



MODEL OF CARE

Aboriginal Mental Health

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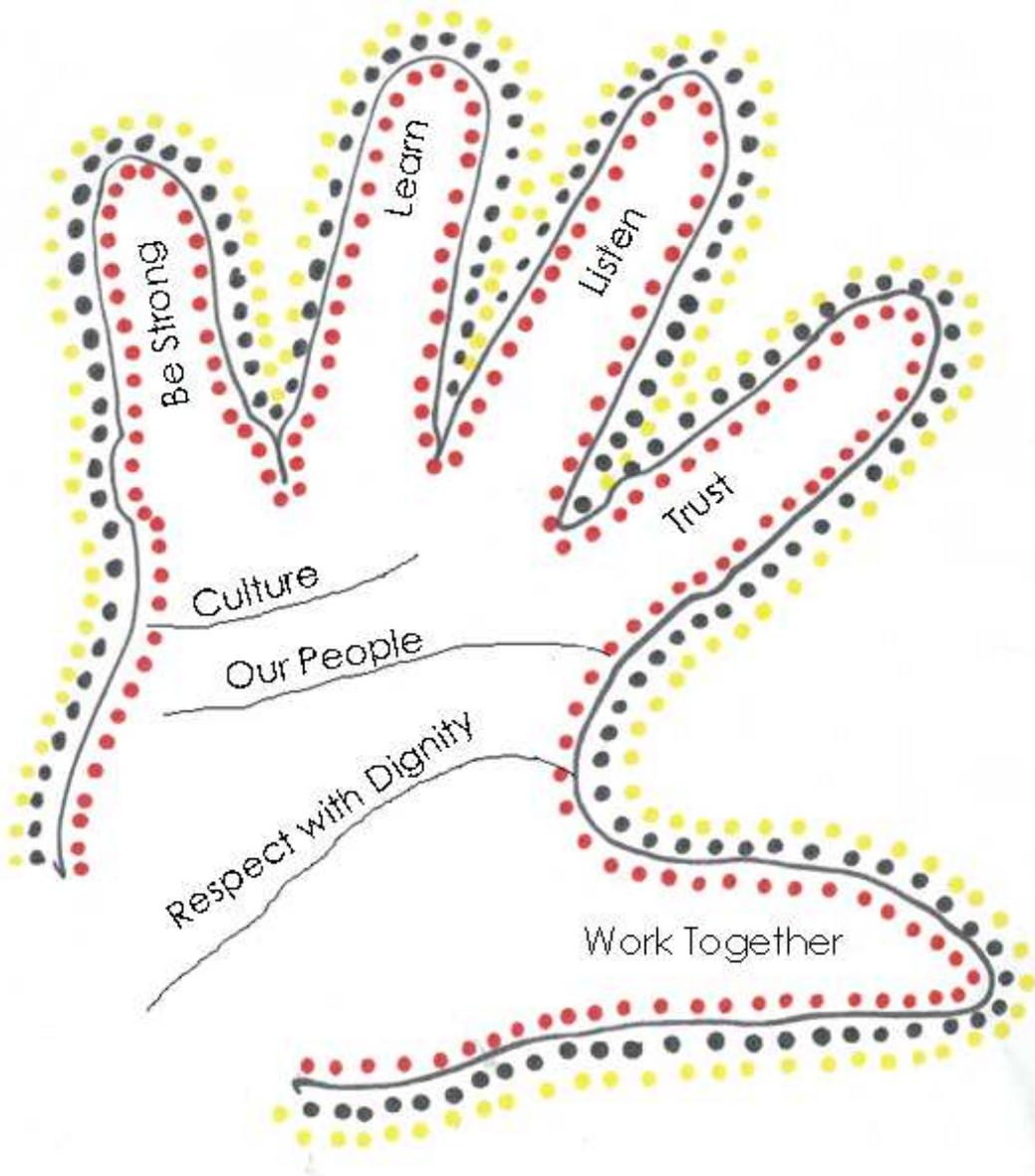
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Aboriginal Mental Health Model of Care

WA Country Health Services (WACHS)

WACHS is committed to providing services that are culturally sensitive and responsive, free from racial discrimination, and result in equitable outcomes for all people with a mental illness in Western Australia. WACHS recognises the distinct status of Aboriginal people as the first Australians and as citizens of Australia.



Original Drawing by Denise Ellis – Aboriginal Mental Health Worker from Goldfields Region of WA

Introduction

The WACHS Aboriginal Mental Health Model of Care (the Model) aims to draw together cultural and clinical expertise in delivering services that embrace the social and emotional well-being concepts (appendix 1) in provision of high quality mental health services for Aboriginal people in rural and remote Western Australia. The implementation of the model has been significantly supported by the development of the Statewide Specialist Aboriginal Mental health Service (SSAMHS – see Appendix 2).

The image of the hand has been used to depict this model to appeal to people to stop, and think again about mental health in relation to Aboriginal people. The hand is a symbol of reaching out for help, and a symbol of reaching out to support. Our hands show our humanity and our hands tell our stories.

Key Themes

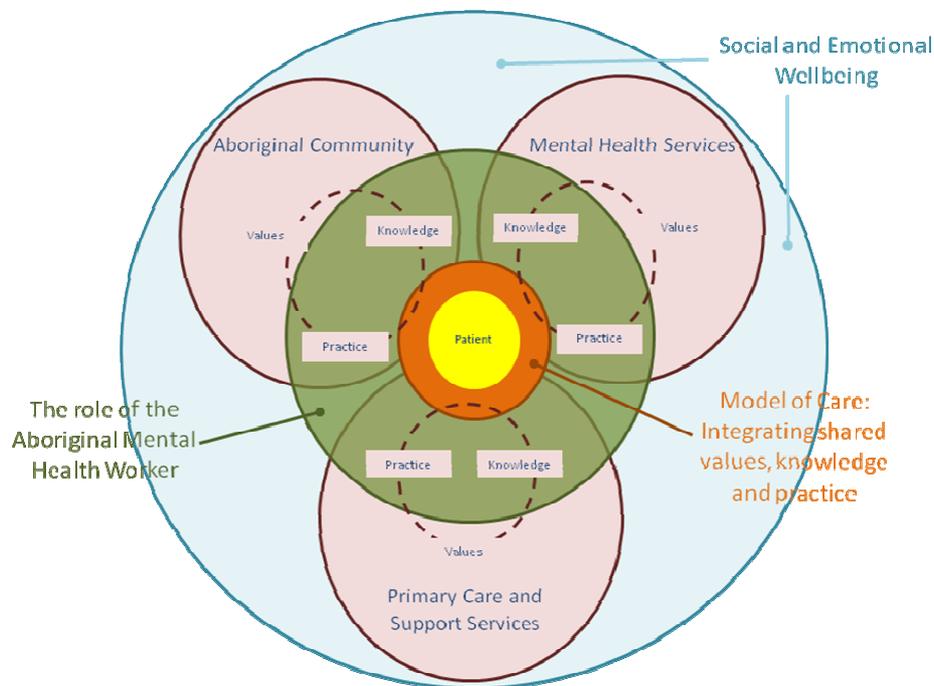
- **Culture** –Cultural Competence and Culturally Informed Practice
- **Our People** – Consumer Focused Care
- **Respect with Dignity** - Substantive Equality

Principles

- **Be Strong** - Build strength and resilience into the mental health workforce through an inclusive multidisciplinary approach to specialist patient care for Aboriginal people
- **Learn** - Enhance knowledge and health literacy within rural and remote communities and the mental health workforce through delivery of early intervention and community development activities that enhance Aboriginal engagement with culturally competent specialist mental health services
- **Listen** - Consult with communities and respond appropriately to local need and cultural nuances when planning and delivering specialist mental health services
- **Trust** - Engage in internal and inter-agency partnerships and shared care arrangements that foster the comprehensive delivery of high quality mental health care for Aboriginal people
- **Work Together** - Co-locate, collaborate and communicate effectively with community controlled organisations and established health services to deliver comprehensive mental health care to Aboriginal people

The Model in Practice

Aboriginal Communities, Mental Health Services and Primary Care & Support Services all have their own sets of values, knowledge and practice. The Model has at its foundation Aboriginal Mental Health Workers (AMHW) who act as a bridge, joining these services together to provide an integrated service with the patient/client as the central focus point.



Context

Approximately 65% of Western Australia's Aboriginal people reside in rural and remote regions. Aboriginal Australians continue to suffer a higher burden of emotional distress and mental illness than that experienced by the wider community. This is apparent in the analyses of hospitalisation of Aboriginal people with mental health conditions, Aboriginal mortality resulting from mental illness, including suicide, and the incarceration of Aboriginal people with a mental health condition.

WA studies indicate that between 55% and 75% of people using alcohol and other drug services have experienced co-morbid mental illness. WA has the highest rate of Aboriginal incarceration in the country, representing about 40% of adult and 80% of the juvenile custodial populations.

WACHS Strategic Priorities 2013-2015 defines our vision as "Healthier, longer and better quality lives for all country Western Australians with "Improving the health of Aboriginal people and those most in need" as one WACHS's four key strategic directions.

This Model of Care document is intended to be read in conjunction with:

- WACHS Strategic Priorities 2013-2015
- WACHS Safety and Quality Framework 2013 – 2015
- National Safety and Quality Health Service Standards (2011)
- National Standards for Mental Health Services (2010)
- WA Government Policy Framework for Substantive Equality

Purpose

The purpose of The Model is to inform service delivery that is culturally sensitive, responsive, free from racial discrimination, and results in equitable outcomes for all Aboriginal people with a mental illness in rural and remote Western Australia. It describes the core elements that form the basis for delivering appropriate specialist mental health services for Aboriginal people across Regional WA and supports implementation and delivery at the local level. This involves connecting social and clinical services with cultural and community needs.

With this Model to guide care and practice, WACHS aims to:

- Improve access to culturally appropriate mental health services for Aboriginal people and their families;
- Increase capacity of the Aboriginal mental health workforce;
- Employ a holistic approach to Aboriginal mental health care through the development of interagency partnerships
- Improve cultural understanding and functioning of mainstream mental health service providers



Key Themes

There are 3 key themes to the Aboriginal Mental Health Model of Care in WACHS. These key themes underpin all aspects of the model.

- **Culture**

Cultural Competence and Culturally Informed Practice

Cultural competence is the ability to see beyond the boundaries of one's own cultural interpretations, to be able to maintain objectivity when dealing with cultures different from our own and be able to interpret and understand behaviours and intentions of people from other cultures non-judgementally and without bias. It is a developmental process that evolves over an extended period.

Culturally informed practice is the holistic approach to service delivery that is inclusive of cultural beliefs, spiritual beliefs, values, practices and language needs of the consumer including their family, carers and community.

For more on Cultural Competence and Culturally Informed Practise see – "Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice" (2010) Nola Purdie et al

- **Our People**

Consumer Focused Care

The WACHS Aboriginal Mental Health (AMH) model delivers whole-of-life mental health care, which involves the family, community and also engages traditional healers as identified by consumers and their families through community networks. This whole-of-life, whole-of-family approach ensures a culturally secure service. The Model works towards ‘closing the gaps’ in the mainstream mental health system and in the context of Aboriginal engagement with services.

As emphasized in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2004-2009*, the key approach to improving Aboriginal mental health outcomes is to provide a holistic model, which integrates social, emotional, physical and spiritual aspects of health.

For more on Consumer Focused Care/Patient Centred Care see – National Standards for Mental Health Services 2010 and the Australian Charter for Health Care Rights 2008.

- **Respect with Dignity**

Substantive Equality

Substantive equality provides that a ‘one size fits all’ model for service delivery is not an effective means of providing services to communities with different cultural values. When all people have access to mental health services that are delivered in keeping with diverse community values then substantive equality in the service is achieved.

Aboriginal people with mental illness face far greater disadvantage and vulnerability than is experienced by many non-Aboriginal people and consequently require greater efforts to engage and support them. Strategies of engagement and support that may work well with other cultural groups need to be modified or changed for this population to take into account not just their cultural needs but the multiple disadvantages faced by families from Aboriginal backgrounds.

For more on Substantive Equality see –The Policy Framework for Substantive Equality – “If you want to treat me equally you may have to be prepared to treat me differently” (2005) Substantive Equality Unit, Equal Opportunities Commission



Principles

The Key Themes are supported by five (5) service principles that are the foundation for the development and delivery of Aboriginal Mental Health Services. WACHS Mental Health services must:

- **Be Strong**

Build strength and capacity into the mental health workforce through an inclusive multidisciplinary approach to specialist patient care for Aboriginal people

- *Specialist Aboriginal Workforce*

WACHS strives to achieve a skilled, specialist, and appropriately supported AMH workforce across both Community and Inpatient Mental Health Services (MHS).

AMH Coordinators will be located in every region and function within the Regional Mental Health Management Structure reporting to the Mental Health Managers. They provide coordination of Aboriginal Mental Health service delivery within their region, as well as guidance and mentoring of AMHWs within their team. Coordinators form the WACHS MH Leadership Group AMH Subgroup providing information, advice and cultural guidance on the implementation of Aboriginal mental health services.

AMHWs are part of the multidisciplinary team and are fully integrated to the regional MHS. Their role is to strengthen cultural competence of the MHS and facilitate access between services for Aboriginal people and Aboriginal communities. This includes:

- working as secondary case managers or key workers for Aboriginal clients of the service,
- working in close conjunction with the Community Mental Health Professionals to support culturally competent practice
- working with Triage Officers/duty officers at the first point of contact and assessment.

By combining concepts of social and emotional wellbeing and Aboriginal ways of working with sound clinical practice AMHWs improve treatment outcomes for Aboriginal clients within both Community MHS and Inpatient care.

WACHS strongly encourages Aboriginal workers to undertake studies that provide an opportunity to learn and gain experience in the workplace while advancing their career.

- *Entire Mental Health Workforce*

In order to achieve improved Mental Health outcomes for Aboriginal people, the entire MH workforce must understand and respect cultural differences and the need to provide services based on the principles of substantive equality.

All WACHS Mental Health employees will:

- undertake mandatory training in cultural awareness,
- engage with localised cultural awareness training through their AMHW's and regional programs
- Communicate with AMHW's about movements and activities within the Aboriginal community which may impact on the wellbeing of clients.

Non-Aboriginal workers will liaise regularly with their local AMHWs to better understand the nuances of local culture and protocol to inform better patient care in both the clinical and non-clinical context.

- **Learn**

Enhance knowledge and mental health literacy within rural and remote communities and the mental health workforce through delivery of early intervention and community development activities that promote Aboriginal engagement with culturally competent specialist mental health services

Community engagement is a key factor in gaining support and trust of Aboriginal people. WACHS MHS in partnership with other key service providers are engaging communities and developing awareness of primary and mental health needs across their regions. This community development work enables a bridge into community and works to develop trust between MHS, other community services and NGOS, local businesses and most importantly, the local Aboriginal community members.

Community development is wide ranging and responds to local community demand and will be delivered according to local and regional needs. Community development and/or engagement can range from sessions for school children to raise awareness of physical health and the impact it can have on their mental health, through to chronic pain sufferers, young mothers groups, members of the Stolen Generation, Elders, men's pit stop programs, women's arts and crafts groups, Yarn in the Park, Aboriginal Mental Health First Aid, healthy lifestyle and Quit smoking campaigns, music and dance workshops, football and sport days, gardening groups and fishing trips.

- **Listen**

Consult with communities and respond appropriately to local need and cultural nuances when planning and delivering specialist mental health services

Aboriginal communities differ vastly across WA as do their service requirements. WACHS is committed to adapting services that respond to this diversity and local need.

Aboriginal people have a strong and fundamental connection to land and Country. This connection is achieved through specific localised knowledge of a region's natural history coupled with complex layers of past personal and family experiences, and deeper connection to the land, beliefs, spirituality and Aboriginal identity. Aboriginal health when viewed in a holistic context, encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing.

Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

To support effective engagement with Aboriginal communities, program design and delivery occurs in consultation with the Aboriginal Health Planning Forums (AHPFs) established by WA Health. The AHPF structure provides a localised approach to implementing feedback at a community level through the engagement of the community managed sector and government services.

Aboriginal Mental Health Coordinators and Mental Health Managers meet regularly to discuss service planning and work closely with regional AHPF's.

- **Trust**

Engage in internal and inter-agency partnerships and shared care arrangements that foster the comprehensive delivery of high quality mental health care for Aboriginal people

In order to meet the needs of individual Aboriginal clients, their families and the community, MHS are also required to establish partnerships and collaboration with relevant local service providers that include:

- Regional Health Services such as community-based mental health services,
- Divisions of General Practice;
- Aboriginal Community Controlled Health Organisations (ACCHOs),
- non-government organisations (NGOs)
- Other primary care organisations.

Mutual recognition and respect for the differing roles of these services is an important aspect of successful working relationships and positive patient outcomes.

- **Work Together**

Co-locate, collaborate and communicate effectively with community controlled organisations and established health services to deliver comprehensive mental health care to Aboriginal people

Integration and co-location with other health or mental health services supports connection to country, addresses shortages of workers in the regions and promotes cultural and clinical security for other staff and consumers. Co-location is negotiated locally, is flexible and is aimed at ensuring service is available where people require it. The benefits of co-location include:

- Comprehensive patient care on Country that supports a reduction in transfer to metropolitan hospitals
- The speed and ease of moving between services for consumers and their families, ensuring a rapid and more comprehensive response where needed, including referral and assessment completion to suit each consumer's requirements;

- Access to education, mentoring and professional development for staff;
- Sharing of supervision tasks and responsibilities; and
- Improvement in cultural competency of non-Aboriginal health practitioners and cultural security of mainstream services.

Aboriginal people with Mental Illness often experience complex co morbidities and require broader treatment criteria. WACHS MHS will operate with a 'no wrong door' philosophy that emphasises ease of access for consumers and their family/carers.

This requires that:

- Greater efforts must be made in order for Aboriginal people to access local services, including community engagement activities, partnerships and shared care arrangements
- Clinical assessments with cultural input must be provided for all referrals, including referral by self or community member
- Service admission criteria acknowledge the Mental Health impacts of trans-generational trauma
- Greater flexibility around service activity must be offered such as meeting with patients outdoors, arranging patient transport to appointments and liaison with family to improve attendance
- Greater efforts must be taken to incorporate cultural sensitivities and nuances into patient care such as gender appropriate clinicians, observance of cultural status and protocols.
- With patient consent, community members (including family, carers and relevant organisations) must be included in care and where possible supported by the mental health services to assist with maintenance and/or recovery

The Role of Aboriginal Mental Health Workers

Implementation of this Model requires AMHW's to play a fundamental role in service delivery that includes:

1. Contributing to planning, development and implementation of respectful and responsive holistic mental health care for Aboriginal people in collaboration with their community and the mental health service team.
2. Assisting in referral, assessment, treatment, transfer and discharge of Aboriginal mental health clients.
3. Advocacy for Aboriginal mental health clients' individual needs.
4. Support health promotion, social and emotional wellbeing and community development activities that Aboriginal people value and can participate in.
5. Acting as a resource for non-Aboriginal mental health staff and management on Aboriginal community perspective.
6. Participation in community networks.
7. Liaison with internal and external stakeholders.
8. Work in partnership, within a multidisciplinary mental health team environment, with other mental health professionals and service providers.
9. Ensure pro-active referral of clients to other health and mental health professionals when necessary to promote continuity of care.
10. Contribute to the case management of clients.

11. Promote patient-centred care and recovery principles.
12. Work within WACHS policy frameworks.

Adapted from: NSW Ministry of Health. (2012). NSW Health Aboriginal Health Worker Project: Phase 1 Report - Analysis of current NSW Aboriginal Health Worker environment, Discussion Paper. Retrieved from http://www.health.nsw.gov.au/publications/Documents/analysis_current_awe_phase_1.pdf

Engaging Elders and Traditional Healers

It is important that Aboriginal people have access to Aboriginal Healers within MHS. When culturally appropriate and upon request by the client, the Aboriginal Healer can play a significant role in the mental health of Aboriginal clients and family members.

Aboriginal Communities and language groups across WA identify differently and practice culture in different ways. This means one Aboriginal Healer may be suitable for one patient but not for another. It is essential that Aboriginal Healers can be considered and contracted on the basis of the individual client needs.

An Aboriginal Healer is different to an Aboriginal Elder. Aboriginal Healers are respected for their contribution to well-being and the cultural power they bring to the management of the mental health of Aboriginal people. There may be, as part of care, the need for acknowledgement of specific cultural practices, involvement with Elders or other community leaders.

The process for engagement of an Aboriginal Healer:

The process must be initiated by the client and their family. The Healer must be endorsed (written or verbal) by an appropriate local Aboriginal Elder and any costs or expenses are to be approved by the client's Case Manager or the Mental Health Manager.

Both the Healer and the Elder involved must be recorded as Associates on the PSOLIS database.

The Aboriginal Mental Health Worker and the family will take care of the arrangements for healing. Only an appropriate Aboriginal person will facilitate this process. It is not appropriate for Non-Aboriginal staff to be involved in this process.

Funds (supported through the SSAMHS program) can cover the cost of Traditional Healers. Support for travel and accommodation where necessary can be accessed and a fee per service can be paid.

The Aboriginal Mental Health Worker may accompany and be present during the healing if requested by the client/family. This varies on an individual basis however a client under the age of 18 should always have a family member present during the healing.

WACHS does not support the collation or use of a list of Traditional Healers as this counteracts the principles of cultural security for patients and communities.

Mental Health and Social and Emotional Wellbeing

The “Social and Emotional Wellbeing Framework” (2004) developed by the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group explains the relationship between Mental Health and Aboriginal Social and Emotional Wellbeing:

Social and emotional well being problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional well being people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.

Aboriginal and Torres Strait Islander people experience higher rates of both social and emotional well being problems and some mental disorders than other Australians. While a range of healing responses can be provided, responding to social and emotional well being problems and mental ill health is the core business of the health sector, including both primary care and mental health services. However, Aboriginal and Torres Strait Islander people experience reduced access to community based mental health care, particularly care that is sensitive to their specific needs.

Social and emotional well being problems can result from: grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage. Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, and where necessary, support during family reunification.

Mental health problems may include crisis reactions, anxiety states, depression, post-traumatic stress, self harm, and psychosis. Treating mental ill health can occur in primary health care or mental health settings and includes early intervention, treatment and monitoring, relapse prevention and access to specialist services, including rehabilitation and long term support. Services must be culturally appropriate and safe, and provide continuity of care across the life span. Mental health clinicians must recognise the impact of cultural and spiritual factors on the way mental health problems develop and present, in order to provide accurate diagnosis and effective treatment.

Aboriginal Mental Health services within WACHS combine social and emotional wellbeing constructs with clinical expertise to meet the needs of Aboriginal people who suffer from mental illness.

WACHS Aboriginal Mental Health and the SSAMHS Program

As part of “Closing the Gap” the Western Australian Government committed \$22.47m over four years to develop the Statewide Specialist Aboriginal Mental Health Services (SSAMHS). WACHS received \$12m of this funding over four years (until December 2013) to deliver the regional component of the SSAMHS;

Prior to SSAMHS, WACHS employed 14 Aboriginal staff in Mental Health Services. These positions were mostly entry level wages. The SSAMHS Program included the provision of an additional 31 FTE across rural and remote WA. WACHS developed JDF’s for these positions based on the Health Services Union (HSU) Award at a range of levels allowing opportunity for career progression within the fields of Aboriginal MH.

SSAMHS has provided the opportunity to establish multi-disciplinary specialist teams located within mainstream mental health services across Country WA, which provide culturally and clinically safe care to Aboriginal mental health consumers. The teams support Aboriginal people to access mainstream mental health services and to increase the capacity of mental health services to better meet the needs of Aboriginal people.

SSAMHS uses a ‘whole of family, whole of life’ approach to mental health service delivery to address the agreed deliverables which are:

1. Shared client assessment and management.
2. Participation in treatment and discharge planning for inpatients to ensure seamless transition back to their community.
3. Brokering elders to participate in particular clinical cases and/or contracting traditional healers.
4. Clinical services for Aboriginal people in custody, or presenting for parole.
5. Increased focus on primary health to address co-morbidities affecting mental health.
6. Staff training, through sponsoring key workers to undertake Certificate IV to university courses and seconding staff from relevant agencies for professional development.

Aboriginal Mental Health Services within WACHS combine many facets of the service including the SSAMHS Program in order to deliver a better, more specialist service to Aboriginal people. It is the hope of those within WACHS MHS that ongoing funding of these positions would become recurrent as core business for MHS in Country WA.