Submission from

The Aboriginal Health & Medical Research Council
of New South Wales

to

Parliament of Australia

Senate Select Committee

on

Mental Health

May 2005

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INTRODUCTION

The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) is the peak body for Aboriginal health in NSW and is comprised of over 60 Aboriginal Community Controlled Health Organisations throughout the state. The AH&MRC provides vital health and health related services, including mental health services, in association with its member organisations and these combined services include:

- Primary health service delivery;
- Mental health services and referrals;
- Development and evaluation of culturally appropriate mental health instruments;
- Supporting Aboriginal community health initiatives;
- Development and delivery of Aboriginal Health education;
- Research in Aboriginal Health;
- Collecting, evaluating and disseminating Aboriginal health data;
- Policy development and evaluation;
- Project and program planning, implementation and evaluation;
- Ethical evaluation of Aboriginal Health research and data; and
- Networking.

These activities fall within the AH&MRC's dominant objective to ameliorate ill health, suffering, distress and helplessness in Aboriginal communities by the direct provision of primary health care, including social and emotional wellbeing services and support programmes for Aboriginal communities.

This submission addresses the effect of the *National Mental Health Strategy*[1] on mental health services to Aboriginal people is NSW, in the context of the Terms of Reference of the Senate Select Committee on Mental Health policy[2] and also processes and activities at the State, Regional and Local levels[3]. The submission relates to the achievements as well as the opportunities experienced to date as described by service providers from the Aboriginal Community Controlled Health sector and Aboriginal people (see References).

There are fundamental issues raised by Aboriginal people when decisions are made regarding program funding, resourcing and support. Mindful that the *National Mental Health Strategy* supports the processes and strategies Aboriginal people have suggested for the establishment and continuance of effective and accessible mental health services for the Aboriginal community, relevant issues that impact upon the mental health and wellbeing of Aboriginal people include:

- disruption and continued alienation of Aboriginal people's relationship with the land and country;
- eradication of the use of language, culture and traditional learning and healing processes and methods;
- marginalisation and isolation of Aboriginal people within the dominant culture;
- displacement and disenfranchisement;
- lack of Aboriginal community and individual knowledge, skills and attributes;;

1 Commonwealth of Australia, Australian Health Ministers, National Mental Health Plan 2003-2008, Canberra, Australia July 2003 p6

2 Appendix I to this Submission

3 NSW Aboriginal Health Partnership Agreement 2001, between NSW Government and AH&MRC

- the Stolen Generations, cumulative grief and loss, and transgenerational trauma issues.

Consideration of these contributory factors will facilitate the process when engaging in dialogue to develop and implement and resource mental health strategies within ACCHS.

a) Aboriginal Community Controlled Health Services Context

Since its formation the Aboriginal Community Controlled Health sector has consistently emphasised the importance of addressing social and emotional distress and mental health issues in a culturally appropriate context as a priority if there is to be significant and positive change in the health of Aboriginal people. Key references summarising the issues and concerns include but are not limited to the *National Aboriginal Health Strategy (1989)*[4], the NSW Aboriginal Mental Health Report[5], "Ways Forward"[6] and the NSW Aboriginal Mental Health Conference[7] held in 1999.

The Aboriginal Community Controlled Health Services (ACCHS) in NSW have consistently stressed the importance of mental health and social and emotional distress services in the primary health care framework of their Services. Currently there are over 60 Aboriginal Community Controlled Health Services and Health Related Services in NSW, all of which have a role in addressing social and emotional distress and mental health issues.

Key elements of the provision of effective health and mental health services:

- development of close collaborative working relationships between a variety of service providers and funding bodies, with an emphasis on genuine negotiation;
- preferential support for ACCHS driven primary health care programs;
- adequately educated and sufficiently staffed workforce;
- culturally appropriate service provision;
- Aboriginal Mental Health Worker education programs;
- appropriate and accurate clinical and managerial assessment, management and evaluation;
- flexible clinical and administrative management tools;
- strengthening of workforce rather than relying in specific individuals; and
- counselling and support services for those with social and emotional distress and mental health issues;
- Primary health, mental health and support services for those within and prevention strategies for Aboriginal people from the criminal justice system or institutionalisation.

In relation to clinical management there are five key areas which require increased consideration in varying degrees within all ACCHS, namely:

- provision of primary health care services in the area of prevention, early detection and intervention of and long term support and management for people with social and emotional distress or mental health problems;
- enhancement of the capacity for the ACCHS to provide culturally appropriate, comprehensive health care services to address social and emotional distress or mental illness

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4 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, 1989

5 AMS Redfern, NSW Aboriginal Mental Health Report, Sydney, 1991

6 Swan, P., Raphael, B., "Ways Forward" National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health Parts 1 and 2, Commonwealth of Australia 1995

7 NSW Aboriginal Mental Health Conference "Moving forward together" proceedings, Conveners: AH&MRC, Link Up NSW and NSW Department of Health, NSW Department of Health 1999

- ensuring all health staff have effective skills in the area of addressing social and emotional distress and mental health problems or illnesses through programs directed by Aboriginal cultural imperatives;
- access to and development and maintenance of collaborative arrangements with secondary and tertiary mental health care service providers;
- access to and development and maintenance of support services for families and carers of Aboriginal people with social and emotional distress or mental health problems; and
- timely and relevant access to specialist mental health services.
- accurate clinical record systems with timely and appropriate client follow-up; and
- accurate reporting where ACCHS resources has been utilised to assist clients, their families and communities.

With respect to Aboriginal people and communities in NSW, the ACCHS position on social and emotional wellbeing and mental health of Aboriginal people is as follows:

- ACCHS work within the framework described in the *National Aboriginal Health Strategy (1989)*[8] and recognise its definition for health as:

  "Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life."[9]
- Social and emotional wellbeing and mental health are only one aspect of the health of an individual or community yet needs to be assessed in all client interactions;
- ACCHS are the most appropriate bodies to provide primary health care services and coordinate the provision of secondary and tertiary services to Aboriginal communities[10];
- ACCHS provide holistic services;
- ACCHS have a responsibility to account for resources allocated for expenditure not only to their funding organisation but to the Aboriginal community to which they provide services;
- Within the framework of its designated responsibility, the NSW Department of Health, including Area Health Services, have the responsibility to resource appropriate services to the those requiring services within the wider community, including Aboriginal;
- The *NSW Aboriginal Health Partnership Agreement*[11] is a catalyst for appropriate service delivery;
- The Aboriginal health information principles as outlined in the *NSW Aboriginal Health Information Guidelines*[12] are assumed to apply within NSW;
- Management of health information is an integral aspect of health service provision;
- Where Aboriginal people are the focus of health service provision, all workers require basic skills in assessment, appropriate management or referral of clients who have social and or emotional distress; and
- Where funding bodies fund Aboriginal health projects, there should be provision for:

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8 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, 1989

9 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, 1989 px

10 AH&MRC, Primary, Secondary and Tertiary Health Care Services to Aboriginal Communities – Core Functions of Primary Health Care in Aboriginal Community Controlled Health Services (ACCHS) Monograph series Vol 1. No 1. 1999

11 NSW Aboriginal Health Partnership Agreement 2001, between NSW Government and AH&MRC

12 NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

- Understanding of the principles of Aboriginal Community Control as set out in the *National Aboriginal Health Strategy (1989)*[13];
- access by the client to effective social and emotional and mental health services;
- accountable reporting by the service provider; and
- adherence to ethical requirements within the *NSW Aboriginal Health Information Guidelines*[14] with regard to research and data.

b) Policy Context

i) National Policy

The *National Aboriginal Health Strategy (1989)*[15] is the foundation national document for policy, resource allocation and service delivery to Aboriginal people in health and health related matters and it has to be noted that many of the recommendations defined in that document are yet to be implemented. The *Ways Forward*[16] and *Bringing Them Home*[17] Reports documented and validated issues that Aboriginal people have been constantly raising, and the needs and strategies addressed in these reports continue to be relevant.

Effective implementation of the *National Mental Health Strategy*[18] has positive implications for Aboriginal communities. The *National Mental Health Strategy*[19] defined four aims, namely to:

- promote the mental health of the Australian community;
- where possible, prevent the development of mental disorder;
- reduce the impact of mental disorders on individuals, families and the community;
- assure the rights of people with mental illness[20].

The *National Mental Health Strategy* implementation is occurring through the *National Mental Health Plan 2003 – 2008*[21] (*National Action Plan*) elements of which have been referred to throughout this submission. The *National Action Plan* outlines the scope of the plan and the role, responsibilities and accountability. Four priority themes are identified, namely:

- promoting mental health and preventing mental health problems and mental illnesses;
- improving service responsiveness;
- strengthening quality; and
- fostering research, innovation and sustainability[22].

In the *National Action Plan,* the Australian government undertook amongst other things, to:

- finance and administer programs consistent with Commonwealth and State or Territory funding arrangements;

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13 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, 1989

14 NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

15 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, 1989

16 Swan, P., Raphael, B., "Ways Forward" National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health Parts 1 and 2, Commonwealth of Australia 1995

17 Human Rights and Equal Opportunity Commission: Bringing Them Home – Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, Commonwealth of Australian 1997

18 Commonwealth of Australia, Australian Health Ministers, National Mental Health Plan 2003-2008, Canberra, Australia July 2003, p 6

19 ibid

20 ibid

21 Commonwealth of Australia, Australian Health Ministers, National Mental Health Plan 2003-2008, Canberra, Australia July 2003

22 ibid

- ensure people with mental health problems and mental illness and their families and carers are not discriminated against;
- foster linkages with relevant national reform agenda and partnerships;
- strengthen mechanisms to facilitate genuine participation of consumers, families and carers at all levels;
- foster development of mental health research; and
- in consultation with the States and Territories, seek to ensure an adequate supply of high quality mental health personnel, through targeted education[23].

Further, the *Social and Emotional Wellbeing Framework: a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004-2009* [24] (National Social and Emotional Wellbeing Framework) was developed to enhance the implementation of the National Mental Health Plan. Of particular significance to Aboriginal mental health is *2. Key Strategic Direction – Strengthening Aboriginal Community Controlled Health Services*. This key strategic direction expressly addresses the indispensable role of the Aboriginal Community Controlled Health sector in Aboriginal mental health:

> *"Aboriginal Community Controlled Health Services (ACCHS) deliver a range of services required to meet the complex and interactive health needs of Aboriginal and Torres Strait Islander peoples (Health Council 2002). . .*
>
> *"ACCHS provide a central role due to the religious, cultural, spiritual and social needs they address. They provide culturally appropriate primary health care that is specific to the needs of their communities. For many people, services that are offered by ACCHS provide a sense of belonging. ACCHS provide:*
>
> - *Community ownership as the Community has developed and shaped the service;*
> - *A built in health care complaints system;*
> - *A service that is consumer driven and everyone is a consumer;*
> - *A Community elected ACCHS Board. These board members are consumers of the service, many of whom are elected to represent the Community at a regional, state and national level. All associated responsibilities are met unpaid;*
> - *A constant memorial of Community members past and present who have worked tirelessly to develop services;*
> - *A meeting place, teaching place, learning place – its our place;*
> - *A place to go when you feel crook;*
> - *A place to go when you need food or to make an urgent phone call;*
> - *Emotional support and a place to cry;*
> - *A place to heal;*
> - *A supportive place to track and contact family members;*
> - *Assistance when family and friends pass away; and*
> - *Culturally respectful support and assistance, wherever possible, including assistance with funeral preparations and the return of loved ones back to country for burial. (NACCHO Consultation Report 2003)". . .* [25]

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[23] Commonwealth of Australia, Australian Health Ministers, National Mental Health Plan 2003-2008, Canberra, Australia July 2003 p15

[24] Commonwealth of Australia, Office of Aboriginal and Torres Strait Islander Health: Social and Emotional Wellbeing Framework: a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing, Canberra, 2004-2009

[25] Commonwealth of Australia, Office of Aboriginal and Torres Strait Islander Health: Social and Emotional Wellbeing Framework: a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing, Canberra, 2004-2009, pp 27-28

The intent was to specifically improve the delivery of mental health services to Aboriginal and Torres Strait Islander people, support the *National Mental Health Strategy* and augment the *National Action Plan*.

ii) State Policy

In the *National Action Plan*, State and Territory governments undertook amongst other things, to:

- work with private and non-government sectors, consumers and carers;
- manage resources to reflect policy implementation and responsiveness to local need;
- ensure linkages at all levels of mental health administration and service provision;
- provide comprehensive data and reform reporting activities; and
- support mental health research and evaluation[26].

The key Government policy devices in NSW in the area of Aboriginal health and health related matters are the:

- *NSW Bilateral Framework Agreement*[27];
- *NSW Aboriginal Health Partnership Agreement*[28];
- *NSW Aboriginal Health Policy*[29]*;*
- *NSW Aboriginal Health Strategic Plan*[30]; and
- *NSW Aboriginal Mental Health Policy*[31].

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[26] Commonwealth of Australia, Australian Health Ministers, National Mental Health Plan 2003-2008, Canberra, Australia July 2003 p14

[27] Agreement on the Health of Aboriginal and Torres Strait Islander People, between the NSW Minister for Health, the AH&MRC, the Commonwealth Minister for Health and Ageing and the Chairperson of ATSIC, 2002

[28] NSW Aboriginal Health Partnership Agreement 2001, between NSW Government and AH&MRC – available at: <www.health.nsw.gov.au>

[29] NSW Department of Health, Ensuring Progress in Aboriginal Health – A policy for the NSW Health System, Better Health Centre, 1999 <www.health.nsw.gov.au>

[30] NSW Department of Health, Aboriginal Health Branch, NSW Aboriginal Health Strategic Plan, Better Health Centre, 1999<www.health.nsw.gov.au>

[31] NSW Department of Health, Centre for Mental Health, NSW Aboriginal Mental Health Policy – A Strategy for the Delivery of Mental Health Services for Aboriginal People in NSW, 1997

c) General Comments

To date government agencies have continued to benefit from the strengths of Aboriginal people, both individually and collectively.

Due to cultural imperatives and the fundamental issues outlined in the Introduction, mental health programs and services for Aboriginal people are enhanced when channelled through ACCHS with non-Aboriginal specialists participating at the invitation of the Aboriginal community. This is essential to ensure that there is an appropriate base from which to address issues of concern and enable beneficial outcomes to clients, Communities and service providers.

It needs to be further noted when addressing the extent of effective implementation of national policies and strategies that approximately one third of the Aboriginal population of Australia resides in NSW and that across all Aboriginal communities in NSW approximately half of that population is under the age of 20 years[32]. Aboriginal people live in highly complex situations where there are many divergent pressures and demands within the broader community. Aboriginal communities recognise that the young people are their future and therefore it is necessary to ensure that they and their carers have maximum support. Further complicating the situation are the extensive ramifications of the Stolen Generations[33] and resultant dislocation for individuals, families and communities. The conclusions in the Western Australian Aboriginal youth report[34] are that in every indicator, members of the Stolen Generations have significantly increased levels of social and emotional distress which are compounded when linked with the findings of the *Royal Commission into Aboriginal Deaths in Custody*[35].

The strategies, processes and needs identified by Aboriginal communities in Local Aboriginal Health Plans[36] are in keeping with the intent of the *National Mental Health Plan.* ACCHS have been attempting to implement many of the strategies described since the 1970s and timely and adequate resources will enable implementation of the required strategies and activities.

Most significantly, Aboriginal communities have, for many years, been engaged in promoting effective and mutually beneficial collaboration and partnership between agencies and between individuals at all levels, local, regional and state. Where this has been achieved there have been productive relationships and beneficial outcomes for clients, service providers and relevant organisations.

d) Summary of Proposals

i) At the State level

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the necessity to:

- Uphold existing agreements and processes with regard to Aboriginal Health matters;
- Support and promote the implementation of existing policies at state level;
- Recognise existing collaboration between ACCHS and other health service providers, public and private;

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32 Local Aboriginal Health Plans formulated by individual Aboriginal communities across NSW, 1996–99

33 Human Rights and Equal Opportunity Commission, Bringing Them Home – Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, Commonwealth of Australian 1997

34 Telethon Institute for Child Health Research, The Social and Emotional Wellbeing of Aboriginal Children and Young People, 2005. Available at: <www.ichr.uwa.edu.au>

35 Commissioner Elliott Johnston, Royal Commission into Aboriginal Deaths in Custody, Australian Government Publishing Service, Canberra, 1991

36 Local Aboriginal Health Plans formulated by Aboriginal individual communities across NSW, 1996–99

- Acknowledge successes in current mental health initiatives;
- Encourage recognition of the expertise and value the contribution of ACCHS in the initiation, development, implementation and evaluation of state wide policies and guidelines when addressing matters affecting Aboriginal individuals and communities; and
- Support capacity building and infrastructure to ensure effective working relationships and service provision, rather than relying on individuals.

ii) At the Regional and Local levels

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the importance of:

- Commitment to client centred approaches and therefore ensuring appropriate funding for culturally appropriate programs initiated, developed, implemented and evaluated by Aboriginal communities;
- Need for service providers to adhere to policy and existing partnership agreements;
- Requirement of the public health sector to support the provision of culturally sensitive mental health services to Aboriginal clients for whom they have clinical responsibility;
- Support for recognition of the skilled contribution of Aboriginal Health Workers, in a variety of specialty functions;
- The processes which enable Aboriginal Health Workers, in a variety of specialty functions, to develop professionally;
- Effective coordination and support of mental health services at regional and local levels and the NSW Aboriginal Mental Health Network within both ACCHS and Area Health Services; and
- Effective implementation of state and local policy to Aboriginal Mental Health Workers in the public, private and Aboriginal Community Controlled Health sectors.

iii) At the Local level

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the necessity to:

- Ensure service providers in the public sector (in all departments) recognise and adhere to Departmental Aboriginal health agreements and policies;
- Support those programs and providers which currently provide services which the Aboriginal community value and utilise;
- Enhance culturally appropriate services targeting Aboriginal children and adolescents, either directly or indirectly;
- Support dedicated Aboriginal Health funding being directed to ACCHS, which will then administer the development, implementation and evaluation of programs;
- Secure effective implementation of state and local policy to Aboriginal Mental Health Workers in the public, private and Aboriginal Community Controlled Health sectors; and
- Promote effective coordination and support of local mental health services and the NSW Aboriginal Mental Health Workers within both ACCHS and Area Health Services.

SPECIFIC ASPECTS OF THE IMPLEMENTATION OF THE NATIONAL MENTAL HEALTH STRATEGY IN NSW

With regard to Aboriginal communities in NSW, implementation of the *National Mental Health Strategy* needs be considered in the context of relationships, processes, policies, strategies and activities at the State, Regional and Local levels.

The *NSW Aboriginal Health Partnership Agreement*[37] has supported formalised arrangements between NSW Department of Health, including the Centre for Mental Health and the Centre for Aboriginal Health, and the AH&MRC. It is the vehicle through which the *National Mental Health Strategy* may be implemented most effectively with respect to the needs of Aboriginal people and communities in NSW. (It is to be noted that the NSW Aboriginal Health Partnership predates the development of the *National Mental Health Strategy* and works towards addressing mental health issues within a holistic primary health context.)

The NSW Department of Health *Aboriginal Health Priority Task Force* is one of a number of Health Priority Task Forces which focuses on a specific health area providing advice to the Director General. The NSW Aboriginal Mental Health Strategy will find, through this forum, opportunities for implementing the *National Mental Health Strategy* in NSW.

Another important new development in the NSW Aboriginal Health Partnership is its involvement within the NSW Government's *Aboriginal Affairs Plan: New Ways of Doing Business – Two Ways Together* which provides the opportunity for inclusion of representatives from other government agencies and departments; personnel from the Office of Indigenous Policy Coordination and peak state Aboriginal organisations. This process seeks to ensure intersectoral collaboration in addressing health issues within an integrated government approach to Aboriginal service delivery. The focus on Aboriginal health within this intersectoral collaborative process is through the NSW Health Aboriginal Health Cluster which focuses on key health issues and involves representatives from relevant state government agencies; NSW Department of Health and the AH&MRC as the peak Aboriginal health organisation.

This NSW initiative has, since the replacement of ATSIC, worked within *The Bilateral Framework*[38] and the collaboration operates under the priorities of the Australian and the New South Wales State Governments.

a) At the State level

i) Collaboration between agencies

Achievements include:

- Effective and close collaboration between the Centre for Mental Health and the AH&MRC;
- Effective and close collaboration between the Centre for Aboriginal Health and the AH&MRC;
- Effective collaboration with Justice Health (previously Corrections Health) for the provision of health services to Aboriginal people in detention through an appropriate *Memorandum of Understanding* (MOU) between the AH&MRC & Justice Health as well as a MOU between Justice Health and individual ACCHS;

[37] NSW Aboriginal Health Partnership Agreement 2001, between NSW Government and AH&MRC

[38] The Bilateral Framework of the Overarching Agreement On Indigenous Affairs Between The Commonwealth of Australia and the State of New South Wales 2005 – 2010

- The Royal Australian and New Zealand College of Psychiatrists has played an active role in supporting Aboriginal and Torres Strait Islander communities in obtaining culturally appropriate services and working to improve access to culturally sensitive services. The College has specifically emphasised Aboriginal Mental Health Workers' role and advocated strongly for access to adequate education and training[39];
- Ongoing negotiations to resource Aboriginal Mental Health Teams and Workers in some ACCHS in NSW at the Regional and Local levels;
- The Collaborative Centre for Aboriginal Health Promotion (CCAHP), established as a joint venture between the AH&MRC and the NSW Department of Health, provides through its Clearinghouse facility, a quality information system to gather, review and disseminate information pertaining to Aboriginal mental health promotion and in addition supporting developments in workforce issues in mental health;
- Progress continues on the Joint Guarantee of Service for People with a Mental Disorder (JGOS), the coordinating framework for agencies in NSW to guide the delivery of mental health, support and housing services to people with mental health problems and disorders, who live in social housing and who have ongoing support needs. The Framework has recently been expanded to include NSW Department of Housing (Public Housing and the Office of Community Housing), NSW Health (Centre for Mental Health and Area Health Services), Department of Community Services, the Aboriginal Housing Office, and the Aboriginal Health and Medical Research Council of NSW; and provides for the participation of non-government providers of Aboriginal and community housing, Aboriginal health, SAAP and mental health services[40].

Continuing areas of need include:

Despite the stated aims of the *National Mental Health Strategy* and notwithstanding the close collaboration between the Centre for Aboriginal Health, the Centre for Mental Health and the AH&MRC, many Departments of the NSW Government have yet to fully benefit from the NSW Aboriginal Health Partnership Agreement[41] with regard to policy development, service provision, strategic planning and resources allocation in health and health related matters. Examples include the establishment of Community Working Parties through the Department of Community Services and the Premiers Department, however, the new provisions within the State Government's *New Ways of Doing Business* and the NSW Aboriginal Health Partnership will ensure collaborative initiatives in health will be allow wide representative community involvement and direction.

The new strategies in *New Ways of Doing Business* will ensure that specific policy or strategies which are being developed are linked to and consistent with extant policies or strategies in NSW and that the monitoring and reporting arrangements will assist individual departments and their branches adhere to the policies once ratified.

The AH&MRC continues to advocate for and work towards the establishment of a Mental Health Project Officer position in AH&MRC (yet to be funded), who is to work towards supporting health service providers to develop programs which enable:

- Aboriginal people in NSW to have timely access to culturally appropriate and responsive mental health services;
- enhancement of the effective collaboration between the AH&MRC and the NSW Department of Health, Centre for Mental Health;
- effective implementation of the NSW Aboriginal Mental Health Policy;

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39 Royal Australian and New Zealand College of Psychiatrists Position Statement #50 Aboriginal and Torres Strait Islander Mental Health Workers, adopted October 2002 (GC2002/2)

40 Available at <www.health.nsw.au/pubs/j/pdf/joint_guar_mental.pdf>

41 As reported by ACCHS from across NSW

- public and private sector health services in NSW to become more sensitive and responsive to the mental health needs of Aboriginal communities;
- effective representation and advocacy on behalf of Aboriginal people at federal, state, regional and local levels to the public health sector; the private health sector; and the Aboriginal Community Controlled Health sector with respect to social and emotional and mental health issues;
- effective coordination and support of mental health services at Regional and Local levels and the NSW Aboriginal Mental Health Network within both ACCHS and Area Health Services; and
- effective implementation of state and local policy to Aboriginal Mental Health Workers in the public, private and Aboriginal Community Controlled Health sectors.

Cultural differences and language communication barriers continue to be matters of concern which impede the effectiveness of collaboration between Aboriginal people and government and private organisations and individuals.

Proposal:

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the need to:

- Uphold extant agreements and processes with regard to Aboriginal Health matters;
- Support and promote the implementation of existing policies at state level;
- Recognise current collaboration between ACCHS and other health service providers, public and private;
- Acknowledge successes in current mental health initiatives;
- Encourage recognition of the expertise and value the contribution of ACCHS in the initiation, development, implementation and evaluation of state wide policies and guidelines when addressing matters affecting Aboriginal individuals and communities; and
- Support capacity building and infrastructure to ensure effective working relationships and service provision, rather than relying on individuals.

ii) Improvement in access to mental health services

Government departments, mainstream policy makers, funding bodies and services continue to insist on controlling resource allocation, processes and program development in the area of Aboriginal health, rather then recognising the positive opportunities for Aboriginal people to make decisions on their own behalf. Examples include the imposition of regionalisation in funding allocation rather than respecting the inclusive processes established through the NSW Aboriginal Health Partnership Agreement.

Achievements include:

See above section *i) Collaboration between agencies*.

Continuing areas of need include:

Government and non-government services at the state level, including private medical practitioners and specialists, need to recognise and fund Aboriginal communities and services to enable:

- Appropriate assessment, management and evaluation;
- Flexible clinical and administrative management tools;
- Appropriate and timely referral;

- Working infrastructure rather than reliance on one person;
- Adequately educated and sufficiently staffed to provide both culturally sensitive and culturally appropriate workforces;
- Development of trusting relationship by services with community;
- Close working relationships between a variety of service providers;
- Aboriginal people with mental illness or disability should be supported, protected and diverted from the criminal justice system;
- Commonwealth and State funding bodies need to recognise and fund programs driven by ACCHS in the area of mental health services for Aboriginal people so that there can be:
    - genuine choice for consumers regarding which services they use;
    - an holistic approach to mental health issues;
    - adequate resources made available for mental health programs developed in Partnership at State, Regional and Local levels which address the identified needs and provide sufficient support to both clients and Aboriginal Mental Health Workers;
    - relevant, reliable and ethical research into mental health issues.
- There is an urgent need across the state for necessary resources to employ Aboriginal workers and mental health teams with specific expertise in Child and Adolescent health;
- There is also an urgent need for program resource allocation which ensures employers are able to provide social and emotional support and also workplace educational support for workers;
- Stereotyping, labelling Aboriginal and Torres Strait Islander consumers within government and non-government organisations and a lack of consultation with Aboriginal and Torres Strait Islander consumers and workers continues to occur; and
- There is a desperate need for qualified Aboriginal and Torres Strait Islander Mental Health Workers and the need to recognise these workers as competent specialists, enabling access to further tertiary and vocational education and to professional development programs.

Whilst many of these continuing areas of need are based on networks and relationships, these networks and relationships cannot be established or maintained without compliance with relevant agreements, policies and strategies and adequate access to mental health resources and services at state, regional and local levels.

Proposal:

See above section *i) Collaboration between agencies*.

iii) Health information

In relation to information management there are two key areas which require additional resourcing, namely:

- clinical record systems which enable accurate recording of client progress and timely and appropriate follow-up for clients; and
- accurate reporting of situations where commitment of ACCHS resources has been required to assist clients, their families and their communities.

Achievements include:

- Application of the *NSW Aboriginal Health Information Guidelines*[42] to all aspects of research and data use, including inclusion of these Guidelines as NSW Department of Health Policy;
- NSW Aboriginal Health Partnership – arrangements between the Centre for Mental Health, NSW Department of Health and AH&MRC – achievements to date in the area of data collection, mental health instrument evaluation and development, and compliance with national indicators;
- Memorandum of Understanding between the Centre for Mental Health and the AH&MRC and the collaborative approach to mental health initiatives in this state;
- Confidentiality and privacy principles are under close scrutiny and currently practices are being developed related to data collection and sharing. This matter is being addressed by both the AH&MRC and Centre for Mental Health at the state and national level.

There has been progress in both clinical records systems and accurate reporting. With respect to clinical information, many ACCHS in NSW are in the process of establishing or have established computerised records. With respect to reporting the situation is more complex. Each funding organisation has differing reporting requirements, which may or may not include mental health and social and emotional distress issues. ACCHS have been working towards creating a general reporting tool which reflects the commitment of resources to given issues rather then being focused on specific illnesses and programs.

As allude to above, in 1998 AH&MRC and NSW Health contracted a Memorandum of Understanding in relation to health information and published the *NSW Aboriginal Health Information Guidelines*[43]. These guidelines outline principles and subsidiary agreements, including matters relating to consent, ownership, access and sharing, ethical use of information and performance measures. These Guidelines apply to all Aboriginal health related matters and are considered binding policy documents.

With respect to the Aboriginal Community Controlled Health sector health data has been recorded primarily to maintain records relating to individual client's condition, treatment and progress and secondly to meet the information conditions of funding grants. Currently an important reporting tool in relation to services in ACCHS within NSW is the Commonwealth Service Activity Reporting Instrument (SAR). A matching reporting tool for sentinel health and mental health data was identified in 1997 by the Aboriginal community controlled health sector published related protocol in 1998. There is an urgent need to resource at the national and state jurisdictions this sector to develop the required instrument to enable current and accurate data in Aboriginal health and mental health to be made available at national, state, regional and local levels to both health sectors. This challenge is being pursued by the AH&MRC through scholars and technical experts within its Aboriginal Health College and Consultancy Service.

With respect to the public health sector to date there has been a separation between the general health data and mental health data. Currently there are processes in place to ensure mental, social or emotional distress issues are considered in the general health assessment of the individual at the primary level and that there is a mechanism to standardise reporting of distress matters across individual services comparable to that operating within the Aboriginal community controlled health sector through its emphasis on holistic primary health care.

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[42] NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

[43] ibid

Continuing areas of need include:

The key areas of need are:

- a continued commitment to adhere to the *NSW Aboriginal Health Information Guidelines*[44]
- allocation of adequate resources to enable relevant, reliable and ethical research in the area of Aboriginal mental health to continue and expand
- resourcing the AH&MRC to further develop its primary health and mental health sentinel reporting instrument; collation capacity and electronic capacity within ACCHS and the AH&MRC at state, regional and local levels.
- Resources to complete initial work in developing a culturally appropriate mental health instrument for use within Aboriginal communities.

Proposal:

See above section *i) Collaboration between agencies*.

[44] NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

b) At the Regional Level

i) Collaboration between agencies

Achievements include:

- Collaboration with Justice Health (previously Corrections Health) for the provision of health services to Aboriginal people in detention by individual ACCHS.
- The Aboriginal Mental Health Unit, providing a broad range of services. (see Appendix II) and interacting with AHS and ACCHS;
- ACCHS in all areas continue to pursue negotiations with the Area Health Service whose boundaries coincide with the geographic area from which the ACCHS' clients are drawn.

Continuing areas of need include:

The culture within the existing Area Health Services (AHS) structure means response to need is unpredictable with varying degrees of equity in accessing mental health services and resources. The recent rationalisation of Area Health Services to larger operations may provide more homogenous positive outcomes.

Examples include:

- The practical commitment and adherence to the NSW Aboriginal Health Partnership by AHS varies throughout the state. In some cases AHS have established effective working relationships with ACCHS, occasionally individual mental health workers or teams of workers have effective networks with ACCHS staff, but in a number of cases limited relationships have been established and often these are not positive[45];
- Resourcing of ACCHS in NSW for mental health programs has tended to be on an *ad hoc* basis, this means that in some Aboriginal communities funding becomes available with ACCHS accepting it, but the performance agreements may not encompass programs for which the Community has identified need;
- Funding bodies and AHS on occasion have preconceived ideas of how programs should be developed, implemented and evaluated and they chose to ignore advice from ACCHS. This is in spite of the fact that previous programs have resulted in positive outcomes for the clients or the communities. There tends to be an impetus for global models, rather than enabling flexibility of implementation and support to ACCHS in determining how specific programs are developed and implemented in a specific community;
- Unwillingness on the part of some health service providers in AHS to recognise and adhere to existing strategies, partnership agreements and policies exhibiting reluctance to channel mental health funding through ACCHS by funding alternative measures that on occasion prove counterproductive. In the view of the Aboriginal Community Controlled Health sector these issues are a matter to be dealt with by the NSW Department of Health through the NSW Aboriginal Health Partnership;
- Reluctance of some managers and health service providers in AHS to recognise the role of ACCHS to provide mental health services through its primary health care program and the need for close and positive collaboration by AHS and private mental health service providers in the area of secondary and tertiary mental health services;
- Resourcing Aboriginal Community Controlled Health sector mental health worker education programs as distinct from those provided by mainstream mental health education programs. Consistently the Aboriginal community has voiced the view that

[45] Individual member services of AH&MRC across NSW

the mainstream mental health education programs are often developed oblivious of Aboriginal cultural imperatives. Aboriginal health workers, including Aboriginal Mental Health Workers, need opportunities to participate in both types of programs to be effective in their communities[46];

- Government departments, mainstream policy makers, funding bodies and AHS continue to insist on controlling resource allocation, processes and program development in the area of Aboriginal health and mental health, rather then recognising the positive opportunities for enabling Aboriginal people to make decisions in this vital area of need. Examples include processes and practices that do not adhere to the principles and processes established through the NSW Aboriginal Health Partnership Agreement;
- Given that in the majority of Aboriginal communities across the state approximately half the population is under 20 years of age, there is a lack of resources to enable provision of culturally appropriate or culturally sensitive preventative and management programs for Aboriginal children, adolescents and families. Serious issues associated with lack of services, violence and abuse, non-recognition of mental illness, deleterious crisis management and suicide are not able to be effectively addressed, further compounding social and emotional distress in Aboriginal communities;
- Cultural differences and communication barriers continue to be major issues which impede the effectiveness of collaboration between Aboriginal people and government and private organisations and individuals.

Whilst many of these continuing areas of need are based on networks and relationships, these networks and relationships cannot be maintained without state bodies ensuring compliance with relevant agreements, policies and strategies or without adequate resource sharing to regional and local level services. Mainstream mental health services need to constantly observe their commitment outlined in the National Mental Health Plan and work collaboratively with ACCHS to enable development programs throughout the state that are relevant to and effective in given communities.

Proposal:

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the necessity to:

- Commitment to client centred approaches with appropriate funding for culturally appropriate programs initiated, developed, implemented and evaluated by Aboriginal communities;
- Need for service providers to adhere to policy and existing partnership agreements;
- Necessity for the public health sector to support the provision of culturally sensitive mental health services for Aboriginal clients for whom they have clinical responsibility;
- Support for recognition of the skilled contribution of Aboriginal Health Workers, in a variety of specialty functions;
- The processes which enable Aboriginal Health Workers, in a variety of specialty functions, to develop professionally;
- Effective coordination and support of mental health services at the Regional and Local levels and the NSW Aboriginal Mental Health Network within both ACCHS and Area Health Services; and

[46] Examples include the AHW Education Program conducted since the early 1980 by AMS, Redfern and also the Advanced Diploma in Aboriginal Mental Health, also developed and conducted by AMS, Redfern

- Effective implementation of state and local policy to Aboriginal Mental Health Workers in the public, private and Aboriginal Community Controlled Health sectors.

ii) Improvement in access to mental health services

Achievements include:

- See above section *i) Collaboration between agencies*.

Continuing areas of need include:

- Recognition and commitment to support of the strengths in Aboriginal communities and the effectiveness of Aboriginal Community Control models in ensuring the inclusion of consumer, family, peers, health workforce and other service providers;
- There are insufficient resources to meet the needs in communities across a broad range of issues including, but not limited to, reasonable access to specialist mental health services, management of dual diagnosis situations, cross border issues, transport and remote locations; social and emotional distress, child and adolescent mental health, family support, prevention and early intervention to avoid as much as possible crisis situations for example violence, abuse and suicide;
- It is vital that there be adequate resourcing of Aboriginal Community Controlled Health sector programs by sharing of resources at the local and regional level from the overall budgets of AHS rather than only using quarantined Aboriginal health funding;
- There is an urgent need to provide sufficient resources to ACCHS to enable provision of culturally appropriate preventative and management programs for Aboriginal children and adolescents and family support;
- Cultural differences and communication barriers continue to be major issues which impede the effectiveness of collaboration between Aboriginal people and government and private organisations and individuals.

If these continuing areas of need are to be met, there must be genuine collaboration between services, compliance with relevant agreements, policies and strategies and adequate resource sharing to regional and local level services.

Proposal:

See above section *i) Collaboration between agencies*.

iii) Health information

Achievements include:

Commonwealth funding has been made available to increasing numbers of ACCHS in NSW to enable establishment and maintenance of effective patient records and information recall systems.

Continuing areas of need include:

- The key area of need is allocation of adequate resources to enable relevant, reliable and ethical research in the area of Aboriginal mental health to continue and expand;
- In new or small ACCHS there is no provision for resourcing patient information systems;

- There continue to be difficulties experienced by Aboriginal communities with regard to application and enforcement by certain AHS of the *NSW Aboriginal Health Information Guidelines*[47].

Proposal:

- See above section *i) Collaboration between agencies.*

[47] NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

c) At the Local level

i) Collaboration between agencies

Achievements include:

- The Aboriginal Mental Health Unit, provides a broad range of services[48];
- Close collaboration between individual psychiatrists and ACCHS has lead to development of programs which concurrently aim to address prevention, early detection and intervention and management in the broad context of health and social and emotional wellbeing at the same time as dealing with management of mental health issues;
- ACCHS in all areas continue to pursue negotiations with Area Health Services and other service providers able to provide services in the geographic area from which their clients are drawn.

Continuing areas of need include:

- Government departments, mainstream policy makers, funding bodies and services continue to insist on controlling resource allocation, processes and program development in the area of Aboriginal health, rather then recognise the opportunities through enabling Aboriginal people to make decisions on their own behalf.
- Funding bodies and AHS on occasion have preconceived ideas of how programs should be developed, implemented and evaluated and they chose to ignore advice from ACCHS. This is in spite of the fact that previous programs have resulted in positive outcomes for the clients or the communities. There tends to be an impetus for global models, rather than enabling flexibility of implementation and support to ACCHS in determining how specific programs are developed and implemented in a specific community;
- Need for adequate resourcing of ACCHS to provide primary health care services and the need for close and positive collaboration by AHS and private mental health service providers in the area of secondary and tertiary mental health services, especially in the area of mental health;
- Consistency within service provision to ensure accessibility and optimal outcomes;
- Need for adequate support and resourcing of ACCHS in determining how specific programs are developed, implemented and evaluated in a specific community;
- Need for adequate resourcing for Aboriginal Community Controlled Health sector mental health worker education programs as distinct from those provided by mainstream mental health education programs;
- Cultural differences and language communication barriers continue to impede the effectiveness of collaboration between Aboriginal people and government and private organisations and individuals; and
- There is urgent need to support or organisations, such as Aboriginal housing companies, as these often bear the burden of providing assistance to clients without the requisite staffing or other resources to effectively address mental health issues or gain access to appropriately refer clients.

Whilst many of these continuing areas of need are based on networks and relationships, these networks and relationships cannot be maintained without state bodies ensuring compliance with relevant agreements, policies and strategies and adequate resource sharing to regional and local level services.

[48] See Appendix II to this Submission

Proposal:

When examining issues which affect Aboriginal people and communities the AH&MRC submits that the Senate Select Committee on Mental Health should consider the need to:

- Ensure service providers in the public sector (in all departments) recognise and adhere to Departmental Aboriginal health agreements and policies;
- Support those programs and providers currently providing services which the Aboriginal community value and utilise;
- Enhance culturally appropriate services targeting Aboriginal children and adolescents, either directly or indirectly;
- Support dedicated Aboriginal Health funding being directed to ACCHS, which will then administer the development, implementation and evaluation of programs;
- Secure effective implementation of state and local policy to Aboriginal Mental Health Workers in the public, private and Aboriginal Community Controlled Health sectors; and
- Promote effective coordination and support of local mental health services and the NSW Aboriginal Mental Health Workers within both ACCHS and Area Health Services.

ii) Improvement in access to mental health services

Achievements:

- The Aboriginal Mental Health Unit, within the then Central Sydney Area Mental Health Service worked in close direct collaboration with AMS, Redfern and also a number of other ACCHS through the Telehealth service;
- Throughout the state individual specialist medical practitioners in private practice, including psychiatrists, work directly with ACCHS to assist in the provision of services and development of programs. These ACCHS include *et al* Biripi Aboriginal Corporation Medical Centre[49] and Daruk Aboriginal Community Controlled Medical Service.

Continuing areas of need include:

The pressing area of need is that there are insufficient resources to meet the needs in communities across the state, for primary, secondary and tertiary mental health services. Specific issues relate to:

- Recognition of the effectiveness of the Aboriginal Community Controlled model in ensuring the inclusion of consumer, family, peers, health workforce and other service providers;
- Recognition and inclusion of ACCHS with respect to program initiation, development and evaluation (see Appendix II) to ensure effective and beneficial services to Aboriginal clients;
- Resourcing aspects of Aboriginal Community Controlled Health sector programs at the local and regional level from the mental health budgets of AHS rather than only using quarantined Aboriginal health funding alone;
- Improvements in access by ACCHS to AHS inpatient facilities, Community Mental Health teams and related services. There are individual workers providing high quality health services.

[49] See Appendix IV to this Submission

- There is an overwhelming need for Child and Adolescent mental health services and family support in each Aboriginal community, given that approximately half the Aboriginal population is under 20 years of age in most communities across the state;
- Provision of adequate culturally appropriate counselling services in the Aboriginal Community Controlled Health sector and culturally sensitive counselling services in the public sector;
- Provision of adequate culturally sensitive mental health support to inmates of gaols and detention centres;
- Cultural differences and language and communication barriers continue to impede the effectiveness of collaboration between Aboriginal people and government and private organisations and individuals; and
- There is a need to support the development of service access by ACCHS where clients have multiple diagnoses/illnesses (for example mental illness and a substance abuse problem or a physical illness).

If these continuing areas of need are to be met, there must be collaboration between services with state bodies ensuring compliance with relevant agreements, policies and strategies and adequate resource sharing between regional and local level services.

Proposal:

See above section *i) Collaboration between agencies*.

iii) Health information

Achievements include:

Funding has been made available for individual ACCHS to develop and enhance their patient records systems.

Continuing areas of need include:

- The key area of need is allocation of adequate resources to enable relevant, reliable and ethical research in the area of Aboriginal mental health to continue and expand;
- In new or small ACCHS there is no provision for resourcing patient information systems;
- There continue to be difficulties experienced by Aboriginal communities with regard to requirements of the *NSW Aboriginal Health Information Guidelines*[50].

Proposal:

See above section *i) Collaboration between agencies*.

[50] NSW Department of Health and AH&MRC, NSW Aboriginal Health Information Strategy: NSW Aboriginal Health Information Guidelines, 1998

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  - Awabakal Newcastle Aboriginal Co-Operative Ltd;
  - Balranald Aboriginal Health Service Incorporated;
  - Biripi Aboriginal Corporation Medical Centre, Purfleet Clinic;
  - Daruk Aboriginal Community Controlled Medical Service Co-op Ltd;
  - Illawarra Aboriginal Medical Service Aboriginal Corporation;
  - Katungul Aboriginal Corporation Community & Medical Services;
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- The Bilateral Framework of the Overarching Agreement On Indigenous Affairs Between The Commonwealth of Australia and the State of New South Wales 2005 – 2010

APPENDIX I: SENATE SELECT COMMITTEE TERMS OF REFERENCE

a) the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress

b) the adequacy of various modes of care for people with a mental illness; in particular prevention, early intervention, acute care, community care, after hours crisis services and respite care

c) opportunities for improving co-ordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care

d) the appropriate role of the private and non-government sectors

e) the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes

f) the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence

g) the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness

h) the role of primary health care in promotion, prevention, early detection and chronic care management

i) opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated

j) the overrepresentation of people with a mental illness in the criminal justice system and in detention, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people

k) the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimizing treatment refusal and coercion.

l) the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

m) the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness

n) the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.

o) the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards

p) the potential for new modes of delivery of mental health care, including e-technology

APPENDIX II: ABORIGINAL MENTAL HEALTH UNIT, CENTRAL SYDNEY AREA MENTAL HEALTH SERVICES

SUMMARY BRIEFING FOR THE PERIOD 1995 TO DECEMBER 2004

INTRODUCTION

In 1994 a pilot project was conducted, whereby two project officers were employed under the Federal Grants to consult Aboriginal Communities on the establishment of an Integrated Aboriginal Mental Health Service. There were a number of key Aboriginal health organisations and community services based within the then Central Sydney Area Health Service (CSAHS) boundaries which were involved in identifying where the project officers were to go to consult effectively. Consultations also occurred with organisations which were outside the CSAHS boundaries, such as Corrective Services, Corrections Health, Aboriginal Legal Service, Aboriginal Hostels and individuals.

The consultation period lasted 12 months, however during this time there was a request that mental health services be provided by the project officers concurrently with the consultation process.

The project was completed early in 1995 and the CSAHS then committed the necessary resources to established the Aboriginal Mental Health Service to work with AMS Redfern, the local Aboriginal Community Controlled Health Service (ACCHS), and in particular to provide a direct clinical service to AMS Redfern's client base.

AIM AND FUNCTION

The aim was that Aboriginal communities receive an acceptable and relevant specialist mental health service as perceived by the community. To achieve this aim the Unit addressed mental health issues in a framework recognised, understood and supported by Aboriginal communities.

The function of the Aboriginal Mental Health Unit (the Unit) was to provide mental health services to the Aboriginal population within the CSAHS which was not accessing mainstream mental health services. At that time there was an overwhelming demand for AMS Redfern to provide specialist mental health services. In addition there was difficulty in gaining direct access by AMS, Redfern to mainstream services, specifically inpatient admissions for treatment. It needs to be noted that AMS, Redfern's client base is drawn from communities throughout NSW and often interstate.

NEGOTIATION

The terms under which the staff of the Unit was permitted into AMS, Redfern were negotiated, with the key focus being on how the Unit would function and support AMS, Redfern and its clients, so that they gained maximum benefit from the presence of the Unit.

A key benefit was that the Unit negotiate easier and more effective access to community and tertiary services, as they were needed by individual clients. The Unit expended much effort in working towards enabling other components of the Central Sydney Area Mental Health Service to provide quality care to Aboriginal clients needing their services. This included out of hours and weekend visits from the Community Mental Health Team.

The Unit also became a means through which Aboriginal people's concerns could be raised in constructive ways with health care providers within the AHS and other services. The staff

of the Unit functioned as negotiators and advocates not only for individual clients, but for the Aboriginal community the Unit served.

The Unit's role of negotiator and advocate also extended to the area of policy development at regional and state level. The areas of responsibility and function related to general policies, in that the staff of the Unit advocated to ensure that these policies did not disadvantage Aboriginal people. The staff of the Unit was also actively involved in negotiation of the development of the NSW Aboriginal Mental Health Policy among others.

It is important to note that the Unit had the active support of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), which raised issues of significance to Aboriginal people at the state and national levels, for example making submissions to Senate Committee Inquiries and Human Rights Inquiries.

COLLABORATION

The Unit worked collaboratively with AMS Redfern staff and other components of the Central Sydney Area Mental Health Service, for example the Community Mental Health Teams and tertiary mental health services based in hospitals.

Initially the Unit confined itself to these specific activities, but the Unit had to expand in response to needs of Aboriginal people in prison, Aboriginal people living outside the CSAHS, and Aboriginal people using other services for example Department of Housing, Centrelink and Commonwealth Rehabilitation Services.

As AMS Redfern was already providing a service to Aboriginal people being held in Long Bay prison complex, the Unit expanded its service to include these clients, with fortnightly visits during 1995–97.

From 1998, the opportunity arose to support rural ACCHS by providing access to specialist mental health services via Telehealth. The Telehealth link included Royal Prince Alfred Hospital, Rozelle Hospital, Rivendel Child and Adolescent Unit and Durri AMS, Kempsey. As time progressed other service providers were enabled to access the Unit's services.

WORKFORCE ISSUES

a) Staffing

The staff mix of the Unit is essential particularly in matters of gender, qualifications or culture.

In the period from establishment to December 2004 the Unit was well resourced with regard to staff to enable them to do what was necessary.

It is essential that mainstream staff providing services through the Unit have extensive experience in the area of mental health and have the capacity to develop their skills in working with Aboriginal people. It is also essential that Aboriginal people interested in working in the area of mental health have demonstrated competence, which may not necessarily be qualification, and also that the Unit provides the means for them to have professional development. This professional development support should not only be in the area of mental health, but also supporting Aboriginal people to function effectively in working with mainstream service providers at all levels.

b) Funding

The Unit was well resourced to December 2004, including cars for Unit staff, mobile phones, access to administrative support. Access not only to service providers but also administrators of the various services enabled effective negotiation and collaboration.

The Unit needs to have funding maintained to a level that continues this resourcing if it is to remain effective.

EDUCATION

The staff of the Unit worked to raise issues that have impinged on and to continue to have adverse and distressing effects on Aboriginal communities.

The education of both Aboriginal and non-Aboriginal people about these issues was essential in providing a greater understanding of the need for having an Aboriginal Mental Health Unit and also that Aboriginal people accepted and used a mental health service where they found that the service was relevant and appropriate to their needs.

At the clinical level education of staff became a valuable tool to gain positive outcomes for clients.

The Unit provided educational and peer group support for other mental health workers, particularly those who were interested in working effectively with Aboriginal people. These workers considered that they were deficient in the requisite attributes, but through the work of the Unit, they were able to develop confidence and skills. The Unit was also actively involved with AMS Redfern in the development and implementation of their Advanced Diploma in Aboriginal Mental Health.

REFERRAL

A key to providing an effective and beneficial service is ensuring appropriate and relevant referrals.

Initially the Unit encountered major issues. Either Aboriginal people who presented were not referred to the Unit or they were referred purely on the basis of Aboriginality. The Unit worked with service providers to assist them develop skills with regard to appropriate and relevant referral of clients.

CONCLUSION

This outline relates the Unit's functions and activities from its inception until the end of 2004. The strength and effectiveness of the Unit arose from four key factors.

Firstly, that one of the project officers carrying out the pilot, and later the Director of the Unit, a Clinical Nurse Consultant, and the Clinical Nurse Specialist were Aboriginal people, with experience in working in mainstream mental health services. This enabled effective contact, communication and negotiation with both Aboriginal and non-Aboriginal service providers.

Secondly, that the Unit was adequately resourced, with staff, support services and equipment.

Thirdly, the staff of the Unit concentrated on establishing relationships of respect and trust with the Aboriginal community and worked in collaboration rather than directing what should be done, how and when. This strategy respected and supported programs which directly affirmed Aboriginal values and needs, whilst ensuring maximum use of available resources.

The final, essential factor, without which the Unit could not have succeeded, was the relationship with AMS, Redfern.

AMS, Redfern, is a highly sophisticated and experienced Aboriginal health service, which was able to provide clear directions to the way in which the Unit could most effectively proceed with the establishment and conduct of the Unit, and therefore to provide a relevant and beneficial service to its clients.

APPENDIX III: AWABAKAL NEWCASTLE ABORIGINAL CO-OPERATIVE LTD

SUMMARY OF AWABAKAL MENTAL HEALTH PROGRAM

The focus for the Mental Health program has primarily been placed on dealing with the demanding needs of members of our community and their families who are affected by mental health disorders such as; schizophrenia, bipolar disorder, anxiety and depression. A range of conditions that are commonly associated often complicates these disorders, such as welfare issues, drug & alcohol issues and history of trauma (sexual/physical/emotional abuse.) This requires a comprehensive and coordinated approach when facilitating coordinated case management, counselling and education.

The Mental Health position was one of those affected by natural attrition. The 2003/04 financial year had provided a challenge for State funded programs. This was the year where the impact of loss of funds was greatest felt. As positions became vacant, including the Mental Health position, they were not filled until the financial issues were resolved.

Major considerations with regard to recruiting and retaining mental health staff include, but are not limited, to:

- Difficulty in getting trained staff in this field;
- Difficulty in retaining staff after they have been trained, because of the low wage bracket;
- Burn out, because of having just one worker in this field for a population of around 12,000 people in our service area;
- Need two workers to be able to address gender issues (male and female);
- It does have a vehicle attached to the program; and
- Our program has now got a sustainable budget.

Darren Barton

Service Manager

APPENDIX IV: BIRIPI ABORIGINAL CORPORATION MEDICAL CENTRE,

Biripi Nambi Centre (Nambi meaning: Healing the Spirit)

Introduction

BACKGROUND TO PROJECT

Purfleet Mission was established in 1900, and was originally called Sun Rise Station. The Protectorate Board appointed a white manager who controlled all aspects of the lives of Aboriginal people, their spiritual, physical, environmental, social and emotional wellbeing, as well as their political 'non-status'. The effects of the policies and history since that time have had major impacts on the Aboriginal communities of the Mid North Coast. The appointment of Aboriginal Mental Health Workers begins to address the consequences and implications of this history and its continued influence on Aboriginal people today. Members of the Aboriginal community have been calling for the establishment of an Aboriginal Mental Health Service for many years. This service must be closely integrated with other primary health care services provided to Aboriginal people.

Issues of concern raised by Aboriginal people in the communities to which Biripi Aboriginal Corporation Medical Centre (ACMC) provides services include the need for:

- Acknowledgement of the historical factors significant in the lives of Aboriginal people and their communities;
- Recognition of the impact of major trauma on the lives of Aboriginal people and their communities;
- Increased cultural sensitivity within current mental health services;
- Appropriate education in the area of Aboriginal Mental Health, particularly for Aboriginal Mental Health Workers (AMHW);
- Appropriate Specialist Services for Aboriginal Child, Adolescent and Families;
- Qualified Aboriginal Mental Health Workers.

The social dislocation of Aboriginal people in the Mid North Coast is extensive and permeates families at every societal level. Aboriginal families have direct and current experience of having some family members who have been removed from their own community, and one or more family members incarcerated in institutions for example in gaols, mental institutions, health or welfare facilities or non-Aboriginal foster care. There has also been extensive, enforced resettlement of Aboriginal people. When these factors are viewed as a whole, it becomes apparent that the social dislocation is not only a historical factor, but rather a very real, current burden contributing to the ongoing social conflict for Aboriginal people, within various levels of society.

When Aboriginal people are referred to Mental Health Services, often their social context is overlooked and their spirituality denied. Stereotypes of Aboriginality are not reflected by the reality experienced by Aboriginal people. Consequently Aboriginality is often neither recognised nor dealt with in a culturally appropriate manner.

The existing Mental Health system tends to address only one aspect of social and emotional distress: that is mental illness. AMHW are required to work within the constraints of the existing systems, whilst extending beyond this to assist clients to cope with the complex and pervasive forces in their lives. There is a great need for a holistically primary Mental Health Care Service to enhance the workers' ability to assess and support clients in the context of their relatively complex cultural, historical and socio-economic circumstances.

A more accurate description of the situation is that Mental Health Services are culturally bound and therefore:

- Aboriginal people often receive inappropriate assessment, as many factors influencing their lives are not considered;
- Mental Health Service providers have little understanding of Aboriginal history, social interaction processes, social norms and expectations;
- Explanations for client behaviour are often erroneous and ill informed;
- Management options are often inappropriate to the Aboriginal client and to their families.

Aims and Functions

Biripi Aboriginal Corporation Medical Centre (Biripi ACMC) is committed to improving the health status of the Aboriginal Community in its target area through the implementation of appropriate medical care, mental health and disease prevention programs through the implementation of an appropriate primary and tertiary health care services (preventative and management).

> "It's not just the physical wellbeing of the individual but the
> social and emotional, and cultural wellbeing
> of the whole community"

Aboriginal Mental Health Proposal

- Culturally appropriate service provision, with the AMHW having a working understanding of the range of issues to which their clients have been exposed;
- A greater likelihood of identifying underlying issues;
- Real potential for diminishing the barriers which now exist in mainstream services;
- Opportunity for effective networking and liaison with other services, for example general medical practitioners, psychiatrists, Department of Community Services and sections of the criminal justice system;
- More effective follow-up and support to the client and the families;
- Holistic case management, including families and significant others where appropriate;
- Promotion of Aboriginal social and emotional and mental health issues.

A key point is that these communities have been without a qualified AMHW for many years. Employing a qualified AMHW is giving the Aboriginal community equity of access to and also a participatory role in the implementation of Mental Health Services.

In order to meet the social and emotional and mental health needs of Aboriginal people in communities to which Biripi ACMC provides services it is essential to establish positions for

qualified Aboriginal Mental Health Workers and Trainees. It is also imperative that a consultant Psychiatrist is able to provide services through Biripi ACMC.

The establishment of the Aboriginal Mental Health Team at Biripi ACMC enables equity of access to quality mental health services by Aboriginal people and enhancement of Aboriginal community participation in health service delivery. There are significant benefits to the entire community from improving access to Aboriginal Mental Health Services and given the complexity of the issues, these are the most effective and efficient agents for service delivery. Dislocation is not only a historical factor, but rather a very real, current pressure contributing to the ongoing social conflict for Aboriginal people, within various levels of society.

Biripi Aboriginal Corporation Medical Centre has been actively involved in attempting to manage effectively and compassionately the cultural, social, relationship, emotional, psychological and psychiatric problems in the Aboriginal Community, through the employment of 2 Aboriginal Mental Health Workers and 1 Trainee and the development of specific facilities. However these restricted resources need to be significantly expanded to be able to make a

Aboriginal Mental Health Workers and Trainees

Workers employed under this project are required to:

- Work specifically in the area of Mental Health;
- Provide access to socially, culturally and economically appropriate services for Aboriginal people in distress;
- Liaison with existing Mental Health Services, thereby promoting access by Aboriginal people to all services; and
- Actively participate in cultural awareness programs targeting all levels of society.

WORKERS

Over an extended period of time, each Aboriginal Mental Health Worker's contribution will be an addition to other activities through Biripi Aboriginal Corporation Medical Centre and the broader Aboriginal community. The focus of which is the enhancement of the health and wellbeing of Aboriginal people, families and communities.

Improvement in the Mental Health status of Aboriginal people:

If there is to be any improvement in the mental health status of Aboriginal people in the communities to which Biripi ACMC provides services, the role of the qualified AMHWs as part of the management team is essential. It is the AMHW who is best able to provide the primary health care service to the client and the community, and is in the best position to ensure timely referral to the most appropriate mental health team member as needed.

The Aboriginal community also benefits from the work of the AMHW in that there is:

- culturally appropriate service provision;
- knowledge of the range of issues to which their clients have been exposed;
- a greater likelihood of identifying underlying issues;
- real potential for diminishing the barriers which now exist in mainstream services;

- opportunity for effective networking and liaison with other services, for example general medical practitioners, psychiatrists, Department of Community Services and sections of the Criminal Justice system;
- more effective follow-up and support to the client and the family;
- holistic case management, including families and significant others where appropriate;
- promotion of Aboriginal social and emotional and mental health issues.

Mainstream ***(LETS WORK ON IT)***

Mainstream services see Aboriginal Mental Health as an important issue in that Aboriginal people are not utilising services. Reasons identified include:

- lack of qualified Aboriginal workers;
- existing services being culturally inappropriate;
- stigma attached to the label "mental illness";
- language barriers;
- isolation;
- racism / prejudice.

Direct Issues that affect the Services

- Linkages with the Aboriginal Mental Health Policy and any other relevant policy relating to Mental Health;
- Government and non–Government organisations to be accountable with reference to the these policies and to ensure that they are implemented;
- Memoranda of Understanding and Partnership building is essential and this must start from the top of the hierarchy ladder and filter down within the systems (ongoing commitment);
- Area Health Service Alcohol and Other Drug Services to work in Partnership with Mental Health Services across the board;
- Insufficient Aboriginal or Torres Strait Islander Workers within the Mental Health Units;
- Unwillingness of Area Health Service staff to collaborate with Aboriginal Liaison Officers in hospitals;
- Aboriginal Liaison Officers rarely being informed of admission of Aboriginal clients into the Mental Health Units;
- Little or no Cultural Awareness Training within the Area Health Services, little or no respect for the cultural belief systems;
- Lack of Aboriginal or Torres Strait Islander Mental Health Workers within the Correctional Services (Adults and Juveniles Centres);
- Reluctance of public health sector to adopt an holistic approach to Aboriginal or Torres Strait Islander Mental Health Care;
- Lack of services in New South Wales for Aboriginal or Torres Strait Islander Children and Adolescents;
- Little or no effective consultation with Aboriginal or Torres Strait Islander consumers and Workers.

Aboriginal Mental Health Workers & Trainees

- Professionalism – for Aboriginal and Torres Strait Islanders Mental Health Workers to be recognised as having Equal Roles across the board. Also refer to the Australian New Zealand College of Psychiatry - Statement No:50;
- Lack of qualified Aboriginal or Torres Strait Islander Mental Health Workers;
- High burn out rate for Aboriginal and Torres Strait Islander Mental Health Workers;
- Lack of support for Aboriginal Mental Health Workers within system;
- To implement and endorse Aboriginal Mental Health Forums for Workers across the States and Territories (in line with polices);
- To have a National Aboriginal Mental Health Workers Conference every 2 years so that these workers can join together as one (in line with polices);
- Stereotyping or labelling Aboriginal or Torres Strait Islander Mental Health Workers;
- Tokenism within the Area Health Services Government and non–Government organisations;

What Opportunities exist for Aboriginal Mental Health Workers?

Key areas of support that Aboriginal Mental Health Workers in NSW require include, but are not limited to:

1. Further training;
2. Professional development;
3. Opportunity to network and liaison;
4. Input into key strategies and policies for Aboriginal or Torres Strait Islander Mental Health issues; and
5. Vision for ongoing employment for Aboriginal and Torres Strait Islander Mental Health Trainees and not just a traineeship. ***Keep qualified workers.***

Funding

Is there Adequate Funding?

NO: there is a lack of ***Funding*** for:

- Materials and promotion of Aboriginal Mental Health;
- Programs in Aboriginal Mental Health;
- Research into Aboriginal Mental Health;
- Aboriginal or Torres Strait Islander Trainee's in Child and Adolescent Mental Health;
- Specialist Services e.g. Aboriginal Child & Adolescent Workers, Child and Adolescent Psychiatrist, Child & Adolescent Psychologist; and
- Retention of qualified Aboriginal or Torres Strait Islander Mental Health Workers within all Services across the board.

Michelle Wilkes,

Biripi Nambi Centre, Social and Emotional Wellbeing Coordinator

Psychiatrist – Psychiatric Clinic

INTRODUCTION

I am a non-Aboriginal person who has been employed for the past five years to work in this Aboriginal Community Controlled Health Organisation as a psychiatrist in the Social and Emotional Wellbeing service of this medical centre. I have also worked at the local inpatient psychiatric unit. The following is purely a personal opinion but perhaps of note because so few psychiatrists have the advantage of working in both systems.

I spend most of my time providing direct assessment and treatment services to clients who come to this service because they feel comfortable with the Aboriginal environment. It is my impression that the majority of Aboriginal persons in this area use this heath service in preference to mainstream services whenever they have a choice and they often avoid attending mainstream agencies. The fact that local Aboriginal people use this centre as their principal mental health centre means it needs to be well enmeshed with all mainstream mental health teams. Whereas there are local mental health plans which talk of 'Partnerships' with Aboriginal health services, in practice there are very few instances of the two arms of the mental health service working in a truly collaborative way routinely. It is my belief some staff should be jointly funded so that staff feel an obligation to literally work in both venues resulting in much more cross fertilisation and support for Aboriginal Mental Health Workers.

UNDERFUNDING OF ABORIGINAL MENTAL HEALTH SERVICES and BASIC DATA

It is well known that the status of Aboriginal general health is a national disgrace. Usually the health statistic that is quoted is the 20 years shorter life span on average of Aboriginal persons. Attempts to improve this have been largely unsuccessful.

The key mental health mortality statistic is the suicide rate and because we have failed to gather routine data on Aboriginal mental illness we do not have accurate measurements of the suicide rate in the various Aboriginal and Torres Strait Islander communities in Australia. However the limited data that is available all suggests the suicide rate amongst young Aboriginal persons is two to three times that of the local non Aboriginal community. This is a staggering fact that should be the focus of a major National Mental Health Initiative. Similarly the rate of child abuse and domestic violence is probably very much higher but we don't have accurate data of either the rate or the consequences of this abuse. The rate of dual drug and mental illness problems also seems higher. All of this should be attracting literally millions of extra health dollars but it is just passed off as an interesting anomaly. The recent National Inquiry into the Mental Health and Wellbeing of Australians omitted to look at the rate of Aboriginal or Torres Strait Islander mental illness. It is well known that depression is more common in Aboriginal persons as a historical consequence of dispossession, genocide, stolen generation issues, racial discrimination etc. It is now known that depressive illness increases the rate of cardiovascular disease. One wonders how much of the decreased life span of Aboriginal people is a consequence of untreated mental illness.

CHILD AND FAMILY MENTAL HEALTH SERVICES

One of the critical consequences of the shorter life span of Aboriginal persons is that a much higher percentage (21%) of this population is under fifteen years old. This means that the mental health personnel need to be weighted more towards child and family services. In practice such mental health professionals are hard to find in mainstream services and virtually non existent in Community Controlled Health Services. Untreated child disorders clearly lead to more intractable adult problems. Again a major funding initiative is required to correct this chasm in our service.

FORENSIC MENTAL HEALTH SERVICES

Aboriginal persons have about 20 times the incarceration rate of non-Aboriginal persons. It is now known the rate of mental illness in prison inmates is very high, perhaps 70% suffer some mental illness. Mental health services are virtually non existent in our prisons. The Cornelia Rau case epitomised the neglect in this area. If a mental health assessment were offered to all Aboriginal or Torres Strait Islander persons going before the courts and treatment opportunities provided in relevant cases, I am confident the rate of incarceration would drop dramatically.

MENTAL HEALTH and RACIAL HARMONY PROMOTION

Aboriginal culture has many highly admirable aspects which go unrecognised by non-Aboriginal Australians. The close family ties mean there is often an aunty or big sister who can take over when Mum is unwell. Older members are offered extra respect with elders being the knowledge bearers and standard setters in the community. The relationship that Aboriginal people have with their land and the deep knowledge of the land is a spiritual aspect that has been lost in most non- Aboriginal people. Aboriginal people are regrettably experts in funerals and grief and can teach us all much in this regard.

We tend to highlight the examples of abuse and drunkenness in Aboriginal people and ignore all these admirable cultural qualities without which the race would be in a far worse state.

Dr Steve Robinson, Psychiatrist

APPENDIX V: ILLAWARRA ABORIGINAL MEDICAL SERVICE ABORIGINAL CORPORATION

SUMMARY OF MENTAL HEALTH ISSUES OF SIGNIFICANCE TO ABORIGINAL PEOPLE IN THE ILLAWARRA AREA OF NSW

Key issues relate to:

- Collaborative treatment and close cooperation between service providers involved in service delivery is essential, due to the complexity of problems confronting Aboriginal people;
- Majority of clients have multiple problems predominantly linked with dysfunctional/abusive childhoods, use of drugs at a young age, dysfunctional relationships, leaving home at age of 13-16, living on the streets, epidemic drug use/abuse, self harm and suicide;
- Issue of identity (including the necessity of proof of Aboriginality) is a prominent issue reminding Aboriginal people that they don't belong and that they are a minority in the majority, leading to confusion and feeling proud or ashamed of being Aboriginal. Young are teased at school and face constant prejudice; older people have the same issues in the workplace. Effects of the Stolen Generations are persistent with parenting skills, role of the family, understanding of gender roles and family relationships dislocated. Self esteem and trust issues constantly need to be addressed as well as the negative influence of dislocated social surroundings and living on CentreLink support and in Housing Department accommodation. In all this family treatment and involvement is the best option as the improvement with regard to specific health issues is noticeable and is more than a temporary or transient event;
- The urgent need for:
    - Promotion of the need for mental health and wellbeing for Aboriginal people;
    - Culturally appropriate programs on consciousness raising of the effects of negative behaviour, motivational workshops about life change and goal achievement; parenting skills/family gatherings, grief and loss, strategies and tools to develop self esteem and happiness;
    - More intensive use of media to provide information about services and programs/support, including using TV and other media to advertise the availability and benefits of counselling services (what they are and how they can be of benefit), supervised education support, culturally appropriate activities and mental health support groups;
    - Development of information days on the availability of adult education, TAFE and university courses to enable achievement of the highest level of skills and qualifications.

Nadja Rosser

Bringing Them Home Counsellor

APPENDIX VI: KATUNGUL ABORIGINAL COMMUNITY CONTROLLED HEALTH & MEDICAL SERVICE

SUMMARY OF POSITIVE AND NEGATIVE ASPECTS OF MENTAL HEALTH CARE DELIVERY TO ABORIGINAL PEOPLE ON THE FAR SOUTH COAST OF NSW

Key issues relate to:

- Access to mental health services is hampered by lack of public transport to mainstream community health services.
- Clients who have a long term mental illness, are often difficult to engage into ongoing treatment
- Culturally appropriate service delivery from mainstream services is limited and there are no trained Aboriginal Mental Health Workers in local mainstream teams. Two trainees have been employed recently by Greater Southern Area Health Service and will require education before being able to case manage clients.
- The suggestion that, as part of the partnership agreement with Greater Southern Area Health Service, Aboriginal Health Worker trainees spend regular time with Aboriginal Health Workers at Katungul to improve their cultural links with the local communities has been agreed to in principal by the Chief Executive Officer of Katungul and the South Coast Manager for Mental Health Services. Clear guidelines will need to be put in place in order for these students to benefit from a clinical placement at Katungul in that it should be a learning experience and one which connects them with the Aboriginal community. Clinical supervision of these positions would need to be coordinated by both services.
- In the past two Aboriginal Mental Health Workers had trained by the then Southern Area Health Service and completed tertiary studies. Neither of these workers were local people and there were problems with them being accepted by the local Aboriginal community. Both left the area when they completed their studies which reduced the continuity of care for Aboriginal clients.
- Video conferencing is available to family members when they have loved ones admitted to the Chisholm Ross Psychiatric Unit in Goulburn who may have difficulties with transport. This equipment should be utilized for families to see their relative whilst an inpatient. It is also available for family members to speak directly to the inpatient treatment team.
- In the Eurobodalla a psychiatrist clinic has been developed for Aboriginal clients. These clients have long standing mental illnesses which require regular specialist review as well as case management. Problems arose when these clients failed to attend psychiatrist appointments at the community health centre, hence the development of more culturally appropriate clinics. The clinics are less formal and when weather permits they take place out in the park and clients were asked if they would like to attend as a group to which they agreed. Unfortunately the psychiatrist involved has resigned from the Mental Health Service and at this stage it is uncertain who will take his place and whether the replacement will be prepared to continue this clinic. Perhaps this could be discussed at partnership meetings.
- Links with mainstream services are tenuous. Aboriginal clients do access mainstream services particularly when in crisis however clients have a tendency to discontinue

treatment when the crisis subsides. Public transport to the Community Health Centre is non existent and the Katungul transport service may not be regularly available to transport clients to appointments.

- Whilst mainstream mental health access is not difficult, e.g. Mental Health Services have an 1800 number, 24 hour service the local communities may not be fully aware of how to access and what the service can offer. Local community education may be needed to improve this.
- With the recent commencement of the Bringing Them Home Counselling Service at Katungul it may take some time for the communities to start accessing this service. Recognition of the local Aboriginal population WHO HAVE LIVED IN THE AREA and are well settled and they identify directly and indirectly as part of the Stolen Generation.
- The term "Mental Health" has been deliberately kept out of the title of these workers because of the negative connotations and stigma felt by the local Aboriginal communities, however the word "counselling" is accepted.
- Continuity of care and lack of trust in service delivery may also be a contributing factor to clients not accessing both mainstream and culturally based services in the area.
- Child and Adolescent Services in the Aboriginal Community are felt to be inadequate. There is no data to hand which gives a clear indication of the numbers of Aboriginal children seen by mainstream Child & Adolescent Mental Health services.
- Currently there is no identified Aboriginal Child & Adolescent worker employed by Katungul and this must be viewed as a major gap in the service. Early intervention and prevention would improve positive outcomes for Aboriginal children. Ideally the person employed in such a position would be a highly trained Child & Adolescent clinical psychologist to ensure the highest possible treatment is available to Aboriginal children and adolescents.
- The Greater Southern Area Health Service Mental Health Child & Adolescent Service does have one identified Child & Adolescent Aboriginal Mental Health Worker position which services the entire south coast [Bega Valley, Eurobodalla] it is unclear if this position is currently filled.
- Other gaps in service provision impact on the social and emotional wellbeing and mental health of the community: for example currently the unfilled positions include: two Alcohol & other drugs [male & female] and sexually transmitted infections, domestic violence and parenting program clinicians, hence other clinicians have to provide an ad hock service for these clients. This again impacts on the reduction of other services. Holistic service delivery is continually impaired to the Aboriginal population due to lack of well trained staff and as a result poor continuity of clinical care.

Glenda Jessop
Chief Executive Officer

APPENDIX VII: GENERAL COMMENTS FROM ACCHS

Specific and pressing issues included[51]:

- The reiteration that mental health encompasses not only mental illnesses, but such states as depression, stress, family & domestic violence, grief and loss well as. All these states limit people's ability to look to resources available to assist them and often they tend to substance abuse and suicide[52]. Many people cannot use the 1800 number or just talk to people, as they get to a point where they cannot function. Often they have a store of prescribed medication and then despair that this is all there is and will be to their life. Some cannot function daily without prescription medication from the health practitioner. Often these workers cannot get beyond the surface problem. Emotional scars are invisible to many workers – people have cognitive problems may have impaired judgement, either client or worker;
- Often Mental Health Workers have pre-existing ideas or educational brainwashing which leads to negative thoughts or ideas about clients. They are not able to give clients all the information, also often exclude extended family. It may not be appropriate to include the family in relation to the client, but the family needs intervention as much as the client;
- In many areas Mental Health Workers are visiting and often infrequently, for example once per week or less. Consequently the client contact is short due to pressure of demand and there is little time to support or develop the skills of worker in the local services and community;
- There are limited resources to develop skills of others. This puts lots of pressure on local workers and ACCHS, who are already over stretched;
- There is a great need for more awareness programs with social and emotional wellbeing and mental health support. These programs need to be collaboration between ACCHS and mainstream services, not just driven by Area Health Services as they generally are now;
- Many people live in a highly complex situation where there are many divergent pressures and demands and they have difficulty in making objective judgements;
- There is urgent need for greater support for inmates of gaols and detention centres. It is more beneficial to all to enable access to family support services rather than have people in gaols;
- Poor communication links with Corrective Services NSW, ACCHS rarely notified of release; need for follow-up or medication needs;
- Problems with communication/liaison with hospitals, community health teams, mental health teams and ACCHS, leading to lack of admission or discharge follow-up information;
- Misdiagnosis of both physical and mental illnesses continues to be of major distress to the Aboriginal community;
- Need for child and adolescent services which are culturally sensitive. Currently most services are run by AHS and therefore they see themselves as experts and have "missionary" approach. Often the first point of access is the police where there is a crisis. Also they use Aboriginal community "representatives" but don't listen to them;
- With the combination of a high proportion of the Aboriginal community being young people (generally 1/3 of the population under 20) and the incidence of domestic

[51] These comments are a summary of statements from Aboriginal people from their own experience as well as those of individual workers, including psychiatrist, nurses and other workers involved with ACCHS

[52] Statements from Aboriginal people from their own experience

violence, substance abuse and lack of supervision in some families, children are being forced to be their own decision makers with little guidance or supervision. Then they go to school where they are expected to cope not only with a different culture and expectations but also to revert to a submissive role. There is an urgent need for services to support adults, adolescents and children to cope in this environment;

- High rate of Aboriginal children being diagnosed with Attention Deficit Disorder, and then sent to metropolitan areas for assessment by paediatricians then commenced on medications. Many Aboriginal people see this as a cop-out as drugs don't change behaviour. There is a need to work with families and communities to address this problem and have judicial use of medication in the context of an holistic plan of management;
- Concerns that there is an over reliance on medication use, reflecting the general lack of access of clients to ongoing psychiatric review, a lack of understanding of clients mental health disease and the treatment of mental health conditions and/or the lack of mental health education available for clients and Aboriginal Health Workers generally;
- The older people have survived but there is a limit to their tolerance, patience and their physical and emotional ability to care for the people who come to live with them. Again there is a high incidence of people relying on prescription medications;
- Area Health Services generally do not listen to ACCHS nor do they listen to those people in the Aboriginal community who have experience and expertise in the areas of health (including social and emotional wellbeing and mental illness). Aboriginal people have for years been trying to convince the mainstream services that dealing with mental health problems involves much more than treating some symptoms with a medicine or specialised treatment;
- The difficulties of access to health and other services in remote areas are further complicated by border issues. NSW has five common boundaries, each with: Victoria, South Australia, Queensland, Australian Capital Territory and Jervis Bay. To Aboriginal people these are arbitrary lines which cut across their own communities. In spite of constant complaints over years there still no arrangements in place to resolve service delivery issues;
- Local Mental Health Teams rarely have capacity to effectively manage clients multiple diagnoses, and ACCHS have insufficient resources to provide optimum services;
- The active involvement of local people in the initiation, development, implementation and evaluation of any kind of mental health program is essential. There is no doubt that technical expertise from outside the community is useful, but only if the local people are able to apply it so that works for them;
- It is essential that ACCHS and other Aboriginal Community Controlled Services are allowed to develop their own education programs as Aboriginal people educated in the mainstream system take on the values, attributes and perspectives of those programs;
- All mental health professionals (Health Workers, nurses, doctors, psychologist, counsellors and the rest) need to address issues of Stolen Generations, Aboriginal Deaths in Custody, grief and loss, interactions/relationships, land and culture;
- There is almost no supported accommodation available for Aboriginal people with mental health problems. When people are hospitalised, on discharge they are unable to access supported accommodation. This is of concern for all age groups, but in particular young adolescents. Where people do not have access to supported accommodation it is difficult to institute or maintain other support or treatment services;

- Real problems occur where people are discharged from hospital into the care of their own families. These families are overwhelmed and often unable to access adequate services to assist them to support their family member or to address their own issues;
- Aboriginal Mental Health Workers are essential at this stage as:
  - It is impossible for non-Aboriginal Mental Health Workers employed in mainstream to cross the cultural barrier given current training and expertise and the fact that when they go home they leave the situation and have respite. *"They are not living as a minority group in their own land, with the rights of hunting and gathering taken away, and the uncertainty of whether they will have a home tomorrow. They took everything from us and are forcing their values on us still."*[53] Those that are able to cross the cultural barrier tend to have developed life skills beyond that routinely given to MHW[54];
  - ACCHS spend hours with clients, for each session that mainstream services see them. The expertise of ACCHS workforce is underestimated;
  - *"Area Health Services use Aboriginal people to make their submissions look good but don't take notice of the information or advice given not are Aboriginal people included in the development of the final version of documents. If they do take the ideas, they often apply them in a very distorted way"*[55];
  - The existing lack of trust built up over generations needs to be addressed in good faith by mainstream non-Aboriginal mental health workers. It is for them to work towards establishing trusting relationships with clients and the Aboriginal community – they need to be seen as walking beside Aboriginal people;
  - Lack of understanding of cross-cultural issues in mental health. Non-Aboriginal mental health workers should not do consultations without Aboriginal Mental Health Workers being present unless the client wishes the Aboriginal Health Worker to be absent. All organisations should be resourced to this end[56].

[53] Statements from Aboriginal people from their own experience
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