DR BERNARD HICKEY MBBS FRANZCP Psychiatrist

Australian Senate Select Committee on Regional and Remote Indigenous Communities 26 April 2009

Dear Senators

I am a psychiatrist working with Central Australian Mental Health under the Medical Specialists Outreach Access Programme(MSOAP). I have been visiting communities 2 monthly for the last 18 months in the region southwest of Alice Springs. These include Ntaria (Hermannsberg), Wallace Rockhole, Utju (Areonga), Watarrka (Kings Canyon), Imanpa and Aputula (Finke River).

I believe the care I am able to provide by consistently going to the same communities and developing rapport with my patients there has been useful. I tend to individually see mostly the severe end of the mental illness spectrum especially psychotic disorders, but do see the whole range of disorders and consult with the clinics and community on problems and needs. Many problems eg psychosis post petrol sniffing, depression and anxiety and psychosis secondary to marihuana abuse and trauma from assault, accident and family and community dysfunction, suicide and suicide attempts, are related to alcohol and substance abuse. There is vast unemployment and lack of education and skills. There is housing shortage and rubbish disposal problems in many communities. Many men pass through the "finishing school" of Alice Springs Prison which must be viewed as a major part of the communities and their culture. Unfortunately for the communities these men come out of gaol with virtually no new useful skills especially about alcohol and substance use control or abstinence and no support structures in the community to live sober lives. Rapid re-offence is thus common and supporting a dysfunctional criminal justice system.

There are no local aboriginal alcohol and drug workers in any of the communities. In New Zealand Maori Alcohol and Drug therapists outnumber general mental health workers 6 to 1, a ratio which seems sensible. This would also provide real local jobs and upskill knowledge in the community. These workers would need to be supported by a comprehensive multidisciplinary mental health team. I support the Western Aranda Health Aboriginal Corporation proposal for this.

Another urgent need which could provide appropriate local employment is for aged care, thus saving on the inappropriate and cruel treatment of taking aged and physically and/or cognitively impaired persons away from family and country in their most vulnerable years. Yours sincerely

Dr Bernard S. Hickey