people providing the service.

68 In general, if people feel welcome, safe and know their culture and identity will be supported, it is likely there will be better engagement with the service, adherence to treatment and follow up and better outcomes.

Reform

What needs to be done to improve the mental health outcomes of Aboriginal and Torres Strait Islander people?

69 I believe that the best practice model of is that through the development of dedicated Aboriginal and Torres Strait Islander mental health services such as the Specialist Aboriginal Mental Health Service (SAMHS) which operates in Western Australia.

70 The SAMHS is a service that has been set up to specifically cater for the needs of Aboriginal people within mainstream mental health services and is informed by cultural best practices. Such a service can assist in bridging the gap between the Aboriginal community and mainstream service providers. It also provides access to cultural forms of treatment including Traditional healers and can support the mainstream services to work more effectively with Aboriginal families through education and training, cultural expertise, liaison and co-case management.

71 SAMHS has been operating now for 8 years and has shown improved outcomes across a number of indicators including reduction in hospitalisations.

Are there any elements of the system which could be changed to improve mental health outcomes for Aboriginal and Torres Strait Islander people?

72 In terms of elements of the system that could be changed to improve mental health outcomes for Aboriginal and Torres Strait Islander people, I note a few things:

(a) **Lack of a holistic system:** One of the difficulties is that the system is not very holistic. By this I mean that solutions tend not to deal with the whole family where mental health can actually impact the whole family system.

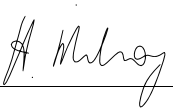
(b) **Coordination:** It is hard to have all of the systems operating together in a cooperative fashion. It is difficult for all of the systems to link up, as a practical consequence it can mean that all the family does is go to appointments. This is problematic for children who are involved in out of home care and need mental health services. This is particularly difficult when it comes to more remote communities. To address this it would be useful if the services needed to assist in the context of mental health could be funnelled down to a one-stop shop. This is in part what the SAMHS seeks to address.

(c) **Silos:** Somewhat linked to the two points above is that the mental health system is too siloed in its service delivery. It would be better to look at the various factors impacting mental health and to deal with them as a collective instead of having several different systems dealing with different aspects of care. For example co-morbidities such as addictions and mental illness.

(d) **Increased expertise available to those in remote communities:** Remote communities have difficulties when it comes to tackling mental health issues due to the lack of experienced mental health practitioners especially in the child and youth areas. The way it is now, some of the workers with the least mental health training are dealing with complex and chronic mental health issues in the community. There is not enough supervision and support for frontline workers in communities. In many ways I think technology can assist with this and we should be investing further in ways to make accessing mental health services easier for those in the remoter parts of Australia with support for the workers in those communities.

(e) **Better treatment of trauma:** We have not really engaged with the whole impact of trauma on an individual's mental health and how best to treat it. Many psychiatric services are not properly equipped to deal with people who are experiencing mental health issues due to trauma and this can lead to individuals needing to engage with multiple separate services. There should be a level of competency across the system. The default position should be one service with other services reserved for the more unusual or specialised cases.

(f) **Transitioning between services:** At present there is a fair degree of friction in transitioning from services including from youth to adult services and transitioning adults into aged care facilities. This is something that should be a point of focus when considering improvements as to how to make the system more holistic, coordinated and less siloed.

sign here ► 

print name Professor Helen Milroy

date 15 July 2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT HM-1

This is the attachment marked 'HM-1' referred to in the witness statement of Professor Helen Milroy dated 15 July 2019.

CURRICULUM VITAE

Name: Dr. Helen Milroy

Postal Address: University of Western Australia

35 Stirling Hwy Crawley WA

Qualifications

Tertiary: Postgraduate:

Royal Australian & New Zealand College of Psychiatry (RANZCP)

General Fellowship, 2000 (FRANZCP)
Certificate of Advanced Training in Child and Adolescent Psychiatry, 2000 (CATCAP)

Undergraduate:

Bachelor of Medicine and Bachelor of Surgery
University of Western Australia, 1983 (MBBS)

PROFESSIONAL EXPERIENCE

2019	Honorary Research Fellow TICHR
2018-Present	Professor UWA , School of Psychiatry
2017-Present	Commissioner, National Mental Health Commission
2013-2017	Commissioner Royal Commission into Institutional Responses to Child Sexual Abuse
2003 - 2013	Winthrop Professor UWA Director: Centre for Aboriginal Medical and Dental Health

2010-2012	Consultant Child and Adolescent Psychiatrist Clinical Director Specialist Aboriginal Mental Health Service Perth
2003-2005	Associate Professor UWA
	Research Fellow Institute for Child Health Research
1999 - 2010	Consultant Child and Adolescent Psychiatrist Bentley Family Clinic
1991 -1999	Registrar, Psychiatry Training Programme WA Health
1984-1985	Senior Resident Medical Officer Royal North Shore Hospital St Leonards, New South Wales
	Resident Medical Officer Royal North Shore Hospital St Leonards, New South Wales
1983	Internship Sir Charles Gairdner Hospital Nedlands, Western Australia

OTHER EXPERIENCE

National Committees

Co-Chair Millions Minds Medical Research Futures Fund in Mental Health 2018-present

Invited Chair Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group for the implementation of the 5th National Mental Health Plan 2017-2019

Commissioner AFL 2019

Member AFL Inaugural Indigenous Advisory Council 2015-2018

Member National Aboriginal and Torres Strait Islander Mental Health advisory Group 2011-2013

National Expert Working Group developing mental health check for 3 yr olds 2011-2012

NHMRC Expert Working Group developing ADHD clinical practice points 2011-2012

Ministerial Appointment: National Healing Foundation Development Team 2009

Ministerial Appointment National Human Ethics Committee: NHMRC 2009-2012

Member Aboriginal and Torres Strait Islander Health Advisory Committee NHMRC 2009-2012

Ministerial appointment: National Advisory Council on Mental Health 2008-2011

Expert Medical Advisory Group, DHA (Commonwealth Department of Health and Aging) 2007-2011

Invited member: AMC Working Party: Good Medical Practice Guidelines 2007-09

Advisory Group: National Social and Emotional Well- being Evaluation Study, OATSIH, DHA, 2006-8

Invited member: Clinical Council for Beyond Blue 2005-2008

Invited member: Writing group for the National Mental Health Plan 2005-9

National Social and Emotional Well-being Advisory Group, OATSIH, DHA, 2002-2004

State Committees

National Strategies Working Group Mental Health Branch, DHA, 2002-2011

Chair, Member of the RANZCP National Indigenous and Torres Strait Islander Mental Health Committee 1997-2009

Ministerial Appointment: WA Indigenous Implementation Board 2008-2009

Chairperson, Implementation working group for State-wide Aboriginal Psychiatric Service 2005-2010

Chairperson, Working Group drafting Western Australia's State Strategic Plan for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing 2004-2005

Invited Member: State Mental Health Advisory Group 2005-2007

Member: Australian Institute for Health and Welfare 2012

WA Member: National Indigenous Clearinghouse Board 2012

Member: RANZCP Board of Professional and Community Relations. 2007-2010

Appointed Board Member: National Youth Foundation (headspace) Advisory Board 2006-2011

Elected Board member Australian Indigenous Doctors Association 2002-8

President Australian Indigenous Doctors Association 2005

Awards & Prizes

Meritorious Service Award 2018 RANZCP WA Branch

Media Award 2018 from The International Society for the Study of Trauma and Dissociation

Awarded RSIEF Harvard Club Bursary for Harvard Leadership course 2017

International Sigmund Freud Award for Psychotherapy 2011

Yachad Scholar 2011

Limelight Award: National Leadership in Indigenous medical education 2009

Suicide Prevention Australia Award: Indigenous Category 2008

Inaugural National Limelight Awards: Indigenous student recruitment and retention CAMDH 2007

Premiers Awards, Western Australia: CAMDH received the award for People and Communities: Education and Skills Development. 2005

Mark Sheldon Award, RANZCP (2001)

For the most meritorious work to advance knowledge and understanding in Indigenous mental health

Rowley Richards Award, RANZCP (2001)

For the most outstanding Section II dissertation in the area of war or trauma studies: "A clinical study examining the links between childhood sexual abuse and dissociation, and their effects in pregnancy and the post-partum period."

Congress Presentation Award, RANZCP (2000)
For the best presentation (Registrar Category): "Race and Self-disclosure"

PUBLICATIONS:

Research Books:

2014 Dudgeon, P., Milroy, H., Walker, R. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and

Practice 2nd edition. This book was funded by the Australian Government Department of the Prime Minister and Cabinet and was developed by the Telethon Institute for Child Health Research/ Kulunga Research Network, in collaboration with the University of Western Australia.

2012 Hunter, E., Milroy, H., Brown, N., & Calma, T. (2012). Human Rights, Health, and Indigenous Australians. In Dudley, M., Silove, D., & Gale, F (Eds.), Mental Health and Human Rights: vision, praxis, and courage, (1st ed.) (pp. 448-464). United Kingdom: Oxford University Press.

2008 Infants of Parents with Mental Illness: Developmental, Clinical, Cultural and Personal Perspectives. Eds: Anne Sven Williams and Vicky Cowling. Chapter 12: Children are our future - Understanding the needs of Aboriginal children and their families. Milroy H.

2007 Textbook: Transcultural Psychiatry: Chapter: Mental Health And The Indigenous Peoples Of Australia And New Zealand. Mason Durie, Helen Milroy and Ernest Hunter

2006 Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, **Milroy H**, Milroy J, Cox A. The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, ISBN 0-9579494-9-9, 2006

2005 De Maio JA, Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, **Milroy H**, Cox A. The Western Australian Aboriginal Child Health Survey: Measuring the social and emotional wellbeing of Aboriginal children and the intergenerational effects of forced separation. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; ISBN 0-9579494-7-2 2005.

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, **Milroy H,** De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: the social and emotional wellbeing of Aboriginal children and young people.* Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2005.

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, **Milroy H**, De Maio JA, Cox A, Li J. The Western Australian Aboriginal Child Health Survey: Forced Separation from Natural Family, Forced Relocation from Traditional Country or Homeland, and Social and Emotional Wellbeing of Aboriginal Children and Young People: Additional notes. Perth: Curtin University of Technology and the Telethon Institute for Child Health Research; 2005.

2004 Zubrick SR, Lawrence DM, Silburn SR, Blair E, **Milroy H**, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, & Doyle S. (2004). *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*. Perth: Telethon Institute for Child Health Research ISBN 0-9579494-6-4, 2004

Articles:
2006 Paul D, Carr S, **Milroy H** (2006): *Making a difference: the early impact*

of an Aboriginal health undergraduate medical curriculum. MJA, Volume 184 Number 10, 522-525.

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Other Publications:

National and State policy writer/advisor
Writing Group: A Mentally Health Australia: A vision document (NACMH) Writing group for the National Mental Health Plan 2006-2007

Writing group, Aboriginal and Torres Strait Islander Social and Emotional Wellbeing State Policy 2004-5

Working Party for the Committee of Deans Aboriginal and Torres Strait Islander Health curriculum framework for Australian Medical Schools released 2004

Writing Group, Social Health Reference Group developing the National Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing draft document 2003

Writing group Institute for Child Health Research:
Submission to the Gordon Inquiry 2002
Submission to WA Government: Parental Responsibility Orders 2004

NSW Institute of Psychiatry Indigenous Mental Health curriculum CD-rom 2002

Working Party drafting the Western Australian Mental Health Divisions policy document on ADHD released 2001

RANZCP Position Statements:

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Published Paintings and Narratives:
2017 Cover National SEWB Framework: Wellbeing
2009 Cover MJA: The Dance of Life
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