Yarning honestly about Aboriginal mental health in NSW

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Yarning honestly about Aboriginal Mental Health – Mental Health Commission of New South Wales
The questions

Are we becoming more culturally aware?
We need to support culturally appropriate, respectful strategies towards Aboriginal people at all levels of mental health service provision.

Do we pay respect to grief and loss?
Grief and loss remain at the heart of the life experience of Aboriginal people and communities, and we need to authentically acknowledge this.

What about the other things going on in people’s lives?
We need to take proper account of the other things in Aboriginal people’s lives – whether they live with physical illness or disability or use drugs and alcohol, where they live, the strength and resilience of their communities.

Where are the Aboriginal mental health workers?
Increased levels of training and employment of Aboriginal people in mental health services is essential to improving care and support.

How do we make our partnerships meaningful and accountable?
We need effective partnerships between community organisations and governments, designed to build trust and improve Aboriginal mental health.

Who’s taking a critical look at Aboriginal mental health?
We need to build up a more sophisticated picture of the mental health and social and emotional wellbeing of Aboriginal people across NSW.
Introduction

Good intentions

Almost 25 years ago the Aboriginal Medical Service in Redfern issued a damning statement regarding mental health services for Aboriginal people in NSW. In the service’s Aboriginal Mental Health Report, tabled in NSW Parliament in 1989, they said:

“There is little information and only limited understanding of the scope and nature of mental health problems within the Aboriginal community; no effective services for Aboriginal people in the mental health and illness service system; and no culturally specific education programs for workers in the area.”

The statement followed widespread consultation with rural and urban Aboriginal communities, with Aboriginal and non-Aboriginal health professionals, and with non-Aboriginal mental health professionals looking widely at issues ranging from specific mental health problems and program requirements to state mental health crisis teams to general education issues.

Since then, significant progress has been made in building an understanding of social and emotional well-being and mental health issues, and a raft of initiatives and services developed and introduced designed specifically to improve the well-being of Aboriginal people.

Partnerships have been formed at national and state, local and jurisdictional levels; protocols developed to aid the gathering of information on Aboriginal health issues; lengthy and comprehensive agreements forged; national policies developed for suicide prevention; national mental health plans introduced; extensive work undertaken on culturally sensitive programs; commissions into Aboriginal deaths in custody; health strategies implemented to close the gap between Aboriginal and non-Aboriginal disadvantage; and, much more.

There has been a lot of hard work, a lot of talk, a lot of good intentions.
Poor result

But despite this, Aboriginal people continue to experience poorer social and emotional well-being and higher rates of a range of mental illnesses than other Australians, as well as lower access to community-based mental health care - particularly care that is sensitive to their specific needs.

The latest Australian Bureau of Statistics Census confirmed that almost 173,000 Aboriginal people live in NSW - a higher number than any other Australian state or territory, and almost a third of the total Aboriginal population of Australia. The gap in life expectancy between Aboriginal and non-Aboriginal people continued to be distressingly wide, and estimated at around 7-9 years. Chronic disease, in particular heart disease, mental illness, diabetes and cancer are blamed for the early deaths, with up to 15 per cent of the life expectancy gap attributed to mental health problems.

Alarming, the federal Government’s Australian Institute of Health and Welfare says nearly one in three Aboriginal and Torres Strait Islander Australians felt high or very high levels of psychological distress in 2008 —more than twice the rate for other Australians. The suicide and self-harm rate was at least twice the national average, incarceration rates were 10 times the average, drug and alcohol use was elevated and high levels of grief, loss and trauma recorded.

In 2003-04, the Institute reported up to twice as many hospitalisations for mental and behavioural disorders among Aboriginal people.

These findings should be viewed in the context, though, of the strength and resilience that characterise Aboriginal communities generally. The National Aboriginal and Torres Strait Islander Social Survey 2008 found 72 per cent of Aboriginal adults were happy all or most of the time, while the proportion was higher 78 per cent – in remote areas.

Clearly, a quarter of a century after the Aboriginal Medical Service’s report, we should be doing better. And, while it’s been asked before, we need to keep asking until we get it right: what’s working, and what’s not working in the mental health services and supports we offer to Aboriginal people? And how can we best meet current and future mental health and social and emotional wellbeing?

The following topics are not intended to apportion blame, but as positive conversation starters. We hope we can have an honest yarn and work together to improve the mental health of Aboriginal people.
Where to from here?

Twenty years ago, the National Aboriginal Community Controlled Health Organisation (NACCHO) outlined the challenges involved in addressing Aboriginal and Torres Strait Islander mental health issues, saying:

“For Aborigines, mental health must be considered in the wider (Aboriginal concept of well-being) context of health and well-being. This requires that this health issue be approached in the social emotional context and that both social emotional health and psychiatric disorders encompass oppression, racialism, environmental circumstances, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill health.”

Reinforcing this, the National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health Ways Forward, stated that mental health and well-being must be considered as integrally linked to ‘whole of life’:

“The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to being. The holistic concept does not merely refer to the ‘whole body’ but in fact is steeped in the harmonised inter-relations, which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill-health will persist.”

These factors are constants, and remain critical today, with the complexity of needs in Aboriginal communities continuing to present a significant challenge to health services.
A new approach to reform in NSW

The Mental Health Commission of NSW is working to develop recommendations for change in mental health services and support, which it will deliver to Government in March 2014. It is a great opportunity to secure meaningful reform that really makes a difference in people’s lives. For the first time, we are able to look at changes across the whole of government rather than just health services. This is important because we know housing, education, employment, social services and the justice system can all have as large if not a larger effect on the lives of people who experience mental illness than the health care they receive. We are asking the whole community of NSW what matters most to them.

But we also know that Aboriginal people have been asked many times for their ideas, while little has been done to substantially improve their mental health or social and emotional wellbeing.

This paper draws from numerous community and government documents that have been published in the last 25 years. It attempts to summarise the understanding that has been gained from repeated consultations with Aboriginal people, and aims to put their voices at the centre of the conversation about change. It aims to respectfully acknowledge all the hard work and thinking that has gone before, and to highlight how far short we have fallen in making positive change happen.

Following are discussion points focusing on several of the key issues that emerge again and again through these reports.
Are we becoming more culturally aware?

In its National Data Protocols for the Routine Collection of Standardised Data on Aboriginal and Torres Strait Islander Health, revised in 2004, the National Aboriginal Community Controlled Health Organisation said:

“Aboriginal people, denied appropriate health care since dispossession, had good reason to be suspicious of health programs which were designed by those also formulating policy on assimilation practices and forced separation, and consequently, in many cases these were totally inappropriate. Compounding this predicament was an enforced marginalisation of Aboriginal communities, further acerbated through a gross lack of understanding of Aboriginal culture as well as non-comprehension of subtle cultural differences between Aboriginal people themselves, which are due to diversity in traditions and varying adaptations to the environment of this vast land… There is still much learning necessary for non-Aboriginal people to accept these differences”.

The complex inter-relationship of cultural, social, economic, historical, individual and environmental factors influencing the mental health and social and emotional well-being of Aboriginal people is well documented, as is the collective distress and trauma that exist as underlying stressors to Aboriginal people’s lives. Adding to the complexity is the social, cultural and geographic diversity of Aboriginal people in NSW and the inappropriateness of a ‘one size fits all’ approach.

Equally well recorded is the lack of culturally appropriate mental health services in the past and poor cultural competency. The National Inquiry into the Human Rights of People with Mental Illness found:

“...mental health professionals had little understanding of Aboriginal culture and society, resulting frequently in misdiagnosis and inappropriate treatment”, and that “existing mainstream mental health services were inadequate and culturally inappropriate for Aboriginal people”.

Since then, there’s been a consistent push to ensure that provision of services, assessment, care and support of Aboriginal people’s health problems particular mental health, are shaped by “culturally valid understandings of Aboriginal people”. These understandings must apply in services developed by and for Aboriginal people and in mainstream mental health services. They need to be embedded in the system, not grafted on afterwards.

Over the years recommendations have included calls for agencies to ensure that mental health policy, planning and program delivery is developed in consultation with Aboriginal people; that tertiary courses for non-Aboriginal mental health professionals should include material on Aboriginal history and contemporary Aboriginal society; that the Aboriginal workforce should be expanded; that mental health professionals should acknowledge the role and significance of traditional approaches to healing in certain communities; and that there be support for Aboriginal people to fulfil their particular cultural practices.

Are we closing the gap, or is there a massive cultural divide still affecting mental health outcomes?
Do we pay respect to grief and loss?

Twenty years ago the National Inquiry into the Human Rights of People with Mental Illness found:

“It’s widely recognised that the removal of children from their families, the dispossession of Aboriginal and Torres Strait Islander people and their continuing social and economic disadvantage have contributed to widespread mental health problems. However, mental health services rarely deal with the underlying grief and emotional distress experienced by Aboriginal people.”

Over almost 250 years, Aboriginal people have shown remarkable resilience in the face of devastating trauma and dislocation. It’s generally acknowledged that Aboriginal health in the broadest sense cannot be understood and improvements progressed without understanding this historical framework.

Distress experienced today is a reflection of this history of mistreatment, dispossession of land, removal of children, family separation and displacement, loss of culture, abuse and grief over several generations. This history of disadvantage continues today, and is reflected by the large proportion of Aboriginal people living in poverty and experiencing high rates of unemployment and incarceration, as a result of their marginalisation and alienation from mainstream participation, which in turn are influenced by covert or overt racism.

Programs designed to promote community connectedness in extended family relationships, skills in dealing with stigma and prejudice, or in coping with trauma and multiple losses are seen as key supports, but are not commonly provided to assist communities dealing with the effects of adversity. Some Aboriginal people believe reconciliation might help to reverse the disenfranchisement experienced in relation to devastating losses, and could play an important role in facilitating grieving at both individual and community levels, but others dispute its value in the face of continuing structural discrimination. Practical and lasting solutions are needed.

The NSW Government’s OCHRE (Opportunity, Choice, Healing, Responsibility, Empowerment) Plan recognises that the need for healing is a key step towards any reconciliation in future, especially as many previous government programs and policies contributed significantly to the trauma, loss and pain felt by many Aboriginal people. Healing includes promotion of self determination, leadership and ownership of healing by Aboriginal people. The NSW Government committed to working with Aboriginal communities and service providers to advance the dialogue in NSW about trauma and healing and to begin developing positive responses.

In our efforts to improve Aboriginal mental health and social and emotional wellbeing, are we adequately acknowledging and respecting these issues? Have we developed educational, preventive and clinical responses? And what can and should we do better?
What about the other things going on in people’s lives?

Aboriginal people often do not have equal access to medical services and procedures, despite having higher rates of hospitalisation and increased rates of diseases. To date, Aboriginal people have not used mental health services at levels appropriate to their needs.

NSW Health has identified a range of reasons for this, including importantly a lack of trust in the services provided, often stemming from forcible removal of children from families, racism and other discriminatory treatment encountered in the past. Other issues include poor awareness of services and resources that are available, limited awareness of mental health issues, and the relatively lower incomes of Aboriginal people with mental illness, which may limit their ability to seek some kinds of professional support.

Geographically, around 74.5 per cent of NSW’s Aboriginal population live in major cities or inner regional areas, and have cultural association with those lands, or lands in other areas. For Aboriginal people living in remote areas, mental health and drug and alcohol specialists may be infrequent visitors, with front line workers sometimes saying they lack confidence in their ability to provide these services.

We know the general health of Aboriginal people is worse than the rest of the community. Aboriginal people are twice as likely to be hospitalised for heart disease and stroke, and up to five times as likely to be hospitalised for diabetes. We can see mental illness within this context, as another chronic illness which affects Aboriginal people disproportionately.

The high rates of physical illness and early death are also a significant stress in the lives of Aboriginal people, who are more likely to lose close family members and friends prematurely. The contributing factors, including family and domestic violence, poorer education, housing and diet, smoking, and lower access to appropriate treatment, overlap significantly with the reasons for poorer mental health.

When we think about reducing mental illness among Aboriginal people, we should never separate that from the obligation to improve the social, economic and physical living conditions of Aboriginal people.

Are we doing all we can to improve access to specialist, culturally sensitive and appropriate mental health support within communities, that also responds holistically to physical health concerns in line with Aboriginal people’s understanding of social and emotional wellbeing that encompasses all aspects of life? How can we achieve this access as soon as someone starts to become unwell, in order to reduce rates of incarceration, self-harm and suicide related to mental illness?
Where are the Aboriginal mental health workers?

Self-determination is essential to addressing the disempowerment that pervades Aboriginal communities. Increased levels of training and employment of Aboriginal people in mental health services is seen as critical to improving care and support, and it is a key recommendation of the National Mental Health Commission’s ‘A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention’.

Similarly, the National Inquiry into the Human Rights of People with Mental Illness made a number of recommendations regarding increasing the number of Aboriginal people working in mental health. It found that Aboriginal communities didn’t have adequate access to knowledge or resources to care comprehensively for many of their own people, and recommended priority be given to training Aboriginal health workers and community-based people as mental health workers. It also recommended that health departments should identify positions for Aboriginal mental health workers in areas with significant Aboriginal populations, and that Aboriginal liaison officers should be employed by relevant mainstream service providers to improve communications and consultation at all levels of the mental health system.

Community leaders also say they want basic mental health first aid training, to help identify people who are experiencing mental illness or distress, and to distinguish between different types of mental health problems and respond to them in the community before they escalate to require formal help.

At state level, commitments include involving Aboriginal people and communities in the planning and delivery of mental health services, promoting Aboriginal Community Controlled Health Services as sites of primary mental health and social and emotion well-being services, and employing and progressing Aboriginal people in mental health services.

NSW Health has stated:

“A skilled and valued workforce is the foundation of a successful and growing Aboriginal mental health program. Positions for Aboriginal mental health workers in specialist mental health services will increase across NSW under the NSW Aboriginal Mental Health Workforce Program.”

But it must be asked: Are we adequately supporting the training and development of Aboriginal mental health workers and increasing recruitment and retention of Aboriginal people in mental health service delivery? Are we supporting people in those roles, which are sometimes challenging and distressing, to care for their own wellbeing and prevent burnout? And is this bringing about positive change? Is it empowering communities?
How do we make our partnerships meaningful and accountable?

Over recent decades, a web of national, state and local partnerships, agreements, protocols and frameworks have been developed and introduced to advance Aboriginal social and emotional well-being.

Their development reflects an acknowledgment that better partnerships between Aboriginal and non-Aboriginal agencies are vital to improve the mental health and well-being of Aboriginal people. Importantly, their role in building trust and supporting Aboriginal people to determine what is relevant to them is seen as critical.

These include the NSW Aboriginal Health Partnership Agreement, the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003, and the NSW Government Statement of Commitment to Aboriginal People - developed and introduced to better coordinate responsibilities and programs and improve the health of Aboriginal people.

In addition to NSW Health, they involve commitments from organisations including Medicare Locals, the Commonwealth Department of Health and Ageing, private providers, not-for-profit organisations, Aboriginal Community Controlled Health Services, and the Aboriginal Health & Medical Research Council among others.

All of these agencies play a critical role in delivering health services to Aboriginal people, and all must work together effectively if they are to improve the health of individuals and communities across NSW.

With so many agencies involved, so many partnerships at a local level, state level and then nationally, and such a complex maze of funders and providers of services to Aboriginal people, there is a risk that bureaucracy may stand in the way of action.

It must be asked: are these protocols, agreements, policies and frameworks being implemented and monitored? Are they being implemented, managed, coordinated, monitored and evaluated by Aboriginal people and organisations as recommended? Are the agencies talking to one another, and having the hard conversations? Are they advancing the emotional and social well-being of Aboriginal people? Or, have people been taken out of the equation, while bureaucracy triumphs? Is it all talk and little walk?
Who’s taking a critical look at Aboriginal mental health?

Despite numerous national, state and local reports, inquiries, commissions, strategies and plans concerning Aboriginal mental health - complete with recommendations for action - there is almost nothing to show what worked and what didn’t work, what was implemented and what wasn’t, and whether people’s mental health or social and emotional wellbeing improved as a result.

In addition to tracking levels of mental illness in Aboriginal communities, there’s a need for measurements indicating the strength of partnerships to offer care and support, how well care is provided between different agencies, numbers of Aboriginal people in the mental health workforce, and the cultural appropriateness of the services that are offered.

The NSW Aboriginal Health Plan 2013-2023 states:

“Ethical and culturally relevant research and evaluation in the field of Aboriginal health needs to be supported. Further, the importance of understanding Aboriginal communities’ perceptions and understandings of what works best for their communities needs greater appreciation. Actively translating evidence into practice will be key to ensuring the implementation of what works.”

The Plan added that NSW Health would need to become more accountable for the quality and accuracy of data about the health and welfare of Aboriginal people:

“NSW Health needs to monitor performance against key indicators, ensure there is strong leadership and governance, and importantly, make people accountable for achieving outcomes in Aboriginal health.”
Conclusion

As we start planning for a new generation of reforms in mental health support in NSW, focused on communities and changes that can make a real difference in people’s lives, we must not forget that for Aboriginal people much of this ground has been covered before.

By building on what we know already we hope we can start a stronger, more meaningful conversation about what needs to happen next.
SOURCES:

NSW Aboriginal Health Partnership Agreement
NSW Aboriginal Health Impact Statement
NSW Government Statement of Commitment
NSW Aboriginal Health Plan 2013-2023
National Aboriginal and Torres Strait Islander Social Survey 2008
NSW Aboriginal Mental Health Report, Aboriginal Medical Service Redfern
NSW Health Aboriginal Mental Health and Well Being Policy 2006-2010
NSW OCHRE (Opportunity, Choice, Healing, Responsibility, Empowerment) Plan 2013
NSW Aboriginal Mental Health Policy 1997
The Health of Aboriginal People of NSW - Report of the Chief Health Officer 2012
National Mental Health Commission Report Card
Burdekin Report Chapter 23 on Aboriginal and Torres Strait Islander people
Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014 (and previous plans)
Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report (prepared under the National Mental Health Strategy but never endorsed by government)
Royal Commission into Aboriginal Deaths in Custody
Bringing Them Home
National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Well Being 2004-2009
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) Strategic Plan 2011-15
A National Aboriginal Health Strategy 1989
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013
Language and Culture, Careers and Decisions - Ministerial Taskforce on Aboriginal Affairs
Getting It Right - The findings of the Round Two Consultations for the NSW Ministerial Taskforce on Aboriginal Affairs
The Australian Bureau of Statistics 2011 Census