

EORA HEALTH MESSENGER

AUTUMN 2024

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phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.

Hello and welcome to the Autumn edition of the **Eora Health Messenger**. I am happy to be sharing the latest updates and news from **CESPHN**.



MARIAM FARAJ
General Manager of Clinical Services

Review of sector funding arrangements for Aboriginal and Torres Strait Islander mental health and suicide prevention services and the Integrated Team Care (ITC) Program

The Department has recently announced a one-year extension of current funding arrangements for the ITC program and mental health services for First Nations people to provide funding to PHNs to 30 June 2025.

This extension will support the Department's consideration of the final report for the review of sector funding arrangements and service provider capability for Aboriginal and Torres Strait Islander mental health and suicide prevention services and the **ITC Program** (the Review), and engagement with Government and the sector, including PHNs and key stakeholders on transition arrangements.

Further information regarding the Review outcomes will be shared and there will be consultation about next steps following initial engagement with Government.

CESPHN recently launched its third Reconciliation Action Plan

The Plan builds on the activities of the previous two Reconciliation Action Plans (work that began in 2018) and demonstrates the organisation's commitment as an organisation to reconciliation.

The plan has been formally endorsed by Reconciliation Australia.

The launch of the Plan was held in collaboration with **Tribal Warrior** and **Babana Aboriginal** on 20 February on board **Tribal Warrior's** boat, the **Mari Nawi**. The event celebrated **CESPHN's** achievements to date and detailed the work that is ahead, in order to improve the health and wellbeing of Aboriginal and Torres Strait Islander communities across the central and eastern Sydney region.



Urgent Care Services

Two new **Urgent Care Services** have been established in Carlton and Caringbah to provide urgent care for health issues that are not life-threatening but need urgent medical attention.

The community can access these services by calling **HealthDirect** on **1800 022 222**. Treatment is free for Medicare care holders.



- **Carlton** service is open **7 days a week, 8.00 am-8:00 pm** and is located at **354 Railway Parade, Carlton**.
- The **Caringbah** service is open **7 days a week, 8.00 am-8:00 pm** and is located at **42 President Ave, Caringbah**.
- The **Maroubra Urgent Care** is open **7 days a week 8.00 am-8.00 pm** and offer **walk-in** care or by an **appointment** that is **fully bulk billed**. The clinic is located at **806 Anzac Pde, Maroubra**.

Closing the Gap Conference

In late December our CEO Nathalie Hansen attended a Closing the Gap conference in Melbourne with Board director, Sharlene McKenzie. They were part of a panel talking about how PHNs and Aboriginal Community Controlled Services can work in partnership.





IF SOCIAL MEDIA IS MESSING WITH
YOUR MENTAL HEALTH – YOU'RE NOT ALONE



STAY PROPA DEADLY ONLINE

For more information on eSafety visit
deadlychoices.com.au



online safety
grantsprogram
esafety.gov.au

INTRODUCING SKYE PARSONS

My name is Skye Parsons;

And I am a very proud Walbunja woman for the Yuin Nation on the South Coast of NSW. I was born and raised on Dharug land but have lived on beautiful Bidjigal country for the last 10 years.

I am a proud nurse and midwife, and one of my proudest achievements is setting up a culturally appropriate service for Aboriginal mothers and babies within a large hospital in Sydney. As well as working in health, I have worked in the education space of our young mob in the Northern Territory and New South Wales in an Aboriginal-led school engagement and school attendance program.

Recently, I was appointed the Director of Aboriginal Health in South Eastern Sydney Local Health District and I joined the CESPAN Aboriginal Advisory Committee last year. This

committee is a way for SESLHD to collaborate closely with community and the PHN to support better health services, programs and facilities within our district.

I have always been deeply passionate and driven when it comes to the health of my community. I have worked to ensure cultural safety, see improvements, and better outcomes and provide education to the wider community about issues and challenges for Aboriginal people in this country and within the health system.

I look forward to creating system changes with Community, Elders and my ancestors always at the forefront of my mind.

Introduction provided by Skye Parsons, Director of Aboriginal Health in South Eastern Sydney Local Health District.



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WHOS[®] INTRODUCING ALLAN ANDERSON

WHOS (We Help Ourselves) would like to introduce Allan Anderson who has taken up the role of CESP HN-funded Aboriginal and Torres Strait Islander Engagement Worker for WHOS Lilyfield.



WHOS programs at Lilyfield include four alcohol and drug Therapeutic Community residential services and a Day Program, all with a strong First Nations presence.

Allan comes with experience of working in a WHOS service for the past 12 months as a Case Worker at WHOS Newcastle Day Program along with expertise in various fields, across the alcohol and drug sector, disability support and homework centres.

Growing up as a gay indigenous man in the Awabakal country, Allan has developed a deep appreciation for the rich cultural heritage and traditions that have shaped his identity. From being a member of a traditional Aboriginal dance group performing throughout Australia and overseas, to a team leader at an Aboriginal homework centre.

WHOS are already off to a great start, having held its annual stall at Yabun which was a success and a fantastic event that the team love being part

of. The next initiative is the launch of its Innovate Reconciliation Plan which will be held in February.

The role of the Aboriginal and Torres Strait Islander Engagement Worker is extremely important to support the growing First Nations client group. Admissions to WHOS Lilyfield residential programs represents approximately 25 per cent of all admissions yearly.

In his role, Allan will provide weekly 'yarning circles' with each service, provide cultural support to First Nations clients with a revised cultural care plan that he is currently working on, as well as forward planning events for all WHOS clients to participate in. WHOS looks forward to supporting Allan with future initiatives in this important role.

Introduction provided by Allan Anderson, Aboriginal and Torres Strait Islander Engagement Worker for WHOS.

NATIONAL CLOSE THE GAP DAY

National Close the Gap Day is an annual event in Australia which occurs on the third Thursday in March and focuses on closing the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Aboriginal people.



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It is an initiative aimed at raising awareness about the disparities in health outcomes and promoting actions to address these inequalities. The campaign encourages people and organisations to plan events that draw attention to the health issues of Aboriginal and Torres Strait Islander people and to support legislation and programs for the improvement of their conditions.

The day often involves various events, activities, and community engagement to draw attention to the issues faced by between Aboriginal and Torres Strait

Islander communities and to encourage collaboration in finding solutions.

This year **Babana** will be hosting an event on **Close the Gap Day** which will include workshops to determine what we should be doing more of locally to contribute to **Closing the Gap**. Details will be communicated by **Babana** nearer to the time.

For any enquiries regarding this event please contact Mark Spinks:

success@babana.org.au

Article provided by Brett Hugo, CESP HN Aboriginal Health and Wellbeing Programs Officer.



TRIBAL WARRIOR MEN'S WALKING GROUP



Tribal Warrior run a weekly men's walking group at 10.00 am - 12.30 pm on Fridays at the Tribal Warrior office at 27 Cope St, Redfern.

Tribal Warrior Coordinator, Josh Togo, says:

"We run a men's walking group every Friday morning to support Aboriginal men's mental health.

We walk from Bronte to Clovelly and back, followed by a swim in the ocean to cleanse the heart, spirit and soul. The work focuses on communicating, socialising, and networking with other men in the program, whether it be talking about day-to-day issues or simply just having a yarn with other men in the group.

Afterwards, we then come back to the office, eat some lunch, and have a discussion around the room regarding certain topics that affect our lives and how we can overcome them. The aim of the men's walk is to empower our men and give them the tools to communicate non-judgementally and provide support for other men that need help...or simply just come for a walk and get some sun and water on the body, away from the city life, for a few hours."

**Article provided by Josh Togo,
Tribal Warrior Coordinator.**



CESPHN LAUNCHES ITS THIRD RECONCILIATION ACTION PLAN

Central and Eastern Sydney PHN (CESPHN) launched its third Innovate Reconciliation Action Plan (RAP) on Tuesday, 20 February 2024 on board the Tribal Warrior's boat, the Mari Nawi.





Central and Eastern Sydney PHN was proud to launch its third Innovate Reconciliation Action Plan on 20 February on board the *Tribal Warrior's* boat, the *Mari Nawi*. Speakers at the event included the Hon. Matt Thistlethwaite, Member for Kingsford Smith, Shaylee Matthews from the Aboriginal Advisory Committee, Shane Phillips, CEO of *Tribal Warrior*, who provided the Acknowledgment to Country and Chairperson of *Babana Aboriginal Men's Group*, Mark Spinks. The Reconciliation Action Plan (RAP) has been endorsed by Reconciliation Australia and reflects **CESPHN's** commitment to develop and strengthen relationships with Aboriginal and Torres Strait Islander peoples in the central and eastern Sydney region which stretches from Strathfield to Sutherland and east to the coast.

Building on the work of the second Innovate RAP, launched in 2021, a key priority of this plan is to increase the employment and retention of Aboriginal or Torres Strait Islander staff within the organisation. **CESPHN** will be revising its Aboriginal and Torres Strait Islander employment and retention policies and promoting **CESPHN** as an employer of choice for Aboriginal and Torres Strait Islander community members. Alongside this, **Central and Eastern Sydney PHN** is committed to supporting Aboriginal or Torres Strait Islander owned businesses wherever possible.

“ (...) WE STRIVE TO CREATE A FUTURE WHERE ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES ENJOY THE SAME LEVEL OF PHYSICAL, SOCIAL AND EMOTIONAL WELLBEING AS ALL OTHER AUSTRALIANS. - CEO NATHALIE HANSEN

“ WE RECOGNISE THIS AND WALK BESIDE THE ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES OF OUR REGION IN ADVOCATING FOR SOCIAL CHANGE. - CESPHN BOARD CHAIR DR MICHAEL WRIGHT

CESPHN Board Chair Dr Michael Wright commented, “Reconciliation is a priority for the Board, and we are committed to strengthening our own knowledge of, and relationships with, Aboriginal and Torres Strait Islander peoples in the region. The past 12 months have not been easy for Aboriginal communities in our region. We recognise this and walk beside the Aboriginal and Torres Strait Islander peoples of our region in advocating for social change.”

CESPHN CEO Nathalie Hansen commented, “As an organisation and as individuals, we strive to create a future where Aboriginal and Torres Strait Islander peoples enjoy the same level of physical, social and emotional wellbeing as all other Australians. We will do this by actively listening to an learning from our Aboriginal and Torres Strait Islander colleagues, and by holding ourselves accountable to take action. I would like to thank our Aboriginal Health and Wellbeing Advisory Group who never fail to inspire, provide advice and keep us accountable to execute the actions and objectives outlined in our RAP.”

CESPHN has worked with a range of other organisations to support them in developing their own RAPs and is encouraged to see large-scale businesses in the region taking their own steps to support reconciliation with Aboriginal and Torres Strait Islander peoples.

Article provided by CESPHN.



715 HEALTH ASSESSMENTS

The Aboriginal and Torres Strait Islander Health Assessment, also known as the 715 Health Assessment, has several key components and aims to improve the health outcomes and life expectancy of Aboriginal and Torres Strait Islander people.



Aim

The primary aim of the health assessment is to provide primary health care matched to the needs of Aboriginal and Torres Strait Islander people. This includes early detection, diagnosis, and treatment, as well as the development of a patient health management plan.



Eligibility

Patients who self-identify as Aboriginal and/or Torres Strait Islander are eligible for a health assessment every 12 months.



Cost

Most services will bulk bill the health assessment but it's advisable to check the general cost of consultation fees with your GP.



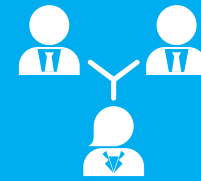
Components of the assessment

The health assessment includes taking medical history, physical examinations (e.g., blood pressure), an overall assessment of physical, psychological, and social wellbeing, and screening tests (e.g., blood tests for kidney function or blood sugar levels).



Post-assessment

After the health assessment, the doctor may develop a care plan that identifies any necessary services and follow-up. Patients should be involved in the development of the plan, and a copy of the health assessment and plan should be made available to the patient or their parent/carer.



Follow-up services

Patients may be eligible for 10 x follow-up services provided by a Practice Nurse or Aboriginal Health Worker and 5 x allied health consultations per calendar year. Additional follow-up allied health services may be available if a GP management plan and/or team care arrangement are written by the doctor.



Close the gap scripts

If diagnosed with or at risk of a chronic disease, patients may be eligible for Close the Gap scripts (CTG scripts) under the PBS co-payment measure. This allows access to PBS medications at the concession rate or for free if the patient has a concession card.



Importance of usual GP

It is emphasised that the usual GP should carry out the health assessment. If difficulty is encountered in finding a local GP, the Aboriginal Health Team at CESPHN can be contacted for assistance.



Follow-up visits

Patients may need to go back to the doctor for a follow-up visit if the check-up or tests indicate a need for further care. Following the treatment plan and attending all appointments is crucial for the best outcomes.



2024 Deadly Choice shirt options

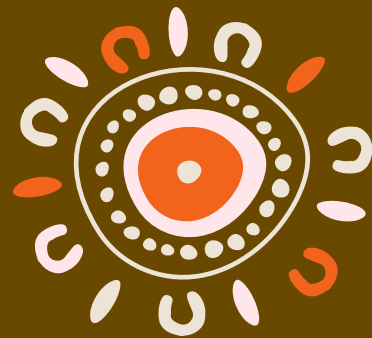
If you complete a 715 health assessment in the CESPHN region, your GP can sign a form to enable you to receive a Deadly Choices Health Check Shirt here. Current options available are from Cronulla Sharks, South Sydney Rabbitohs, NSW Blues and Indigenous All Stars.



For more information please go to [Aboriginal and Torres Strait Islander health assessments information](#)



PROTECTING YOUR MOB



Vaccines protect you, your family, elders and community from getting really sick with, or even dying from vaccine preventable diseases. Having a COVID-19 vaccine is the best way to protect yourself and others in your community. Encourage your family, your elders and your community to get vaccinated so that they are protected from getting really sick with COVID-19.

VACCINATION IS YOUR CHOICE

COVID-19 can be serious and cause long-term health problems.

For more information about who can get vaccinated, and what vaccine they should get, look at the [When to get your COVID-19 vaccination](#) infographic.

When to get your COVID-19 vaccination

PRIMARY COURSE DOSES

including **third primary dose** for people who are severely immunocompromised

	6 months to 4 years old	5 years old and over
Who should get a COVID-19 vaccination?	Children who are this age should get a COVID-19 vaccination only if they have: <ul style="list-style-type: none"> severe immunocompromise, disability, or complex and/or multiple health conditions which make it more likely to have severe COVID-19. Talk to your doctor if you are not sure what's right for your child.	Everyone 5 years and older can get a COVID-19 vaccination.
The vaccines that can be used <i>Where available, get the COVID-19 vaccines that protect against the Omicron variant (bivalent).</i>	Pfizer	Pfizer (5 years and older) Novavax (12 years and older) Moderna (12 years and older)
Time between first and second primary dose	8 weeks In some cases, this time can be reduced to 3 weeks.	
Time between second and third primary dose <i>A third primary dose can only be given to people who are severely immunocompromised and aged 6 months or older.</i>	2 months	

If you have tested positive to COVID-19, it is recommended that you wait 6 months from your positive test result for your next COVID-19 vaccine dose.

For more information, have a yarn with your healthcare worker, visit [health.gov.au](https://www.health.gov.au), or call the National Coronavirus Helpline on 1800 020 080.

COVID-19 VACCINATION

ALL ADULTS

can get a booster if it's been 6 months or longer since their last COVID-19 booster or confirmed infection (whichever is most recent) for additional protection against severe illness from COVID. This is especially important for people at higher risk of severe illness, including:

- everyone 65 years and over
- everyone 18 years and over with medical comorbidities, disability or complex health needs.

Do you need an additional COVID-19 booster?

COVID-19 VACCINATION

If you are aged:

75+

Recommended

65+

Consider

18-64

Not Recommended

5-17

Not Recommended

Younger people, aged 18 to 74 should also consider an additional 2023 booster if they're at higher risk of severe COVID-19 illness.

Book an appointment at healthdirect.gov.au/australian-health-services
Vaccines can be booked 6 months after your last COVID-19 vaccine dose.



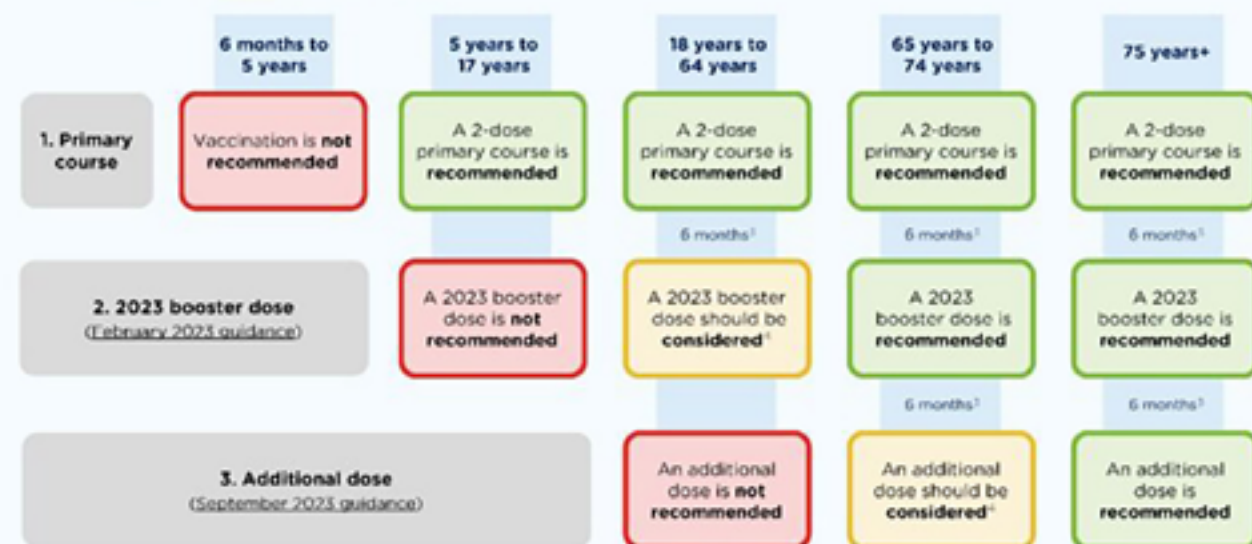
(Click on the picture above for more information)



ATAGI recommended COVID-19 vaccine doses¹

For individuals without risk factors²

COVID-19
VACCINATION



Notes:

1. Monovalent Omicron XBB.1.5 vaccines are preferred; for ages in which a monovalent XBB.1.5-containing vaccine is not approved, use a vaccine approved for that age group.
2. Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to [Australian Immunisation Handbook](#)) or those with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.
3. 2023 booster (or additional) dose(s) should be given to eligible individuals from 6 months after their last dose or infection; however where previous infection details are unknown, it is appropriate to proceed with the dose. A person may be vaccinated earlier in exceptional circumstances, such as before starting an immunosuppressant, before overseas travel or if someone cannot reschedule vaccination easily (such as in an outreach vaccination program).
4. Consider a booster (or additional) dose based on an individual risk/benefit assessment with an immunisation provider.

Information current as of 20 November 2023.

(Click on the picture above for more information)

CHILDREN

and young people aged **5 to 17 years** can get a booster dose if:

- they have a health condition that put them at risk of severe illness, and
- if it's been 6 months since their last dose or COVID-19 infection.
- Your doctor can help you decide if your child should receive a booster.

Booster doses are not recommended at this time for children and adolescents under 18 years of age who do not have any risk factors for severe COVID-19.

Some children aged **6 months to 4 years** are eligible for the COVID-19 vaccine if they:

- are severely immunocompromised
- have disability
- have complex and/or multiple health conditions that increase their risk of severe COVID-19.

All adults aged 65 to 74 years, and adults aged 18 to 64 years with severe immunocompromise can get a second booster (fourth) dose after discussion with their healthcare provider.

A SECOND COVID-19 BOOSTER DOSE (FOURTH DOSE) IS RECOMMENDED FOR ALL ADULTS AGED 75 YEARS AND OVER

All boosters are available six months after the last dose received. If you've already had your recommended booster/s, you don't need to get another dose, even if it has been six months since you had one.

Booster doses are not recommended at this time for children and adolescents under 18 years of age who do not have any risk factors for severe COVID-19.

All vaccines approved for use in Australia continue to give strong protection against serious illness from COVID-19.

The date you had your last COVID-19 vaccine can be found on your COVID-19 [digital certificate](#).

More information about booster doses and recommended vaccines can be found on the [COVID-19 vaccination page – Communication materials for Aboriginal and Torres Strait Islander people](#).

If you're anxious about getting vaccinated or just want some more information, have a yarn with your healthcare worker.

To find out where to book your next vaccination visit the [Health Service Finder](#).

DON'T FORGET TO PROTECT YOU AND YOUR FAMILY AGAINST THE FLU THIS YEAR AS WELL

Influenza (flu) is a serious illness that can lead to hospitalisation or even death, and Aboriginal and Torres Strait Islander people have a higher risk of serious disease. It is safe to receive the flu vaccine at the same time as a COVID-19 vaccine.

2024 flu vaccines will become available from mid April to protect you for the Autumn and Winter months of 2024.

Flu vaccination is strongly recommended and available for free to all Aboriginal and Torres Strait Islander people aged 6 months and older.

Visit the [NSW Health website](#) for more information about the flu vaccine for Aboriginal and Torres Strait Islander people.

Content provided by Kira Wright, CESPHN Immunisation Team Leader.



SOUTH EAST ABORIGINAL HEALTH CARE

Michael is a Proud Biripi Man from Taree. His totems are the shark and tree, meaning salt and fresh water. His Aboriginal family names are Richie and Bennelong. Michael was referred to South East Aboriginal Health Care (ITC program) (SEAHC) by his Respiratory Specialist in February 2020. Michael agreed to work with SEAHC and his GP to work through his GP management plan (721) goals. There was plenty of ups and downs in Michael's health during this time, but even with COVID-19 restrictions, Michael continued to work on his goals. Michael met up with his current support team Jess and Linda, to discuss what he found helpful about SEAHC and to highlight some of his achievements.



Jess: Hi Michael, how did you come to know our service and how we came about to be in your life?

Michael: I was in hospital and Beba (previous Care Coordinator) came along from Aboriginal Chronic Care, (ACC) and that's when it all started. I was in a boarding house in Randwick and I had issues with my legs and health and things like that. It all started with Beba coming to visit me at the hospital and then coming to my home to see what my needs were. Then we went from there to having people come and bandage my legs and do house visits.

Then further down the track, the place started to be sold, so then she (Beba) was trying to help me negotiate getting a unit or flat with Aboriginal housing. I didn't understand that, so she helped me to sort that out and I got housing - Wesley Mission emergency group housing - when the boarding house was sold. Then I went into a location, Wesley Mission House, where another friend of mine, who was 75 years old, lived in the building with his bad heart. He asked her questions, and she even helped him, she asked him questions too...(laughs).

Then COVID stopped everything. I was isolated, but I was able to call the lovely girl in the office (SEAHC office). It meant a lot to me and it really helped.

Then we (and he was a non-Aboriginal person) moved out to a Wesley Mission house in Bronte which was down a hill. We had to try to negotiate that, trying to get down to the bottom of the hill. There was a cul-de-sac down the bottom and COVID going on and everything like that. The only contact I had was with Beba and the rest of the staff over the phone. I spoke to the secretary and the other staff there and they helped me through this time. I did get a bit unwell and I went to hospital at Randwick. At the time there I went to see my Doctor, then I had nurses from St Vincent's coming to see me, then all of a sudden that stopped because of COVID. Then I got sick and went to hospital. I got COVID in there and went from one ward to the other but the whole time I was there, at least I could speak to someone (in the ACC team) on the phone so that helped.

Then I came out back to the house and they put me in a nursing home at Bondi at the Ronald Colman

“ (...) COVID STOPPED EVERYTHING. I WAS ISOLATED, BUT I WAS ABLE TO CALL THE LOVELY GIRL IN THE OFFICE (SEAHC OFFICE). IT MEANT A LOT TO ME AND IT REALLY HELPED.

Nursing Home. I was there for about a month. I spoke to the ACC staff from there again about the process, then the hospital staff started coming and doing physio and things like that. Then I picked up Aboriginal housing over here at Matraville when I had the Aboriginal lady from housing and the Aboriginal Nurses, Beba and others, come and help me. Ever since that happened, they have taken over and things are looking up. I have tablecloths and cushions (laughs) if I have a problem and get stressed out with Centrelink and things like that, they help me with that. The best thing they have done for me was to enrol me into Kinchela Boys Home numeracy and literacy, reading and writing at EORA TAFE. That's the best thing they could have done for me and that was really good (laughs) and I have come a long way, that's the best thing. That was really good, working with their men's group, 'cause I am part of the stolen generation, so they helped me along the way there. I learn a lot quicker these days and I have come a long way.

Linda: How do you feel about it being an Aboriginal service? Is that important to you?

M: Well it is because with these other organisations, they are good and it was good to be up there in the nursing home but I felt a bit isolated because I was the only Aboriginal person there. With COVID, no Aboriginal Workers could come and see me, so that made it a bit difficult because all I could do was talk to you girls on the phone...which was good.... it's important because you have to have your own culture, because they can understand things better. Because explaining it to other non-Indigenous people in the health service gets a bit hard to get across, to know what you are saying...you're more relaxed when your with your own mob, own people. They're more flexible, you can move around and change



appointments when you are having difficulties and you can't explain things to the Doctor and get confused with it. They can ring up or be there with you and speak on behalf of you and explain the situation more clearly so the Doctor can understand.

L: So, if someone came along and said 'okay I have been told about this service', do you think it is helpful?

M: Oh yes, it is helpful, yes, yes. Because you know, all Aboriginal people ask about each other's health services and it's good because then you tell them and then they say, 'oh I haven't got that in my Aboriginal health service', and they will go and ask about it. You bounce around off each other, I'm helping them, and they are helping me. And it's good because there's a whole new look on things. You can bounce off each other and utilise things in a way that will work for you, as your capabilities, medically, health wise, education wise, everything.

Especially with the medications too...they explain that sort of thing to you too.

“ (...) IT'S IMPORTANT BECAUSE YOU HAVE TO HAVE YOUR OWN CULTURE, BECAUSE THEY CAN UNDERSTAND THINGS BETTER. BECAUSE EXPLAINING IT TO OTHER NON-INDIGENOUS PEOPLE IN THE HEALTH SERVICE GETS A BIT HARD TO GET ACROSS, TO KNOW WHAT YOU ARE SAYING...YOU'RE MORE RELAXED WHEN YOUR WITH YOUR OWN MOB, OWN PEOPLE.

J: Overall with your health journey with the Aboriginal Chronic Care Team, what's your opinion of us, if you had to sum it up?

M: Well for a period over I'd say 4-5 years with you guys, it's been good because I have been able to sort things out. Aboriginal people need to be able to do special things, Aboriginal people worry about different things. You always ask me, if you are frightened about something talk to us and tell us what your fears are, and we will talk with you about it. It's all about you first, it's always about you first and we will work in with you. Also, you are not forced or pushed into anything you don't want to do. You work around for a solution for whatever problem you have got so you are not pressured or pushed into anything you don't want to do.

J: So we don't bully you hey? (laughs)

M: Except Jess of course (laughs).

Michael is attending the Prince of Wales Hospital AIM/WAVES exercise groups twice a week, Men's group at Kinchela Boys, is continuing with this literacy class and the community nurses have said his legs have never looked better. He confidently manages his own health with his GP, deals directly with government agencies and is a very active member in his community. SEAHC is very proud to have supported Michael and is very happy he is too busy staying well and does not need our support!

If you are interested in more information about **SEAHC** please enquire at phone **9540 8181** or **SESLHD-SEAHC@health.nsw.gov.au**.

If you are interested in the **Prince of Wales hospital Aboriginal** exercise groups you and your GP can enquire through the Northern Network access and referral centre **9540 0400**.

Content provided by Rosslyn Twarloh, Social Worker ITC SESLHD.

HAPPENINGS AT TRIBAL WARRIOR AROUND:

HEALTH AND WELLBEING

As we reflect on the strides made in 2023 and embark on new journeys in 2024, we are thrilled to share the impactful developments centred around the health and wellbeing of our cherished clients.

TRAUMA INFORMED YOGA PROGRAM: A RESOUNDING SUCCESS

In 2023, we introduced the trauma informed yoga program, conducted on Mondays and Wednesdays over an 8-week period. The resounding success of this initiative not only brought physical and mental benefits but also created a space for meaningful conversations.

During the provided lunch sessions, our clients shared thoughts on the yoga sessions, delving into discussions about their homes, lives, and overall health and wellbeing. These conversations proved invaluable, guiding us to tailor the program to better suit their needs.

SANTA SACK MAKING PROGRAM: SPREADING FESTIVE JOY

The festive season took on a special meaning as Christmas approached. Thanks to a generous donation of fabric, Treena led the creation of Santa sacks for the children of our clients. This heartwarming initiative unfolded over six weeks, fostering a sense of joy and community spirit. The Santa sack making program not only brightened the holiday season but also showcased the power of collective efforts in creating meaningful experiences for our clients.

INAUGURAL MEN'S WALKING GROUP: A FRESH START IN 2024

Welcoming the new year with enthusiasm, our men's walking group commenced on Friday, 12 January 2024. The inaugural session set the tone with a coastal walk and an invigorating dip in the ocean, symbolising a cleansing start to the year. This initiative aims to promote physical activity, camaraderie, and overall wellness among our male clients.

At Tribal Warrior Aboriginal Corporation, we remain dedicated to the health and wellbeing of our community. As we celebrate these milestones, we extend our gratitude to everyone who has contributed to the success of these programs. Your support has been instrumental in creating a positive impact on the lives of our clients.

Looking ahead, we are excited about the possibilities that collaboration, growth, and continued support can bring to our community in 2024.

Content provided by Treena Cutmore, Tribal Warrior Coordinator.



KEEPING THE BODY IN MIND

PRIMARY CARE SERVICE



THE KBIM-P PROGRAM INCLUDES:

- One-on-one exercise physiology and/or dietitian consultations adapted to individual needs and preferences.
- Sessions with Tobacco Treatment Specialist as required with support from Mental Health Peer Worker.
- Tailored interventions stem from the participant led goal setting and barrier identification.
- Education on the physical and mental health benefits of a healthy diet and participation in a structured exercise program.
- Development of mental health-informed and personalised dietary advice and physical activity program.
- Accessible and effective home-based exercise programs with or without equipment.
- Assistance with meal planning, shopping, and cooking.
- Pathways into other community-based services for longer term support, as required.

The Keeping the Body in Mind – Primary Care service (KBIM-Primary) is an innovative service providing lifestyle services to people living with complex mental disorders receiving primary care services within the CESP HN region. It is the only service of its kind in Australia. This service is funded by CESP HN, and services are provided free-of-charge to people referred from their primary care health provider.

KBIM-Primary operates out of the UNSW Medicine and Health Lifestyle Clinic at Randwick with an Exercise Physiologist and Dietitian who specialise in working with and supporting individuals with complex mental disorders.

The service is available for consumers aged 18-65 years who currently reside within central and eastern Sydney and live with complex

mental health disorders (such as schizophrenia, schizoaffective disorder, bipolar disorder, and major depressive disorder).

Statistics show around two-thirds of people experiencing serious mental illness smoke tobacco compared to 12.8 per cent of the general population. Recently the program has been expanded to include smoking and vaping cessation support, through the integration of a Tobacco Treatment Specialist and a Mental Health Peer Worker.

The Tobacco Treatment Specialist's role in KBIM-Primary involves providing guidance to individuals aiming for tobacco-free lives. As a core element of this participant-centred initiative, the specialist, a trained mental health nurse, conducts comprehensive initial assessments, understanding participants'

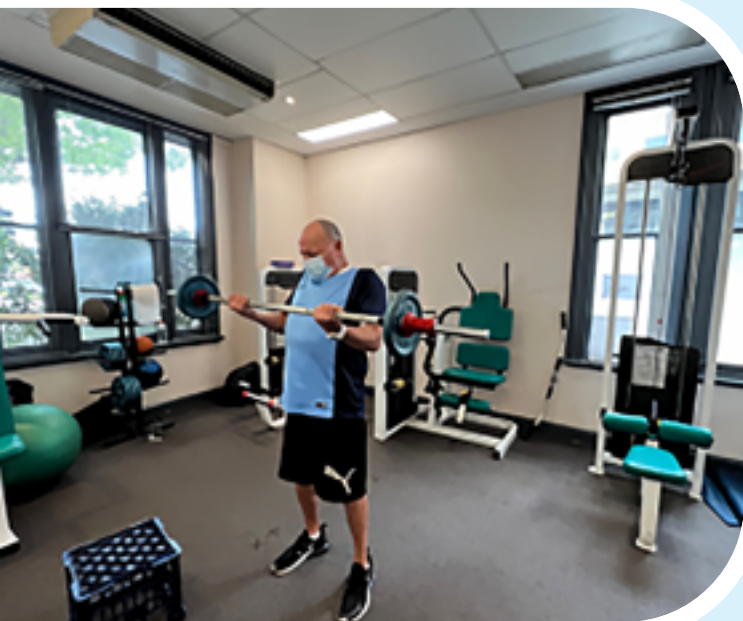
smoking history, goals, barriers, and support needs. Delivering smoking cessation interventions through a trained mental health nurse adheres to evidence-based practices for individuals with severe mental illness.

By integrating the expertise of a Mental Health Peer Worker, our aim is to enhance the accessibility of smoking and vaping cessation support for KBIM-Primary consumers. By enlisting a team member with personal mental health and smoking cessation experience, we envision facilitating an increased number of consumer referrals to the program, extended enrolment durations, and enhanced rates of smoking cessation.

“LOSING MY WEIGHT HAS MADE ME FEEL BETTER ABOUT MYSELF, MY HEALTH, HOW I FEEL I LOOK, AND IT’S JUST MADE A BIG DIFFERENCE TO MY OVERALL HOLISTIC WELLBEING.

- PARTICIPANT 1





“ SHE’S [THE DIETITIAN] COMPLETELY HELPED ME UNDERSTAND FOOD AND MOOD, AND HOW I’VE CHANGED MY DIET, WHICH HAS HELPED ME LOSE WEIGHT, FEEL BETTER ABOUT MYSELF. AND SO OVERALL, I THINK THAT I’VE BEEN VERY FORTUNATE TO HAVE THAT BECAUSE IT HAS HELPED.

- PARTICIPANT 2

“ SIMON’S BEEN ABSOLUTELY AMAZING. WITH HIS HELP, LUCY BEING THE DIETICIAN... JUST MY LIFE IS TURNED AROUND. REALLY, I’M GOING LEAPS AND BOUNDS AT THE MOMENT.

- PARTICIPANT 3

Referrals can be made electronically using this link:

KBIM-P Referral Form

(<https://redcap.link/kbimprimary>)

For more information:

KEEPING THE BODY IN MIND

(<https://cesphn.org.au/general-practice/help-my-patients-with-mental-health/mental-health-services-funded-by-cesphn/kbimp>)

ABORIGINAL MENTAL HEALTH & WELLBEING PROGRAMS

CESPHN are committed to supporting the emotional and social needs of Aboriginal and Torres Strait Islander peoples in this region. See the [CESPHN website](https://cesphn.org.au) for relevant available mental health and social wellbeing programs.

OTHER RESOURCES AVAILABLE:

HEAD TO HEALTH

Phone line for free mental health advice and support:

1800 595 212

WELLMOB

Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander people are available at:

wellmob.org.au

HEADSTART

For local service providers and health professionals based on your eligibility:

headstart.org.au/central-and-eastern-sydney

13 YARN

Phone line:

13 92 76

LIFELINE

Phone line:

13 11 14

BROTHER-TO-BROTHER

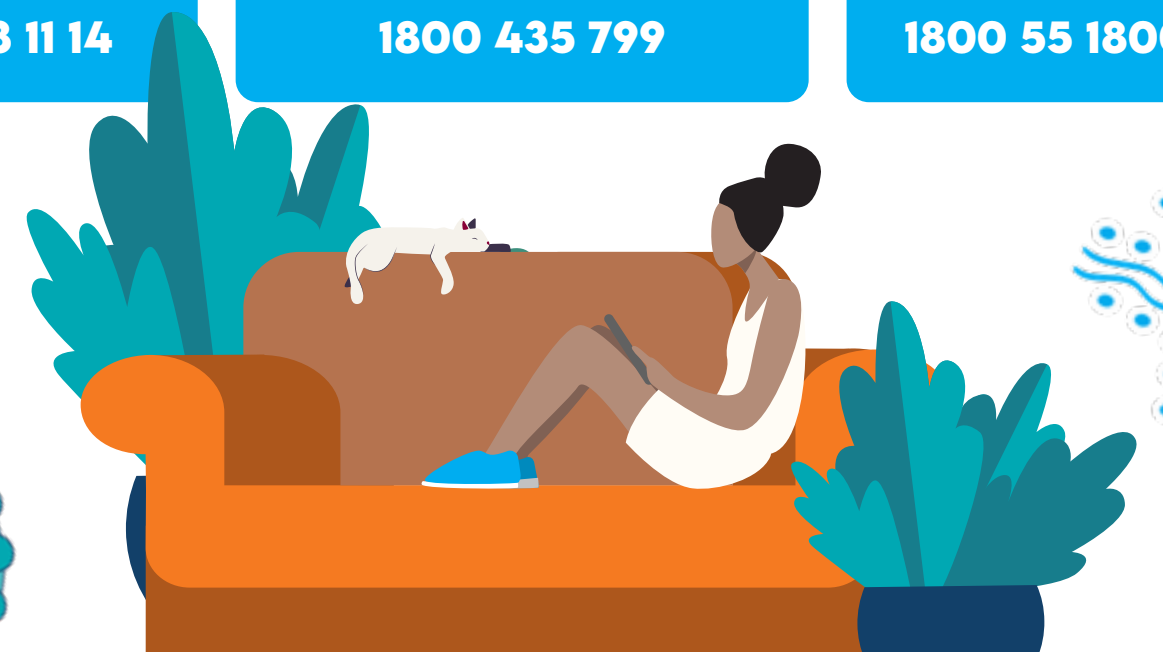
Phone line:

1800 435 799

KIDS HELPLINE

Phone line:

1800 55 1800





HEALTHY EGGS IN A BASKET

Preparation time: 10 mins

Cooking time: 15 mins

Serves: 4

Ingredients

- 4 wholemeal or wholegrain rolls
- 1 spring onion (including green top), sliced
- 1 tomato, chopped
- 2 mushrooms
- 1 handful baby spinach leaves, optional
- 4 small eggs
- pepper, to taste
- 2 tbs reduced-fat cheddar cheese

Method

- Preheat oven to 160°C and line a baking tray with baking paper.
- Slice off the top of each roll and scoop out the soft bread inside, leaving the bottom and sides of the roll intact. Arrange the rolls on the baking tray. Reserve the tops and middles.
- Divide the spring onion, tomato, mushroom and spinach between the rolls.
- Crack an egg into each roll. Season with pepper. Sprinkle the eggs with the grated cheese.
- Bake for 10 minutes or until eggs are to your liking. Add the tops and middles during the last 5 minutes of cooking time.

Recipe provided by Live Lighter
www.livelighter.com.au



BEEF BURGER PATTY

Preparation time: 25 mins

Cooking time: 15 mins

Serves: 6

Ingredients

- 400g lean beef mince
- 1 egg
- 1 brown onion, finely diced
- 2 tsp Worcestershire sauce
- 4 tbsp breadcrumbs, preferably wholemeal
- 2 medium carrots, finely grated
- Olive oil

Method

- Add all ingredients to a large bowl and mix with hands.
- Shape into 4 patties about 2cm thick. Refrigerate for 20 minutes.
- Cook patties by grilling in a pan or on the BBQ with a little olive oil.
- Serve with your favourite salad and a slice of cheese on a wholemeal bun.

Recipe provided by Cancer Council Healthy Lunchbox
www.healthylunchbox.com.au





ONE PAN GNOCCHI BOLOGNESE

Preparation time: 10 mins

Cooking time: 30 mins

Serves: 4

Ingredients

- 1 teaspoon olive oil
- 1 onion, finely chopped
- 1 clove garlic, crushed
- 500g extra lean beef mince
- 1 carrot, grated
- 200g mushrooms, thinly sliced
- ¼ cup dried red lentils
- 2 teaspoons dried Italian herbs
- 2 tablespoons no added salt tomato paste
- 2 x 400g cans no added salt diced tomatoes
- 500g packet fresh potato gnocchi
- ½ cup grated mozzarella cheese
- Fresh basil, to garnish (optional)

Method

- Heat oil in a large, deep, non-stick frying pan over medium-high heat. Add onion and garlic. Cook, stirring, for 2 minutes or until light golden.
- Add mince. Cook, breaking up lumps, for 5-8 minutes, until browned all over. Add carrot, mushrooms, lentils, herbs, and tomato paste. Cook, stirring, for a further 2 minutes.
- Stir in tomatoes. Rinse out tomato cans with 2 cups water, then add water to pan. Bring to the boil. Reduce heat to medium. Gently boil for 12 minutes. Stir in gnocchi. Gently boil for 6-7 minutes, stirring occasionally, until gnocchi is tender and sauce has thickened.
- Sprinkle with cheese. Cover and cook for a further 2 minutes or until cheese is melted. Serve garnished with fresh basil (optional).

Recipe provided by Heart Foundation
www.heartfoundation.org.au



MINI HOT CROSS BUNS

Preparation time: 5 mins

Cooking time: 70 mins

Serves: 18

Ingredients

- ¼ cup caster sugar
- 1 cup warm light milk
- 7g sachet dried yeast
- 3 cups plain wholemeal flour
- 1 ½ teaspoon all spice
- 2 teaspoon orange zest (optional)
- 50g reduced salt butter, melted
- 1 egg, lightly beaten
- 1 cup sultanas
- 1 tablespoon olive oil

Cross paste

- ¼ cup plain wholemeal flour
- 3 tablespoon water

Glaze

- 60g caster sugar
- 1 teaspoon mixed spice
- 55ml water

Method

- Preheat the oven 200°C and grease and line a deep, square baking tray.

- In a small bowl combine the warm milk, yeast and sugar. Allow to stand for 5-10 minutes and the mixture is frothy.
- In a large bowl sift together the flour and mixed spice and stir through the orange zest (optional). Make a well in the centre and add the melted butter, egg and yeast mixture from step 2. Mix together until a loose dough forms. The dough should be soft and slightly damp. If it feels a little dry then add extra warm water, a tablespoon at a time. Turn out the dough onto a floured surface and knead until it is smooth and elastic. Knead in the sultanas.
- Form the dough into a ball and place in a lightly oiled bowl. Cover with a tea towel and leave to stand in a warm place for 30 minutes and the dough has doubled in size. Knock down the dough and divide it evenly into 18 smooth balls. Place the balls onto the baking tray in three rows of six. Cover the tray with

- a damp tea towel and leave to stand in a warm place for 20 minutes. (If you don't have a deep, square baking tray try placing the balls on a flat baking tray spaced 2cm apart, cover with a tea towel and allow to rise and expand, for 20-40 minutes, so the balls are touching.)
- While the buns are rising make the cross paste by combining the flour and water to form a smooth, thick paste. Pipe a cross through the centre of each bun using a piping bag (alternatively use a snap lock bag with a corner trimmed). Bake for 15-20 minutes or until golden and cooked through.

- For the glaze place the sugar, mixed spice and water in a small pan, bring to the boil and boil for 2 minutes, then brush over the hot buns. Transfer to a wire rack to cool slightly. Serve warm or toasted with butter.

Recipe provided by
www.diabetesaustralia.com.au



Useful numbers

PRINCE OF WALES HOSPITAL
02 9382 2022

SYDNEY CHILDREN'S HOSPITAL
02 9382 1111

ROYAL PRINCE ALFRED HOSPITAL
02 9515 6111

ST VINCENT'S HOSPITAL
02 8382 1111

SYDNEY DENTAL HOSPITAL
02 9293 3333

LA PEROUSE HEALTH CENTRE
02 8347 4800

BABANA ABORIGINAL
02 9660 5012

WEAVE YOUTH AND COMMUNITY SERVICES
02 9318 0539

TRIBAL WARRIOR ABORIGINAL CORPORATION
02 9699 3491

GAMARADA
0433 346 645

GURIWAL ABORIGINAL CORPORATION
02 9311 2999

LA PEROUSE LOCAL ABORIGINAL LAND COUNCIL
02 9311 4282

ODYSSEY HOUSE
1800 397 739

LANGTON CENTRE
02 9332 8777

REDFERN ABORIGINAL MEDICAL & DENTAL SERVICE (AMS)
02 9319 5823

REDFERN AMS AFTER HOURS SERVICE
02 8724 6300
(must be registered patient of AMS)

CANCER COUNCIL NSW
13 11 20

QUITLINE (SMOKING)
13 78 48

LIFELINE 24HR HELPLINE
13 11 14

GAMBLING ANON
02 9564 1574

METROPOLITAN LOCAL ABORIGINAL LAND COUNCIL
02 8394 9666

KIDS HELP LINE
1800 55 18 00

MENSLINE AUSTRALIA
1300 78 99 78

13SICK NATIONAL HOME DOCTOR SERVICE
(after hours support)
13 74 75

MENTAL HEALTH LINE
1800 011 511

DOMESTIC VIOLENCE AND SEXUAL ASSAULT HELPLINE
1800 200 526

ST GEORGE HOSPITAL
02 9113 1111

SUTHERLAND HOSPITAL
02 9540 7111

KURRANULLA ABORIGINAL CORPORATION
02 9528 0287

Contact Central and Eastern Sydney PHN

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Please mark any correspondence in relation to this publication for the attention of the CESPHN Aboriginal Health Team



Australian Government

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