Yarning with the Aboriginal people of NSW

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Table of contents

1. Respect, knowledge and understanding ................................................................. 3
   1.1 Ideas for change ................................................................................................. 4
2. Aboriginal health workers – more please ............................................................... 4
   2.1 Ideas for change ................................................................................................. 4
3. Cohesive, personalised and user-friendly support systems ...................................... 5
   3.1 Ideas for change ................................................................................................. 5
4. Mental health services – there simply aren’t enough ............................................ 6
5. Funding concerns .................................................................................................... 6
6. Aboriginal communities yarning amongst themselves .......................................... 6
7. So, what to make of all this? .................................................................................. 6
The Mental Health Commission of NSW has developed a draft Strategic Plan for Mental Health in NSW that reflects the needs, wishes and priorities of people across the State.

Good old-fashioned listening is an essential part of the process and to that end the Commission held a series of community meetings - yarns with a diverse range of groups and communities across NSW. These Living Well yarns were opportunities for people - young, old and in-between - to share their experiences, views and ideas for change. The things we heard were synthesised into documents such as this one, which were then used to refine ideas, to generate more ideas and, ultimately, to inform the draft Plan.

In September and October, several community meetings were held to hear what some of the Aboriginal people of NSW had to say about mental illness, and social and emotional wellbeing within their communities. The meetings took place in Kempsey, Dubbo, and the Sydney suburb of Mount Druitt, and were facilitated by Aden Ridgeway, a Gumbaynggirr man, former NSW Senator and now spokesman for Recognise, the movement to recognise Aboriginal and Torres Strait Islander people in the constitution.

The Western Sydney Aboriginal Medial Service (WSAMS) and the Redfern Aboriginal Community also invited the Commission to attend meetings they were running independently, and some of the issues raised at those events also inform this document.

A vast range of valuable perspectives and ideas came out of the meetings, but three areas of concern emerged with notable consistency.

1. **Respect, knowledge and understanding**

Many of the Aboriginal people of NSW do not feel they have the respect or understanding of the mainstream community, including its mental health professionals. This is clearly a poor foundation for mental health generally and it bodes poorly for interactions with the mental health system in particular.

Many of the Aboriginal people of NSW also feel that the mainstream community still has little knowledge or understanding of Aboriginal culture and history. This includes its strengths and subtleties as well as the loss and trauma that have marked the past 200 years.

Meeting participants, several of them carers for people with a mental illness, described feeling worn down by the repeated need to provide doctors and other mental health workers with a basic lesson in recent Aboriginal history, including the impact of the Stolen Generations and the effects of grief on the mental health of their loved ones.

Some described changes in the way mental health services are delivered as soon as their Aboriginality becomes known and the burden of the presumption that drug and alcohol misuse is involved when an Aboriginal person presents with a mental illness.

General cultural insensitivity was raised repeatedly, including a lack of awareness that many Aboriginal families still fear their children will be taken from them, which can make them wary and reluctant to seek help for a mental health problem.
1.1 Ideas for change

It was proposed to embed Aboriginal culture and history into the education system as a key area of learning for both Aboriginal and non-Aboriginal children. It was noted that, among a broad range of benefits, this would encourage a sense of cultural identity and pride among Aboriginal children. (New Zealand’s efforts to recognise Maori culture in meaningful ways was noted on several occasions.). Specific proposals included:

- Teach all children about mental health and illness, at school. Give everyone the language to talk about it.
- Encourage a spirit of cultural exchange and respect, particularly among young people, through sporting and arts activities.
- Include Aboriginal perspectives on health and wellbeing - including the value of bush medicine, the importance of family and community, and cultural sensitivities - in all health education, training and professional development, including telephone counselling services.
- Ensure all health workers are made aware of the role that intergenerational grief and trauma can play when it comes to mental illness and substance misuse among Aboriginal people.
- Consider the systematic implementation of evidence-based, culturally appropriate therapies for coming to terms with grief and loss within Aboriginal communities, in consultation with community elders.
- Expand the availability and funding of Mental Health First Aid courses tailored for Aboriginal people, particularly in rural and remote areas. Consider training all community elders in Mental Health First Aid.
- Establish what actually works when it comes to improving the social and emotional wellbeing of Aboriginal people - opinions seem to outweigh evidence.

2. Aboriginal health workers – more please

There simply aren’t enough Aboriginal health workers to meet demand. The desire to speak to someone from one’s own cultural background has clear links to the need to be understood and respected. It was noted that having more Aboriginal health workers in the system also fosters cross-cultural understanding – everyone learns, everyone benefits.

The dearth of Aboriginal health workers was linked to a host of social, economic and systems factors, right down to the example of the need to hold a driver’s licence to work in community health, which is an expensive exercise many can’t afford.

It was also noted that there are challenges for Aboriginal people already working in the health system: they can feel isolated and over-stretched; there are pay inequities and Aboriginal Liaison Officer (ALO) roles in particular are too generic, resulting in staff becoming “Jacks of all trades”.

2.1 Ideas for change

- Devise new ways to encourage and support Aboriginal children through the education system and towards higher education. It was noted that education of young people “pulls up” the community as a whole.
- Establish more Aboriginal-designated positions within the health system and ensure Aboriginal people fill them.
• Ensure that where training positions are available there are jobs to go to. Where there are jobs to go to, make sure there are training positions available.
• Focus the job descriptions of Aboriginal Liaison Officers. Make them more specialised (social work, psychology etc.). This will also promote greater levels of expertise.
• Increase mentoring and support for Aboriginal trainees in the mental health system.
• Establish more Aboriginal-specific health services; expand the Aboriginal Medical Service.
• Encourage and support more Aboriginal men to become health workers. There is a strong need for more men in care and leadership roles.
• Encourage more Aboriginal people into human resources roles.
• Examine why Aboriginal people start higher degrees in health, but don’t necessarily graduate.
• Make local area health services accountable to the NSW Mental Health Commission to ensure good intentions become realities.

3. Cohesive, personalised and user-friendly support systems

Many Aboriginal people living in NSW find mental health and allied social services confusing, fragmented and inflexible. They want services that can respond effectively to the nuances and complexities of their individual circumstances. This becomes particularly important when a mental illness is part of the picture and an individual or family is dealing with more than one department or agency, as is often the case.

3.1 Ideas for change

• Create flexible systems that allow case managers from different departments, services and agencies, as well as the individuals and families involved, to collaborate.
• Establish a “one-stop shop” for all Aboriginal services.
• Establish clear pathways to mental health services and devise clear maps of these pathways.
• Ensure mainstream health services are made aware of the existence, activities and expertise of Aboriginal services such as Aboriginal Medical Services, the Marrin Weejali Cultural and Spiritual Healing Centre and healing centres around NSW.
• Turn the system around so that one case worker deals with one family, representing the full range of necessary government services, from health to housing and employment.
A range of other issues and ideas were raised in the course of the workshops, many of them interconnected. Most were focused in the following three areas.

4. **Mental health services – there simply aren’t enough**

Mental health services, particularly in rural and regional areas, were deemed largely inadequate. There were calls in particular for more Aboriginal Liaison Officers, more outreach and community-based services, more patient transport, more medication reviews, more Mental Health First Aid training, more beds for children and adolescents, and more follow-up and support when acute treatment ends. The issue of travelling long distances for treatment and support, along with separation from family, was also raised. Pulling people away from their families and communities when they are unwell compounds the distress.

5. **Funding concerns**

There were a number of calls for greater transparency around funding arrangements for Aboriginal health and services. There was a widespread belief that funding is not going where the need is greatest and a desire to know “how need is being determined”.

There was some concern - particularly among some of the younger workshop participants - that services with no genuine commitment to Aboriginal people are obtaining Aboriginal funding and that Aboriginal-specific services no longer receive direct funding. Rather, funding (and control) goes to large mainstream services that do not understand the needs of Aboriginal people.

Competition for funding, particularly among community managed organisations, was seen as a negative because it discourages cooperation and communication between services, and results in duplication of services. Funding application processes are also time-consuming and require a particular skill set. It was noted that mainstream organisations are often good at getting funding but not so good at communicating with Aboriginal organisations or supporting Aboriginal interests.

6. ** Aboriginal communities yarning amongst themselves**

It was noted repeatedly, in different ways, that Aboriginal people and communities need to yarn more amongst themselves and better support each other in order to thrive into the future. Aboriginal people, it was said, do not want non-Aboriginal people telling them what they need. Aboriginal people want to decide and build their own destinies, and so communities must determine what they need and how to get it. There was an awareness, however, this cannot be achieved in isolation. A delicate balance between self-determination and support, separateness and mainstream involvement needs to be found.

7. **So, what to make of all this?**

There are, without doubt, many challenges to the mental health and wellbeing of Aboriginal people in NSW and many structures in need of reform. There are also, however, a lot of ideas on which to base positive change and this is cause for optimism. The Commission is grateful for the goodwill demonstrated by the people who attended these forums and their willingness to participate honestly in discussion. We still have a lot more to do, but we are excited by the ideas that are emerging and looking forward to seeing them become part of substantial change for the better.