Aboriginal Mental Health and Well Being Policy 2006-2010

Summary
The NSW Aboriginal Mental Health and Well Being Policy 2006-2010 (the Policy) is a framework to guide NSW Health and NSW Area Mental Health Services (AMHSs) in the provision of culturally sensitive and appropriate mental health and social and emotional well being services to the Aboriginal community of NSW. The Policy will improve the coordination of care for Aboriginal people in NSW by ensuring:

* partnerships are formed with other relevant organisations resulting in strong working relationships;
* accessible and responsive mental health services that cater for all ages and enable targeted priority areas; and
* a supported and skilled workforce in Aboriginal mental health and well being and increasing the expertise and knowledge base in this area.

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Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Ministry of Health

Distributed to:
Public Health System, Community Health Centres, Divisions of General Practice, NSW Ambulance Service, Ministry of Health, Public Hospitals

Audience:
Clinical; allied health; nursing; emergency departments

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
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Acknowledgements

The NSW Aboriginal Mental Health and Well Being Policy reflects the work of many individuals to improve the social and emotional well-being of Aboriginal people. The Policy was originally formulated through the efforts of the NSW Aboriginal Mental Health Policy Review Working Group, with members from the Aboriginal Health and Medical Research Council, the NSW Health Department, Area Mental Health Services and Aboriginal Community Controlled Health Services. NSW Health would like to thank Aboriginal mental health workers across the State who provided invaluable input into the development of the Policy through Statewide forums and key clinical and academic experts who have also contributed to the document.

Cover Image

'Our Land' by Carriette Lillian Pangas (Aunty Lee)
Torres Strait Islander woman of Darnley Island

"I painted this picture during classes at 'Connections' Aboriginal Women's Art Therapy Group in Darlington near Redfern, Sydney. I had never painted a picture in my life before joining the art therapy group and I am still surprised at what I can do with a paintbrush. I have been a regular participant of this art therapy group for about five years now and I am thankful to the mental health services for running this important program."

"The painting titled, 'Our Land' represents the beautiful country around Tweed heads where I and my siblings were raised."

Cover Image Photo credit: Jacqueline Marcus

The following is an interpretation of 'Our Land':
Mountains: Mt Warning
River: Tweed River which curves around on itself
Green: Lush bush and rainforests

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July 2007
The NSW Government is committed to improving the mental health and social and emotional well being of Aboriginal and Torres Strait Islander peoples and this is a priority under the NSW State Plan, A New Direction for NSW and the associated A New Direction for NSW: The State Health Plan. It is a key challenge for the Government and requires a range of community and whole-of-government programs that build on the resilience and capacity of Aboriginal communities.

Aboriginal mental health care is part of the core work of our health services. It requires both an integrated and mainstream approach as well as one that prioritises the specific needs and issues for Aboriginal people.

The NSW Aboriginal Mental Health and Well Being Policy 2006-2010, specifically addresses the high level of need related to mental health and well being in Aboriginal communities and the relatively low levels of specialist mental health service utilisation. It highlights a number of best practice initiatives that can be adapted for rural, remote and metropolitan services.

The Policy further strengthens the partnership between Area Health Services and Aboriginal Community Controlled Health Services (ACCHSs). It improves service options and access to specialist mental health care through the Area mental health services and to primary health care through the ACCHSs for Aboriginal people of all ages with mental health problems, and for their families and their communities.

The first NSW Health Aboriginal Mental Health Policy established an energetic and expert Aboriginal mental health workforce in NSW. This workforce has demonstrated vision and dedication in its efforts to improve services for Aboriginal people.

The NSW Aboriginal Mental Health and Well Being Policy builds on the directions of the earlier policy and aligns with the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004-2009.

The Policy will also address the government’s targets as set out in the NSW State Plan and the NSW State Health Plan by, for example:

- reducing hospital readmissions for Aboriginal people within 28 days of discharge
- increasing the percentage of Aboriginal people with a mental illness who are employed
- increasing the community participation rates of Aboriginal people with a mental illness.

Underpinned by recent NSW Government investment, the Policy sets out strategies and actions over the next five years for NSW Health to:

- Enhance key working partnerships such as those between the Area mental health services and ACCHSs.
- Improve mental health leadership to ensure appropriate service responsiveness for Aboriginal people, their families and carers across emergency and acute, early intervention and prevention, and rehabilitation and recovery services.
- Develop specific mental health programs for Aboriginal people of all ages who have or are at risk of mental illness.
- Increase expertise and knowledge through a range of data and evaluation activities.
- Strengthen the Aboriginal mental health workforce, both in increased positions in Area mental health services and ACCHSs and in training and skill development.

The NSW Aboriginal Mental Health and Well Being Policy reflects the sustained efforts of many individuals to improve the mental health and social and emotional well being of Aboriginal people. I commend this Policy to you.

Robert McGregor

Acting Director-General
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Introduction

The need for improvement in the mental health and social and emotional well being of Aboriginal people has been highlighted in many reports. These reports have emphasised the complex inter-relationship of individual, historical, social, cultural, economic and environmental factors that influence the mental health and social and emotional well being of Aboriginal people. Collective distress and trauma exist as underlying stressors to Aboriginal life.

The complexity of needs prevalent in Aboriginal communities presents a significant challenge to health services. Children and young people, in particular, continue to experience levels of distress that are too high and have poor physical health and emotional and social well being compared with the non-Aboriginal community.

A burden of grief, loss and trauma impacts on Aboriginal people, especially on members of the stolen generations. Sources of this burden include the forcible removal of children, the erosion of family and community structures, disproportionate rates of incarceration and frequent deaths affecting all members within extended kinship structures. Mental illness – psychosis, schizophrenia, bipolar and affective disorders – is often masked by, or associated with, alcohol and substance abuse and can lead to significant family dislocation and psychiatric disability.

While addressing this range of issues requires new ways of working together across all government and non-government sectors, the Aboriginal Mental Health and Well Being Policy 2006-2010 focuses on the specific role of the NSW Health specialist mental health services. It details the work they will do in the next five years with primary health care providers, particularly the ACCHSs, to help improve the mental health and well being of Aboriginal people.

NSW Health, through the Department of Health and Area Health Services (AHSs), will implement the Policy in partnership with Aboriginal people to ensure community ownership and the planning and development of both high quality specialist mental health services and primary care mental health services.

Moving forward

The first NSW Aboriginal Mental Health Policy improved access to more culturally appropriate mental health services and established an Aboriginal mental health workforce in the State’s mental health services and in ACCHSs. There is now a network of over 70 Aboriginal mental health workers and a strong commitment by all partners to build on what has been the first stage of an Aboriginal mental health program for NSW (for further details, see achievements page 8).

The NSW Aboriginal Mental Health and Well Being Policy 2006-2010 strengthens these developments. It seeks to develop a dynamic model for Aboriginal mental health that can address the variable needs of Aboriginal people and their communities across the state in remote, rural, regional and metropolitan areas.

Through extensive consultation across NSW with a range of services and Aboriginal mental health workers, the Policy identifies the strategies for this next stage of the NSW Aboriginal mental health program.

These strategies are:

■ Partnerships – strong working relationships
■ Accessible and responsive mental health services
■ Mental health care for all ages – priority target groups
■ Increased expertise and knowledge
■ A supported and skilled workforce.

What these strategies will do: a snapshot of the next five years

To implement and review the Policy, a State level Aboriginal Mental Health and Well Being Reference Group will be established with Area mental health services and key stakeholders, by the Mental Health and

* In this document, the term ‘Aboriginal people’ is inclusive of Torres Strait Islander people.
Drug & Alcohol Office within NSW Health. It will report to the NSW Mental Health Program Council.

Under cooperative agreements between the Area mental health services and the ACCHSs (as either part of wider agreements or as specific agreements), rapid and effective access will be further improved to specialist mental health and primary health care services for Aboriginal people with mental health problems. A Statewide Aboriginal Mental Health Coordinator based at the Aboriginal Health and Medical Research Council (AH&MRC) will work to improve service quality in ACCHSs.

Clinical and managerial leadership for Aboriginal mental health will be identified in Area mental health services with Aboriginal mental health promoted as an area of specialisation. The next five years will see all AHSs – from emergency departments to mental health inpatient and community services – delivering care to Aboriginal people with mental health problems in a culturally sensitive manner. The priority is developing mental health facilities and environments that are relevant to the varying cultural needs of local Aboriginal people in different AHSs.

Best practice in Aboriginal mental health across Australia will be examined and further developed to underpin specific programs for Aboriginal people of all ages - perinatal care, children and adolescents and young people, men and women and families and older people.

Whole-of-government partnerships and programs, such as the Housing and Accommodation Support Initiative (HASI), will further expand assistance to Aboriginal people with a mental illness to achieve housing stability and improved community and family participation. The Joint Guarantee of Service (JGOS), which has been expanded to include the Aboriginal Housing Office, underpins these programs.

Programs will provide links between specialist mental health and primary care services such as the ACCHSs, General Practitioners and ‘front line’ community health nurses. They will include such initiatives as the Statewide School-Link Training program, which has a specific focus on mental distress and well being in Aboriginal young people, and Mental Health First Aid, which has been adapted for the needs of Aboriginal people. Forensic mental health services such as the court diversion services will be specifically enhanced to assist Aboriginal young people.

The Policy will be complemented over the next two years by a Statewide Child and Adolescent Mental Health Service (CAMHS) plan for social and emotional well being issues for Aboriginal children, families and young people and, for people in the court system or prisoners, by a Forensic Aboriginal Mental Health Plan.

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, which expands the best practice program established by the Greater Western Area Health Service. This will include positions focusing on child, adolescent and youth issues and on young people in the criminal justice system. Positions in ACCHSs will increase to enhance provision of primary mental health care.

Statewide Aboriginal mental health worker forums will continue to be conducted as well as clinical education to enable improved training opportunities, networking, and support and dissemination of effective service delivery models. These forums will also provide a focus for non-Aboriginal staff to learn more about the values of Aboriginal culture and holistic practice. Clinical training programs led by CAMHS will be further enhanced for all Aboriginal mental health workers to ensure a focus on children and adolescents. Programs offering supervision, staff rotation and career opportunities will assist staff retention.

Improved data and evaluation of programs are essential to ensure services are evidence based and achieve targeted outcomes. A program has been established at the AH&MRC for researching and developing culturally specific outcomes and assessment tools for Aboriginal people with mental a illness. This program will also inform the development of best practice and evidence based care.

**Key concepts**

National and State Aboriginal organisations have endorsed the broad concepts under which health services are to be developed for Aboriginal people. These are described below and are integral to this Policy:

- A whole of life view of health
- Social and emotional well being
- Effective partnerships with Aboriginal communities
- Aboriginal self-determination
- Building on community resilience and capacity.
A whole of life view of health

Since the National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, *Ways Forward* was released in 1995, there has been an increasing recognition that mental health and well-being are intrinsically connected to the ‘whole of life’. *Ways Forward* summarises this relationship as:

"The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to well-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."

Social and emotional well-being

Social and emotional well-being refers to the ability of individuals or groups to grow and develop, to be able to live in harmony with others and with the environment and to effect change.

In general, the concept of social and emotional well-being is more consistent with Aboriginal community perceptions of need than are disease-based concepts of mental illness and mental disorder. Aboriginal people have strongly endorsed the concept of social and emotional well-being as being relevant to the conditions of Aboriginal life.

In adopting the term ‘social and emotional well-being’, NSW Health is endorsing an inclusive approach to the psychosocial needs of Aboriginal communities promoted by Aboriginal people. 3

This inclusive approach promotes a broad responsibility for all health services, in partnership with ACCHSs and other government and non-government services, to:

- provide the highest possible standard of care for Aboriginal people with mental illnesses and social and emotional well-being problems
- assist in the enhancement of coping abilities
- provide culturally sensitive and appropriate care to Aboriginal people of all ages
- reduce levels of individual and collective distress
- facilitate positive change
- promote healthy communities and their capacity to provide care and support.

Partnerships with Aboriginal communities

Partnership Agreements are one way of ensuring self-determination for Aboriginal people – they enable Aboriginal people to determine what is relevant to them and to participate in determining how services will be provided.

**Daruk ACCHS & Sydney West AHS**

There are 26,000 Aboriginal people living in the Deerubbin Land Council area and 13,000 Aboriginal people access Daruk AMS. A formal Partnership Agreement was made in 1997 with meetings every 4 months between the Directors of Mental Health, Aboriginal Health and the Daruk CEO.

"There is still a long way to go but some positive things have come from the partnership:

- training and resources are shared
- there are joint applications for funding
- community consultation (has) identified needs within Mainstream services
- there is more shared care being provided
- there is an Aboriginal identified position with the Families First program
- a resource for Domestic Violence is being trialled
- suicide prevention training has been conducted."

The NSW Aboriginal Health Partnership is a signed agreement between the NSW Minister for Health and the AH&MRC, the peak body for Aboriginal Health in NSW. In particular, at the AHS level, the Partnership agreement aims to establish clear collaborative service delivery processes between ACCHSs and AHSs as well as ensure that the expertise of Aboriginal communities is brought to bear on the development of policies and health services for Aboriginal communities. All Aboriginal communities are covered through the AH&MRC constitution and regional representation. In the provision of Statewide, regional and local
service there is an obligatory requirement for the NSW Department of Health to develop partnering arrangements with other relevant organisations to achieve the desired outcomes for Aboriginal communities.

There are formal governance structures between the groups within the NSW Government and between the NSW Government, the Australian Government and Aboriginal communities that develop and implement Government policy and programs in Aboriginal affairs in NSW. These ‘Governance Structures in Aboriginal Affairs in New South Wales’ add an additional dimension for partnering arrangements: there is an endorsed commitment to effective partnerships with Aboriginal communities which underpins Government action to ensure policies and programs are relevant to Aboriginal people.

These elements underpin the Governance Structures at both a State and Commonwealth level and at those levels support Two Ways Together (a whole-of-government response to priority needs of Aboriginal people and communities). Supporting the regional implementation of Two Ways Together, Regional Engagement Groups have been established to enable Government agencies to work in partnership with Aboriginal communities in a coordinated way to address identified priorities. These priorities may include social and emotional well being and mental health concerns that are relevant to the communities.

Aboriginal self-determination

International experience has shown that Indigenous cultures subjected to colonisation have exhibited similar effects of disempowerment, including social dislocation and collective distress characterised by increases in rates of suicide, offending, substance abuse and mental distress and disorders. Ensuring the empowerment of Aboriginal people is an integral component of service relationships. This Policy promotes Aboriginal self-determination through:

- provision of choices to Aboriginal people
- involvement of Aboriginal people and communities in the planning and delivery of mental health services
- promotion of ACCHSs as sites of primary mental health and social and emotional well being service delivery

Community resilience and strength

The survival of Aboriginal people - individuals, families and communities - in the face of their historical legacy of trauma and dislocation reflects the significant resilience of Aboriginal people and their culture. The poor physical, emotional, social and mental health currently experienced by many Aboriginal people cannot be understood without reference to the historical context. Any people experiencing severe mistreatment, abuse and multiple episodes of grief over several generations are likely to be adversely affected. The indices of distress experienced by Aboriginal communities today reflect their history. The survival of Aboriginal people within this historical context reflects their strengths and the enduring power of their culture.
International cross-cultural research on resilience has shown that family and community connectedness are some of the most important factors enabling individuals to recover from the damaging effects of adversity. Family and community connectedness are acknowledged strengths of Aboriginal communities. However, the unique protective power of Aboriginal culture to assist individuals and families to recover from adversity is under-researched. The potential for mental health interventions to mobilise and enhance these strengths is a key area to progress.

Most generic programs designed to promote resilience do not adequately address Aboriginal specific issues such as the connectedness in extended family relationships, skills in dealing with stigma and prejudice, or in coping with trauma and multiple losses. Mainstream resilience programs need to be augmented to enhance their relevance for Aboriginal people by including Aboriginal specific protective factors. Recent work with the Aboriginal community in Western Australia utilises a number of tools to measure distress and resilience. This Policy seeks to support the development of programs that build on existing individual, family and community strengths, as illustrated by the ‘Rekindling the Spirit Program’.

Reconciliation

Whilst grief is usually distressing and emotionally painful, for most people it can be viewed as a healthy process of adjustment to loss. Although individuals grieve in different ways there are some well recognised stages to the ‘normal’ process of grieving. Movement through these stages of grief assists people to cope with loss. When the nature, extent, or reality of a loss is not recognised by society, the resultant grief (termed ‘disenfranchised grief’) carries an increased risk of complex grief reactions, with adverse consequences for mental health.

Reconciliation is the symbolic recognition of the honoured place of the first Australians, as well as the identification of practical measures to address the disadvantage experienced by Indigenous people in health, employment, education and general opportunity. By helping to reverse the disenfranchisement experienced by many Aboriginal people in relation to significant losses, reconciliation could play an important role in facilitating grieving at both an individual and community level.

The potential therapeutic benefit for Aboriginal people in the support of reconciliation and self-determination has been acknowledged. The effectiveness of this Policy would be supported by an understanding in the wider society of the links between political and social issues of reconciliation and self-determination and the mental health and social and emotional well being of Aboriginal people.

The population health model

The population health model outlines the range of services and interventions required to ensure good mental health care for individuals of all ages, their families and communities.

The spectrum of care encompasses health promotion and prevention, early intervention, treatment and rehabilitation and recovery and continuing care. The strategies developed in this Policy address these aspects of the population health model, from prevention to long-term care, with an emphasis on the specific needs of the Aboriginal community.
Vision, aims, strategies and principles of the Policy

Vision
To improve the mental health and well being of the Aboriginal population of NSW by enhancing access to and ensuring mental health services are culturally sensitive and responsive.

Aims
Encourage partnerships between Aboriginal communities and service providers that build on the strengths of communities.
Promote mental health and prevention of mental ill health, strengthen primary mental health care approaches and improve access to specialist, culturally sensitive and appropriate mental health care.
Implement mental health services and programs that are endorsed by Aboriginal people and that meet their needs across the life span.
Facilitate, promote and disseminate knowledge, expertise and experience in Aboriginal mental health and well being through workforce development, research and training.
Promote the development of Aboriginal mental health workers and increase education, recruitment and retention of Aboriginal people in mental health service delivery.

Strategies
Strategy 1: Partnerships – strong working relationships
Strategy 2: Accessible and responsive mental health services
Strategy 3: Mental health care for all ages – priority target groups
Strategy 4: Increased expertise and knowledge
Strategy 5: Supported and skilled workforce

Principles

Respect and Responsibility
■ All mental health staff will treat all Aboriginal clients with respect and with sensitivity to the cultural, spiritual, historical, family and community factors that influence their social and emotional well being.
■ The mental health needs of Aboriginal people and their communities are a core responsibility of mental health teams and services and of the full range of staff employed in these services: Aboriginal clients and their families have the right to access all mental health services.
■ Aboriginal people and their families are to be provided with information about their rights and needs and responsibilities and are to be involved in decisions related to their care.
■ The safety of individuals and their families is to be considered a key priority of mental health service delivery to Aboriginal communities.

Choice
■ Aboriginal clients are to be provided with a choice of services that includes Aboriginal service providers and that closely involves families or carers. Aboriginal people are to be offered a range of service options including, when appropriate and available, shared care arrangements between specialist mental health services and an ACCHS.

Appropriate services
■ Assessment, diagnosis, treatment and care of Aboriginal clients is to be conducted within an holistic and culturally sensitive and appropriate model of care. It is essential to address, through service delivery or referral, the full range of needs of the client.
   The relationship between mental health and health enhancing behaviours is to be considered integral to the mental health assessment and interventions provided to Aboriginal clients.
   Mental health services are responsible for providing a comprehensive assessment to Aboriginal people with mental health and substance use problems and for the delivery of treatment services, coordinated with drug and alcohol and other health services.
■ Distress in Aboriginal people, including despair, anger, grief, loss or trauma, is to be addressed by the provision of culturally sensitive interventions and partnership work with a range of agencies.
■ Data collection, research and service development are subject to the principles of the NSW Aboriginal Health Partnership Agreement 2001. This work should occur under the Partnership Agreement and in partnership with Aboriginal people and under that Agreement.
Policy & Planning Context

This section notes the national and state strategic policy context within which the *NSW Aboriginal Mental Health and Well Being Policy* aligns, and details health and well being issues for Aboriginal people.

**Strategic policy context**

**National**

**Ways Forward**

As a foundation document, *Ways Forward* set the policy agenda for the development of Aboriginal mental health services across Australia. The report identified high levels of unmet need for mental health services in Aboriginal communities and promoted culturally sensitive and appropriate mental health services for Aboriginal people.

**National Mental Health Plan 2003-2008**

This Plan promotes the improvement of partnerships between mental health services and Aboriginal specific health services, rapid access to specialist mental health services for Aboriginal people with a mental illness and inclusion of Aboriginal people in service planning and delivery.

**National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004-2009**

The National Strategic Framework, implemented and monitored through the Australian Health Ministers Advisory Council, takes a cross-jurisdictional, whole-of-government approach to service provision for Aboriginal people, and places a major focus on increased services for children and families, improved coordination between community controlled health services and specialist mental health services, and research based on accurate data.

**NSW Whole-of-Government Approach**

**A New Direction for NSW: The State Plan**

The NSW State Plan provides a framework of priorities for the NSW Government over the coming 10 years. One of these priorities is for improved outcomes in mental health, especially Aboriginal mental health. The Plan recognises the need for a range of community and whole-of-government programs that build on the resilience and capacity of Aboriginal communities.

**A New Direction for NSW: The State Health Plan**

The State Health Plan reflects the health priorities in the NSW State Plan, *A New Direction for NSW* with strategies based on evidence of what works and challenging targets set for the next 5-10 years. The Plan draws on priorities in the Council of Australian Governments' national health reform agenda and also draws on extensive research and consultation with consumers, health professionals and other stakeholders. This Plan will guide the development of the NSW public health system towards 2010 and beyond.
NSW Aboriginal Affairs Plan 2003–2012. Two ways together, Partnerships: A new way of doing business with Aboriginal people

Facilitated at the NSW State Government level, the Two Ways Together initiative is a 10-year plan guiding the coordination of whole of government responses to priority needs of Aboriginal people and communities. Cluster groups, comprising representatives from all relevant government departments, have been formed around the priority areas of health, education, economic development, justice, families and young people, culture and heritage and housing and infrastructure.

NSW Interagency Action Plan for Better Mental Health

This NSW Government Plan recognises that a number of government agencies have key roles to play in responding to the needs of people affected by mental illness and sets out a coordinated approach to managing these needs.

NSW Health

NSW: A new direction for Mental Health

Released in July 2006, this Plan outlines significant investment by the NSW Government over the next five years to reform mental health services to ensure the right care can be provided at the right time. It aims to balance hospital focussed care with community care. It will build stronger links between the public, private and community services, between hospitals and GPs and between the State and Federal Governments. The Plan aims to achieve change through four areas of effort:

- Promotion, prevention and early intervention across the life span
- Improving and integrating the care system
- Participation in the community and employment including accommodation
- Better workforce capacity.

NSW Health Aboriginal Health Impact Statement

An Aboriginal Impact Statement is required to be completed for all major policies, initiatives and programs in NSW Health. This Statement requires that services consider the needs of Aboriginal people when developing major proposals in health.

NSW Health Aboriginal Workforce Development Strategic Plan

This Plan outlines steps to be taken to ensure the cultural awareness training of health staff, the implementation of specific employment practices for the recruitment and support of Aboriginal staff and the development of competency based training for Aboriginal health workers.

NSW Aboriginal Mental Health Policy (1997): achievements

The first Aboriginal Mental Health Policy, released in 1997, established the framework and principles for the development of mental health services for Aboriginal people in NSW. The achievements since the release of this first Policy include:

- Aboriginal representation on mental health committees, working groups and tribunals.
- Over 15 Aboriginal mental health worker positions in ACCHSs recurrently funded and funding available for a further 10 positions from 2007/08 onwards.
- Over 50 Aboriginal mental health worker positions in NSW specialist mental health services.
- School-Link providing specific Aboriginal focussed training for counsellors in schools, TAFE, child and adolescent mental health and drug and alcohol services, Juvenile Justice and Department of Community Services (DoCS).
- Cultural Awareness courses for all mental health workers.
- Aboriginal Mental Health Conference in 1999 and regular Aboriginal mental health workers networking and training forums.
- Participation with the AH&MRC at a national level in developing trial social and emotional well being items for the National Aboriginal and Torres Strait Islander Health Survey 2004-2005.
- Specific Aboriginal Child and Adolescent mental health worker positions.
- The expanded JGOS for people with mental health problems includes the Aboriginal Housing Office and provides guidelines to ensure access to safe and affordable housing to address support needs.
- Training programs established for Aboriginal mental health workers and a strengthened workforce emerging with those training opportunities.
Health and well being: profile of needs

Population

Based on the 2001 Census of Housing and Population, the Australian Bureau of Statistics projected that there were 483,992 Aboriginal people living in Australia at 30 June 2004. On these projections, NSW has the largest Aboriginal population with an estimated 141,533 people.25

In 2001, only 0.6 per cent of the non-Aboriginal population lived in remote or very remote areas compared with 6.3 per cent of the Aboriginal population; 74.5 per cent of the NSW Aboriginal population lived in major cities or inner regional areas, compared with 92.3 per cent of the non-Aboriginal population.26

Compared with the non-Aboriginal population, the Aboriginal population is younger: 39.8 per cent of Aboriginal people in NSW are under 15 years of age compared to 20.0 per cent of the remainder of the population who are under 15 years.27

Aboriginal people are associated with particular culturally defined areas of land or country and may feel alienated outside those areas because they are on the land of other people.

Data

While the information on mental health and some social and emotional well being indicators describe clearly the high levels of need for the Aboriginal population, it is recognised that data collection is still inadequate. Data is unreliable because of poor identification of Aboriginality (including self identification of Aboriginality), inadequately collected data and a significant lack of data. Poor identification can also arise due to the absence of an Aboriginal indicator in data sets.28

Health issues, morbidity and mortality

Recent estimates indicate that Aboriginal people all over Australia have a life expectancy of about 17 years less than that of the whole Australian population30. Until the age of 60 years, the death rate amongst the Aboriginal population is several times the death rate of the rest of the population, with the highest relative death rates occurring among young people.31

The high death rate results in an Aboriginal age distribution with many children, relatively few people of working age supporting those children and very few elderly people, compared to the situation in the rest of the Australian community.

In addition to high death rates among younger people, the Aboriginal community has a very high morbidity rate. Compared with non-Aboriginal people, Aboriginal people in NSW are:

- 1.7 times more likely to be hospitalised for injury and poisoning
- twice as likely to be hospitalised for heart disease and stroke
- 4 to 5 times more likely to be hospitalised for diabetes
- Are 3 to 5 times more likely to be hospitalised for chronic respiratory diseases
- Are 3 times more likely to be hospitalised for acute respiratory diseases.31

Chronic health problems

To assist in addressing chronic health problems among Aboriginal people, the NSW Health Department has developed the NSW Aboriginal Chronic Conditions Area Health Service Standards29, which establishes standards of practice for Area Health Services for the prevention and management of chronic conditions in Aboriginal people.
There are clear indications of high levels of mental health and social and emotional well being need in Aboriginal communities. These indications include:

- A significantly higher level of psychosocial distress among Aboriginal respondents, with estimates of the rate of suicide and self-harm in Aboriginal communities being at least twice the national rates.
- Over three times the unemployment rate for Aboriginal people in NSW.
- Elevated (10 times the age standardised rate for the wider community) rates of incarceration of Aboriginal young people and adults.
- Elevated levels of problematic substance use in Aboriginal communities.
- The high prevalence of grief, loss and trauma in Aboriginal communities.
- 26.1% of the children and young people in out-of-home care in June 2004 were Indigenous, most of whom were in family/kinship care (62.3%).
- Lower levels of school retention and achievement of Aboriginal children.

"Many of our people have a problem with their spiritual or mental health sometime in their lives. Sometimes people lose control over their mind and their spirit, or go womba or narragah as we call it."  

Mental health related hospitalisations

The Australian Institute for Health and Welfare (AIHW) estimates that in 2003-04 there were up to twice as many hospital separations for mental and behavioural disorders for Aboriginal people as for the non-Aboriginal population. In particular, the rate of hospitalisation for Aboriginal people for ‘mental and behavioural disorders due to psychoactive substance use’, was four times the rate for the non-Aboriginal population for Aboriginal males and three times the rate for females.

Suicide

The suicide rate for Aboriginal people is estimated to be significantly above the suicide rate of the rest of the community, particularly among young people.

The NSW Child Death Review Team (2003) examined the deaths of children and adolescents under 18 years of age, over 1996-2000. Deaths due to suicide or risk-taking were combined in one category. In this category, as with total deaths, Aboriginal adolescents were over-represented. 2.8% of NSW adolescents are Aboriginal and 7.5% of the deaths due to suicide and risk-taking were in Aboriginal young people.

Over the period 1999-2003 and compared with the rest of the community, the suicide rate for Aboriginal males less than 35 years old was three times higher and increasing, whilst the rate of suicide for this group in the rest of the community appears to have plateaued and is falling. For females less than 25 years old, the rate was five times higher than for females in the rest of the community. However, for males over 45 years old and for females over 35 years old, the rate is comparable to or less than that of the rest of the community.

National Suicide Prevention Strategy

The National Suicide Prevention Strategy (NSPS) Living is for Everyone (LIFE): A framework for prevention of suicide and self-harm in Australia and the NSW Suicide Prevention Strategy recognise the specific needs of Aboriginal people and acknowledge that suicide is a tragic and complex issue with many contributing factors. Both documents detail strategies to help address this issue.
Perinatal Mental Health

NSW Health is developing perinatal mental health programs to assist Aboriginal children to gain a healthy start in life, reducing the incidence of later mental health problems.

The NSW Health Integrated Perinatal Care initiative is assisting parents through:

- Psychosocial assessment of all pregnant women to identify risk factors for mental health problems
- The universal health home visiting program to provide extra support from midwives, child and family nurses and general practitioners
- Early interventions for families with mental health problems by specialist clinicians.

Findings of the *NSW Aboriginal Perinatal Health Report* (2003) indicate that many Aboriginal women are experiencing poor reproductive health and at-risk pregnancies that can be related to poverty, alienation and social disruption. In 2000 the perinatal mortality rate of 17.9 per 1000 births and the percentage of low birth weight Aboriginal babies of 11.9 per cent were both twice the non-Aboriginal rates.

The Report identifies the preventable risk factors associated with Aboriginal perinatal mortality and morbidity and proposes strategies to improve Aboriginal perinatal health, including perinatal mental health. 48

Due to problems with access and cultural appropriateness this most vulnerable group of women do not seek adequate antenatal care in spite of risk factors including family violence, drug misuse, depression and other mental health problems.

Children and Adolescents

The comprehensive Western Australia Aboriginal Child Health Survey11 estimated that 24% of Aboriginal children aged 4-17 years were at high risk of clinically significant emotional or behavioural difficulties, compared to 15% of children in this age group in the non-Aboriginal population. The NSW Child Health Survey has also detected higher rates of risk for emotional and behavioural problems in Aboriginal children.

Access to Mental Health Care

Child and Adolescent Mental Health Services (CAMHS) and the Department of Community Services (DoCS) are working together to improve access for children and adolescents in out-of-home care, to mental health support. Programs include the Working Together project in Hunter New England, the interagency clinical support role at the Children’s Hospital, Westmead and the Alternate Care Clinic, a Sydney West Area Health Service and DoCS partnership. There will be an increasing focus on Aboriginal young people in these programs.

The Western Australian Survey noted that high proportions (22%) of Aboriginal children were living in families that had experienced multiple life stressors in the previous 12 months. This was the factor most strongly associated with a high risk of clinically significant emotional or behavioural difficulties in children. Children in families where seven or more major life stressors had occurred in the preceding 12 months were 5.5 times more likely to be at a high risk of clinically significant difficulties. Where a primary carer had been forcibly separated from their own natural family, children in their care were 2.3 times more likely to be at a higher risk of clinically significant emotional or behavioural difficulties.
Elevated and increasing rates of Aboriginal incarceration are occurring across Australia. In 2003, the rate of Aboriginal imprisonment in NSW (2,128 per 100,000) was the second highest in Australia and was 17 times higher than the rate of imprisonment of non-Aboriginal people. In the year 2001, one in five Aboriginal men in NSW appeared before a court charged with a criminal offence. For males aged 20-24 this rate increased to 40 per cent.

Aboriginal people are even more significantly over-represented in juvenile custody. Nationally, Aboriginal juveniles comprise about 47 per cent of all juveniles in custody and are about 19 times more likely to be detained than non-Aboriginal juveniles.

The need for early intervention strategies for emerging conduct problems has been highlighted by a recent Queensland study suggesting that the risk of Aboriginal juvenile offenders progressing into the adult correctional system is almost 100 per cent. Young males are primarily being imprisoned in high rates at roughly the time they are starting families, with consequent impacts on family bonding, family support and wage earning capacity. After being arrested, an Aboriginal person’s chances of being employed drops, on average, about 15 per cent. About 20 per cent of Aboriginal children have a parent imprisoned compared with 4.3 per cent in the general community. Children of prisoners are at a high risk of negative health outcomes and an increased risk of offending later in life.

Mental health issues for Aboriginal people who are imprisoned are significant. “Incarceration may be both a risk factor for, and a result of, emotional distress and mental illness. The 1991 Royal Commission into Aboriginal Deaths in Custody found that Aboriginal people who were imprisoned ‘often experience depressive symptoms and unresolved anger which sometimes leads them to attempt or commit suicide whilst in custody’ ...The incarceration of young Aboriginal men and juveniles during their formative years left them ‘permanently alienated from their communities’, so that on release from prison, they were likely to turn to substance abuse and violence.”

Substance misuse, across both Aboriginal and non-Aboriginal populations, frequently occurs with a mental health problem. High levels of substance abuse in...
Aboriginal communities are clearly linked to unresolved social and emotional well being issues. There is a significant risk of Aboriginal people with substance misuse and mental health problems ‘falling between the gaps’ in services.

Access barriers to mental health services

Historically, Aboriginal people have not accessed mental health services at levels appropriate to the needs present in Aboriginal communities. A number of factors have contributed to this low level of service utilisation:

- Despite recent improvements, a general attitude of distrust towards or fear of, health services and government still exists. This is due to past associations of health care provision with the removal of children or with discriminatory treatment and current racism and negative staff attitudes, which affect health care delivery to Aboriginal people. This results in infrequent contact with mental health services and contact is mostly limited to acute episodes of illness. 55, 56, 57 For many Aboriginal people, this contact occurs too late to avert major disruption to the individuals and their families.

- Limited ‘mental health literacy’ and awareness of mental health and social and emotional well being problems in Aboriginal communities, including the early identification of needs.

- Inadequate promotion of mental health services to Aboriginal communities.

- Relatively few Aboriginal people working in mental health services.

- Relatively limited resources available, reflecting the need to further develop Aboriginal mental health services to ensure that people with mental health problems are able to obtain services.

- The relative poverty of people with mental health problems, particularly Aboriginal people, and their carers, affecting their capacity to access available services.

- Inflexible models of service delivery, including the use of inappropriate cultural standards and diagnostic tools, 58 and the location of mental health and related services away from the centres of Aboriginal population centres.

- Inadequate awareness by mental health services of the historical, community and cultural factors related to Aboriginal mental health and well being.

- Many non-Aboriginal mental health clinicians believe that they lack the necessary knowledge and skills to work effectively with Aboriginal young people. 59 This may lead some workers to miss opportunities for early intervention and proactive outreach to Aboriginal people and communities.

Aboriginal Child and Youth Counselling Service: Awabakal AMS and Hunter New England AHS.

Established in 1997 as a partnership the Service enabled: “Aboriginal young people to be directly targeted where previously few referrals had come for young Aboriginal kids. The community wanted counsellors, both male and female, to work directly with young people”. Additional training and support was provided for the Aboriginal counsellors. Mainstream workers were also trained in cultural competence.

“In 2000 a clinical service was started at Awabakal. This helped Aboriginal workers to understand how mainstream staff work. Mainstream staff developed better cultural understanding and competency from working with staff at Awabakal. The team also works with staff from medical, dental, drug and alcohol and sexual health services, and networks with other Aboriginal agencies.” 60

“The dance of life...we can only exist if firmly grounded and supported by the community and our spirituality, whilst always reflecting back on culture in order to hold our head up high to grow and reach forward to the experiences life has waiting for us.” 2
The following section details the actions that will be worked towards by NSW Health over the next 5 years and that seek to address some of the complex mental health and well being issues highlighted above.

This page provides a checklist of a number of key outcomes of those actions that are the direct responsibility of the NSW Health Mental Health Program: Mental Health and Drug & Alcohol Office (MHDAO) and Area Mental Health Services (AMHSs). The checklist is a compilation from the strategies described in detail later in this section. Some AMHSs may choose to work collaboratively with other AMHSs to address population needs.

One: Partnerships - strong working relationships

- Mental health inter-agency programs focusing on Aboriginal people eg JGOS.
- Aboriginal mental health and well being reference groups at State & Area levels.
- Cooperative working agreements in place between AMHSs & ACCHSs.

Two: Accessible and responsive mental health services

- Senior AMHS staff to lead Aboriginal mental health service development.
- Aboriginal Mental Health First Aid courses delivered to communities.
- AMHS clinical protocols detailing priority responses for Aboriginal people.
- Area Aboriginal mental health and well being strategic plans in place.
- Aboriginal people with mental health problems are able to access Aboriginal mental health workers.

Three: Mental health care for all ages – priority target groups

- Child and adolescent and young people’s programs focusing on Aboriginal communities, eg Integrated Perinatal Care, School-Link, and Out-of-Home Care.
- Clinical guidelines/pathways for young people and families implemented.
- Community owned and controlled grief/loss programs supported by MHDAO/AMHSs.
- Guidelines for managing Aboriginal people at risk of suicide in place in AMHSs.
- Service pathways for older people with mental health problems in place in AMHSs.
- Rehabilitation/accommodation support options developed by MHDAO/AMHSs.
- Joint drug and alcohol/mental health training, screening and assessments in place.
- Statewide Aboriginal mental health and well being plans in place for Aboriginal children, families and young people and for the Forensic Mental Health Services.

Four: Expertise and knowledge

- Assessment and outcome measurement tools reviewed for cultural applicability.
- ‘Patient Registration Information Training Program’ implemented by AMHSs.
- Regular forums and networks disseminating information and expertise conducted.
Five: A supported and skilled workforce

- Aboriginal Mental Health Workforce Program in place across AMHSs.
- Ten additional mental health positions in ACCHSs.
- Clear roles for Aboriginal Mental Health Workers (MHWs) in specialist teams established by AMHSs.
- Scholarships and cadetships in mental health professions in place.

Mental health as a key priority in State and Area Aboriginal partnerships

The second level of partnership work is the NSW Aboriginal Health Partnership, where the key forum for planning and implementation of Aboriginal health initiatives is to be inclusive of Aboriginal mental health. Mental health services for Aboriginal people in NSW are to be further developed and delivered in the context of the Partnership at all levels. It needs to be recognised that there are different 'cultures' and language groups and different communities which may have different needs, so the focus on locally developed partnerships will be crucial.

NSW Health is also required to utilise information and Aboriginal community aspirations derived through the Governance Structures in Aboriginal Affairs in New South Wales (discussed in the earlier section Partnerships with Aboriginal communities) in developing and implementing policies, programs and services in mental health.

Strategy One: Partnerships – strong working relationships

The first strategy seeks to further develop formal collaborative work at three levels of intergovernment and community partnerships to enhance overall service planning and delivery to improve the mental health and well being of Aboriginal people.

Everybody’s business – whole-of-government partnerships

The National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003 recognises that “resolving the issues underpinning Aboriginal and Torres Strait Islander health problems is a shared responsibility requiring partnerships between Aboriginal and Torres Strait Islander organisations, individuals and communities, and a number of government agencies across all levels of government. It requires concerted action both across and beyond the health sector to address the complex and inter-related factors that contribute to the causes and persistence of health problems amongst Aboriginal and Torres Strait Islander peoples.”

The NSW Government’s Two Ways Together initiative and the Interagency Action Plan for Better Mental Health are examples of whole-of-government strategies that aim to better coordinate responsibilities and programs for Aboriginal people and for all people with a mental illness in NSW. At the State level the Department of Health, including the Mental Health and Drug & Alcohol Office, will continue to work with other departments and organisations to improve interdepartmental services. At the Area level, the Area Health Service, including the specialist mental health services, will work with other service providers to deliver collaborative programs including General Practitioners (GPs).
### Social and emotional well being: ‘everybody’s business’

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<td>With Department of Housing, the Aboriginal Housing Office and AH&amp;MRC, implement the expanded Joint Guarantee of Service (JGOS) to ensure improved service planning and access to stable housing for Aboriginal people with mental health problems.</td>
<td>MHDAO, AMHSs</td>
<td>Ongoing</td>
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<tr>
<td>With Department of Community Services (DoCS), improve referral and consultation pathways between DoCS (eg Families First program) and CAMHS for Aboriginal parents, children and adolescents with mental health problems.</td>
<td>MHDAO, AHSs - CAMHS</td>
<td>2008</td>
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<tr>
<td>With the Department of Education and Training, and Juvenile Justice and Drug and Alcohol Services, expand School-Link to further incorporate Aboriginal mental health issues within future Statewide School-Link Training courses and within prevention and health promotion programs conducted within schools, TAFEs, and justice services.</td>
<td>Department of Health (DOH)</td>
<td>2008</td>
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<tr>
<td>With the Department of Housing, the Aboriginal Housing Office, and NGOs, further develop the Housing and Accommodation Support Initiative (HASI) to meet the diverse needs of Aboriginal people with mental health problems, their families and community.</td>
<td>MHDAO, AMHSs</td>
<td>2010</td>
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<tr>
<td>With Department of Ageing, Disability and Home Care (DADHC) and non-government organisations (NGOs), establish programs for Aboriginal family and carers of people with a mental illness, eg Koori Yarning</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
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<tr>
<td>Participate in ‘Two ways together: A new way of doing business with Aboriginal people’.</td>
<td>DOH</td>
<td>Ongoing</td>
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<tr>
<td>Ensure that the charters of mental health funded peak NGO bodies (eg Mental Health Coordinating Council) incorporate Aboriginal issues.</td>
<td>MHDAO</td>
<td>2008</td>
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### Mental Health in the NSW Aboriginal Health Partnership

| The NSW Aboriginal Health Partnership, at State and Area levels is to include Aboriginal Mental Health and Well Being as a standing item on its agenda.                                                                                                                                                                                                                                                                                                                                                     | DOH, AHSs        | 2008    |
| Establish an Aboriginal Mental Health and Well Being Reference Group at the State level, reporting to the NSW Mental Health Program Council and the NSW Aboriginal Health Partnership, to support the implementation of the Policy and to report on emerging needs and developments for Aboriginal mental health services.                                                                                                                                   | MHDAO            | 2008    |
| Establish an Aboriginal Mental Health and Well Being Working Group at the Area level, reporting to the Area Mental Health Executive and the Area Aboriginal Health Partnership to address the implementation of strategies under the Policy.                                                                                                                                                                                                                         | AMHSs            | 2008    |
**Strategy Two: Accessible and responsive services**

Increasing specialist mental health service utilisation by Aboriginal people with a mental health problem is a key priority for mental health services. A number of targeted actions will be undertaken to address this issue.

**Leadership**

Area mental health leadership, both clinical and managerial, will ensure the effective development of the NSW Aboriginal mental health program over the next five years and will help promote service utilisation and responsive service provision.

Experience across NSW has indicated that when appropriate mental health clinicians (e.g., psychiatrists, clinical nurse specialists, allied health) are identified, supported and promoted by their AMHSs for their skills and experience in working with Aboriginal people there are significant improvements in the quality of service and the levels of access to these services by Aboriginal people. Continuity of clinicians providing services to Aboriginal people is also a key factor. Clinical leadership needs to be supported by identified senior mental health management staff with responsibility for the development - with the Aboriginal mental health staff - of improved services to be detailed in Area Aboriginal mental health and well being strategic plans.

**Health promotion to reduce stigma, prevention and early intervention**

A greater attention to health promotion activities such as Mental Health First Aid (see Appendix D), can address issues of stigma and access, improve mental health literacy in the Aboriginal community and assist in the early identification and treatment of mental health problems. Making the workplace environment friendlier to Aboriginal people will help address the stigma of attending mental health facilities.
As a point of first contact, the capacity of primary health services such as GPs and primary care health nurses, to address mental health issues needs to be promoted, developed and supported.

Involvement of Aboriginal people in service planning and development

To ensure mental health practice reflects the principles of Aboriginal self-determination, Aboriginal people are to be involved in planning and service delivery at the individual care level and in the wider service development area. In involving Aboriginal people in this way, cultural variations between Aboriginal communities are to be taken into account.

Care should be taken to avoid ‘consultation fatigue’ where individuals or communities, whose time and resources may already be extended caring for their own people, are consulted inappropriately, or without giving adequate feedback. Always give feedback about how information gained through consultation with Aboriginal people has been used and include concrete examples. All consultations are to be well documented and shared, where appropriate and with consent, with other agencies, to avoid duplication and to minimise demands on consultee’s time.

“Government people have asked us what we think before but we never hear anything back about what happened about what we told them. It’s important to give feedback”. 61

Flexible and responsive service provision

The progression of Aboriginal people of all ages into and through specialist mental health services needs to be reviewed in each AHS and clear pathways developed for the transition of Aboriginal people from episodes of acute mental health care into community based treatment. Early intervention and continuity of care are key service elements, as is the development of trust and the importance of direct or ‘word of mouth’ referrals.

Rapid and early access to specialist emergency and acute mental health care is essential for Aboriginal people with a mental illness, their families, carers and communities. Barriers to effective long-term care and mental health rehabilitation need to be addressed. Proactive outreach and assertive care, including home visits, may provide access and support to communities who are otherwise inaccessible.

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<tr>
<td>Identify mental health managers at the level of Area Director or Deputy Director to take direct responsibility</td>
<td>AMHSs</td>
<td>2007</td>
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<td>for the overall development of services and partnerships in Aboriginal mental health and social and emotional well being.</td>
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<tr>
<td>Promote Aboriginal mental health as an area of clinical specialisation and identify and support at least one member of each clinical profession in the mental health services as an Aboriginal mental health specialist.</td>
<td>AMHSs</td>
<td>2008</td>
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<tr>
<td>With local Aboriginal community partners, develop an Area Aboriginal mental health strategic plan to address: partnerships and service coordination, inclusion of Aboriginal people in planning activities, promotion and prevention programs, workforce development and service review processes. (See Appendix A for details)</td>
<td>AMHSs</td>
<td>2008</td>
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## Mental Health and well being proportion in communities

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<td>With Aboriginal consultants and using culturally appropriate media (such as newspapers read within Aboriginal communities), review best practice examples and further develop and distribute pamphlets, fact sheets and other related resources promoting Aboriginal mental health and social and emotional well being.</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
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<tr>
<td>Develop strategies that sustain mental health and well being.</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
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<tr>
<td>Promote an understanding of Aboriginal mental health and well being issues in the communities and in the use of mental health services through Mental Health First Aid training.</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
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<tr>
<td>Encourage a greater understanding of mental health issues for Aboriginal people among primary health services with a focus on GPs and primary care staff (eg diabetes nurses) through partnership arrangements and training so that they can better advise community members and liaise with specialist mental health services.</td>
<td>AMHSs</td>
<td>2007</td>
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<tr>
<td>Facilitate a friendlier Aboriginal environment in mental health facilities, including the psychiatric emergency centres, acute and non acute inpatient units and community centres. Work with the local community to address this issue.</td>
<td>AMHSs</td>
<td>2007</td>
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## Involvement of Aboriginal people in service planning and delivery

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<tr>
<td>Aboriginal people with mental health problems, their families and carers are to be offered access to Aboriginal MHWs or, where unavailable, other Aboriginal health staff. With agreement from the consumer, Aboriginal MHWs are to be involved at critical points of care such as initial assessment, crisis response, and in admission and discharge from inpatient units.</td>
<td>AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure consultation with, and/or representation of, Aboriginal consumers, family and community members on State and Area mental health working groups.</td>
<td>MHDAO, AMHSs</td>
<td>Ongoing</td>
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<tr>
<td>With the Guardianship Tribunal and the Mental Health Review Tribunal, ensure that Aboriginal people being considered by those Tribunals are aware of their rights for advocacy and support, with access to Aboriginal MHWs if possible and if requested.</td>
<td>AMHSs</td>
<td>Ongoing</td>
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## Flexible and responsive service provision

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<tr>
<td>Review service accessibility for Aboriginal people, into and between stages of care and develop guidelines for the management of priority presentations of Aboriginal clients - emergency assessment, treatment options and referral pathways.</td>
<td>AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>Review in consultation with local Aboriginal partnerships, the needs of Aboriginal clients and identify culturally appropriate local resources and services for inclusion in the care plans of Aboriginal clients.</td>
<td>AMHSs</td>
<td>2008</td>
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<tr>
<td>Increase the early outreach component of community mental health services to Aboriginal people with a mental illness, either provided by AMHSs directly or through partnerships with ACCHSs and other NGOs.</td>
<td>AMHSs</td>
<td>2008</td>
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<tr>
<td>As part of the NSW Health Framework for Rehabilitation for Mental Health, identify, develop, and implement rehabilitation options for Aboriginal people with a mental illness.</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
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<tr>
<td>As part of the NSW Health Framework for Accommodation Support for People with Mental Health Problems, identify, develop, and implement accommodation support options for Aboriginal people with a mental illness.</td>
<td>MHDAO, AMHSs</td>
<td>2010</td>
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Strategy Three: Mental health care for all ages – priority groups

Area Mental Health Services working with local communities will provide the full range of culturally sensitive and appropriate specialist mental health services for children, young people, families, adults and older people. These are to encompass prevention and early intervention programs, emergency and acute care and community care. Holistic health care needs to be a focus of all clinical work. Forensic mental health services will develop specific services for young people and adults.

Holistic service delivery

As stated earlier in the document, physical health, mental health and cultural and spiritual health are intrinsically linked for Aboriginal people. It is difficult to consider anxiety/depression/disruptive behaviour problems when a child has otitis media, asthma etc. For some adults, it is important to consider diabetes and associated depression and links with heart problems and anxiety.

The Plan focuses on the provision of services operating in an holistic manner in recognition of the cultural beliefs and the reality of the intertwined nature of the health requirements of Aboriginal people.

Children, young people and families

Breaking the cycle of inter-generational transmission

School-Link

The Statewide School-Link Training program for counselors in schools, TAFEs and mental health, drug and alcohol and Juvenile Justice Services focuses on depression and related disorders in adolescents. Advanced modules on Diversity, including mental distress and wellbeing in Aboriginal young people, and on coexisting mental disorder and substance use problems, are being delivered to more than 2,000 staff across NSW. The modules explore resilience factors and strengths; outline the difficulties faced by Aboriginal young people and assist participants to learn ways of working that are culturally sensitive and culturally respectful.

The social and emotional well being of Aboriginal men and women

New approaches to the promotion and enhancement of individual and community well being and safety are required in Aboriginal communities, with a specific focus on suicide prevention. These will entail community development activities that promote and build upon the strengths of Aboriginal people, utilise cultural concepts to enhance motivation for change, and re-establish community sources of authority. Community owned and controlled programs are to be supported by AMHSs as a vital building block upon which culturally informed evidence-based programs can be implemented. Services may need to be provided separately for men and women.

‘Connections’ Aboriginal Women’s Art Therapy Group

‘Connections’ is a partnership between AMS Redfern and South Eastern Sydney Illawarra AHS. It provides education with art therapy so women learn new ways to cope with their mental health problems. Aboriginal mental health workers and an Aboriginal artist/teacher assist this group to achieve many successful outcomes.
Elders and older people

Recognised and respected Aboriginal Elders, having been trained in the history and lore of their people, hold a unique status of respect and leadership within Aboriginal families and communities. These Elders are custodians of traditional knowledge and have a duty to pass their knowledge on to a successor – a duty that may be difficult in a community with high death rates and other signs of community distress.

The burden of grief, loss and trauma in Aboriginal people falls unequally on older people, including older Elders, who are often members of the stolen generation.

Aboriginal older people are frequently carers for the extended family and experience high rates of ill-health and early death compared to the general community.

Mental health services for Aboriginal communities must recognise the roles of older people. They must recognise both the heavy load that leadership and other roles can impose, and the importance of engagement with Elders to improve relationships with Aboriginal communities.

Substance misuse and co-occurring needs

The linkages between substance abuse and mental health problems requires drug and alcohol and mental health services to be closely linked through clear referral pathways, joint care planning and service delivery, and staff liaison and training.

NSW Service Plan for Specialist Mental Health Services for Older People

This Plan addresses the mental health and well being needs of older Aboriginal people. Strategies include:

- Training mental health staff in culturally appropriate assessment and treatment
- Training primary health care workers working with older Aboriginal people to improve earlier detection and treatment of mental health problems, and creating professional development and support structures for these workers.

NSW Service Plan for Specialist Mental Health Services for Older People

This Plan addresses the mental health and well being needs of older Aboriginal people. Strategies include:

- Training mental health staff in culturally appropriate assessment and treatment
- Training primary health care workers working with older Aboriginal people to improve earlier detection and treatment of mental health problems, and creating professional development and support structures for these workers.

Integrating the holistic approach into health service delivery

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<td>Ensure the holistic model of Aboriginal health is considered in the development of all NSW Health policies, strategies and service plans in order to identify and address the mental, physical, social and spiritual health needs of Aboriginal people.</td>
<td>DOH, AHSs</td>
<td>Ongoing</td>
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<td>Provide screening and mental health consultation and liaison for the assessment and treatment of co-occurring mental disorders and physical illness.</td>
<td>MHDAO, AMHSs</td>
<td>Ongoing</td>
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<tr>
<td>Ensure mandatory training for direct care health staff in Aboriginal health and cultural issues, to include holistic assessment and culturally sensitive treatment responses.</td>
<td>AHSs</td>
<td>2008</td>
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### Children, adolescents, young people and families

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| Work with other departments and agencies to develop and implement mental health promotion, prevention and early intervention programs for Aboriginal children and their families. Program examples are:  
- Integrated Perinatal Care  
- Children’s Mind Matters program  
- Parenting and identity programs  
- Out-of-home care programs  
- Life skills programs such as problem solving, Mental Health First Aid, and family support. | MHDAO, AMHSs CAMHS | 2008          |
| Continue to develop the competencies of partner agencies and services in working with Aboriginal young people with mental health issues and with co-existing mental disorders and substance use problems through the School-Link Training Program.                                                                                                                                       | MHDAO, AMHSs CAMHS | Ongoing       |
| Review and implement or further develop mental health clinical guidelines, culturally sensitive and appropriate mental health assessment and intervention protocols and service pathways for Aboriginal young people and their families.                                                                                                                | MHDAO, AMHSs CAMHS | 2008          |
| Ensure appropriate training and traineeships (see Workforce Strategy).                                                                                                                                                                                                                                                                                                                                                         | MHDAO, AMHSs | 2006          |
| Establish a child and adolescent community forensic mental health clinic.                                                                                                                                                                                                                                                                                                                                                  | MHDAO, FMHS  | 2006          |
| Under the NSW Health Family and Carer Mental Health Program involve families and carers of Aboriginal people with mental health problems, where appropriate, in the processes of care, treatment, and across stages of care. This includes the:  
- provision of clear explanations of diagnosis and treatment options  
- education regarding symptoms and treatment  
- participation in family conferences and involvement in important decisions related to their family member  
- support programs to assist with caring for a family member  
- programs for children of Aboriginal families affected by mental illness. | MHDAO, AMHSs | 2008 and Ongoing |
### Social and emotional well being of Aboriginal men and woman

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
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<tbody>
<tr>
<td>With other relevant agencies, further develop support programs for</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>Aboriginal men and women including community owned and controlled anger</td>
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<tr>
<td>management and grief and loss programs and empowerment programs (eg</td>
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<tr>
<td>programs that focus on the enhancement of parenting skills for</td>
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<tr>
<td>Aboriginal fathers during the perinatal period).</td>
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<tr>
<td>Provide access to a choice of male or female Aboriginal mental health</td>
<td>AMHSs</td>
<td>Ongoing</td>
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<tr>
<td>workers if appropriate and possible.</td>
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<tr>
<td>In line with the NSW Suicide Prevention Strategy ensure local</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>development and use of clear guidelines for the management of</td>
<td></td>
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<tr>
<td>Aboriginal people at risk of suicide covering police and family</td>
<td></td>
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<tr>
<td>liaison and the identification of specialised supports for high risk</td>
<td></td>
<td></td>
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<tr>
<td>individuals.</td>
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</tr>
<tr>
<td>Build on current funding initiatives to further develop mental health</td>
<td>DOH, MHS</td>
<td>2006</td>
</tr>
<tr>
<td>support arrangements and diversion programs for courts (especially</td>
<td></td>
<td></td>
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<tr>
<td>those with high turnovers of Aboriginal people) and for community</td>
<td></td>
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<tr>
<td>justice initiatives (eg Circle Sentencing).</td>
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<tr>
<td>Work with the Department of Corrective Services, especially the</td>
<td>DOH, AHSs, FMHS</td>
<td>2006</td>
</tr>
<tr>
<td>Probation and Parole Service, to develop and implement best practice</td>
<td></td>
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<tr>
<td>protocols and support structures (eg partnerships with parole services)</td>
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<tr>
<td>for Aboriginal offenders on their release from custody, and their</td>
<td></td>
<td></td>
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<tr>
<td>families.</td>
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<tr>
<td>Develop and implement a Forensic Mental Health plan for Aboriginal</td>
<td>FMHS</td>
<td>2008</td>
</tr>
<tr>
<td>people.</td>
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</table>

### Elders and older people

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<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
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<tbody>
<tr>
<td>With other agencies, support community owned and controlled grief and</td>
<td>DOH, AHSs</td>
<td>2008</td>
</tr>
<tr>
<td>loss programs in each Area with a particular focus on the needs of</td>
<td></td>
<td></td>
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<tr>
<td>members of the Stolen Generation.</td>
<td></td>
<td></td>
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<tr>
<td>Within the context of health service planning for older people,</td>
<td>DOH, AHSs</td>
<td>2008</td>
</tr>
<tr>
<td>recognise possible early onset of dementia and age-related mental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health needs for older Aboriginal people and the support and respite</td>
<td></td>
<td></td>
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<tr>
<td>needs of family and carers.</td>
<td></td>
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<tr>
<td>Facilitate the involvement of, and respect for, the role of Aboriginal</td>
<td>MHDAO AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Elders as leaders in their communities in the planning and delivery of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mental health service.</td>
<td></td>
<td></td>
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<tr>
<td>Establish coordinated service delivery between AMHSs and aged care</td>
<td>MHDAO AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>services working in Aboriginal communities for older Aboriginal</td>
<td></td>
<td></td>
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<tr>
<td>people with mental health needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement service pathways for older Aboriginal people that ensure</td>
<td>MHDAO, AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>the provision of culturally sensitive and appropriate supports and an</td>
<td></td>
<td></td>
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<tr>
<td>increased level of outreach support services.</td>
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</tr>
</tbody>
</table>
"... and most importantly we need vision and dreams." 63

Strategy Four: Increased expertise and knowledge

It is recognised that a more comprehensive range of information and data is required to progress more effective service delivery for the mental health and well being of Aboriginal people. Collection, collation and dissemination of this information needs to be in accordance with culturally sensitive principles and ethical practices. 64

The National Aboriginal Community Controlled Health Organisation and the partnership between the AH&MRC and MHDAO worked with the Australian Bureau of statistics in 2004 to finalise a range of Social and emotional well being and mental health questions for the 2004 Indigenous Health survey. Results of the survey have now been reported in 2006.65

A partnership project between AH&MRC and MHDAO has been funded to review and develop culturally specific assessment tools and outcome measures for Aboriginal people who are experiencing a mental illness. This will help to provide more appropriate mental health care to the Indigenous community.

Improved data and evaluation will help drive service reform and workforce development by:

- identifying levels of need and risk factors
- assisting planning and delivery of more accessible and focussed service options
- enabling efficient future funding allocations and accountability
- improving consumer outcomes.64

This strategy will promote improved recording of Aboriginality in mental health services, promotion of evaluation and review of the effectiveness of mental health assessments and interventions for Aboriginal people and the establishment of forums and mechanisms for the consolidation and dissemination of knowledge and expertise in Aboriginal mental health and social and emotional well being. The considerable existing expertise in Aboriginal mental health and well being among NSW Aboriginal mental health workers (AMHWs) and non-Aboriginal clinicians needs to be documented and disseminated.
Strategy Five: A supported and skilled workforce

The foundation of an expert and experienced Aboriginal mental health workforce has been built in NSW over the last ten years. This Strategy aims to further develop the Aboriginal mental health workforce as health professionals and increase the education, retention and representation of Aboriginal people in specialist and primary mental health service delivery.

Over 60 Aboriginal mental health workers in the AHSs are employed in the specialist Mental Health Service program and work alongside the range of specialist mental health professionals. Training and education is ensured by the AMHSs and monitored by the Area Director of the Mental Health Service.

The Aboriginal mental health workers are valued for their specialist expertise and cultural competency. It is recognised that their role is a challenging one. There is a “complexity of ties within the community, professional boundaries and kinships.”66

The Area Managers Aboriginal Health (AMAH) in AHSs ensure Aboriginal mental health workers are supported, kept up-to-date on generic health and workforce information, and included as part of planning and consultative working groups where their expertise is utilised in the development of health programs for Aboriginal people.

Aboriginal Medical Services: Statewide Mental Health Coordinator

Over the next three years, the new Statewide coordinator for Aboriginal mental health will work with the MHDAO on improving mental health services in ACCHSs and research into the social and emotional well being of Aboriginal people in NSW.

The MHDAO funds 15 Aboriginal mental health worker positions in ACCHSs and this number will be increased over the next two years. These positions work in partnership with their local Mental Health Services. Reporting on the positions is through the Chief Executive of the particular ACCHS to NSW Health; the positions and their role are developed and reviewed with the Chief Executive through performance agreements with the MHDAO.
NSW Health is committed to developing strategies to increase the representation of Aboriginal people in the established mental health professions. Increasing these numbers will require cooperative actions on behalf of professional registration boards, professional associations, universities, employers and funding bodies.

The Aboriginal Workforce Development Strategy commits NSW Health to a competency-based approach to the development and recognition of the skills and experience of Aboriginal people. These competencies are to be established as an alternative to the achievement of tertiary qualifications in Aboriginal mental health or closely related fields at the Diploma or Degree level. Aboriginal mental health workers will also be encouraged to obtain recognisable qualifications that are transportable into general mainstream services, such as social work, nursing, psychology, or occupational therapy and other clinical areas.

The qualifications of Aboriginal mental health workers are to be matched to the type of work that is required of the employee. This will require that:

- Aboriginal MHWs employed in clinical roles and settings are to be employed on the basis of their possession of, or willingness to work towards, recognised qualifications or competencies in Aboriginal mental health or counselling.
- Aboriginal MHWs employed in community development and engagement roles are to be employed on the basis of their ability to engage with the community, to promote mental health and to provide leadership in communities for Aboriginal mental health initiatives.
- People employed as Aboriginal MHWs prior to 2005 are considered to be appropriately qualified Aboriginal MHWs but still eligible for suitable further training and education.

The NSW Aboriginal Mental Health Workforce Program (see below) funded from 2006 by the NSW Government, will expand positions for Aboriginal people in specialist mental health services through a supported training and mentorship program.

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
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</thead>
<tbody>
<tr>
<td>Expand the Aboriginal mental health workforce in AMHSs until there is one Aboriginal MHW for every 1000 Aboriginal people.</td>
<td>MHDAO, AMHSs</td>
<td>2010</td>
</tr>
<tr>
<td>Implement the NSW Aboriginal Workforce Development Strategic Plan and related strategies in all AMHSs.</td>
<td>DOH, AHSs</td>
<td>2010</td>
</tr>
<tr>
<td>Promote all Aboriginal MHW positions in NSW Health as Aboriginal identified positions, where possible, while ensuring this is in line with merit based selection criteria.</td>
<td>AHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Provide clearly defined roles for Aboriginal MHWs within specialist mental health teams.</td>
<td>AMHSs</td>
<td>2006</td>
</tr>
<tr>
<td>Conduct regular service-based reviews of the professional development and utilisation of Aboriginal MHWs.</td>
<td>AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Develop further positions, recruitment, training and support of Aboriginal Child and Adolescent MHWs in AMHSs and ACCHSs through CAMHS.</td>
<td>MHDAO, AMHSs</td>
<td>2010</td>
</tr>
<tr>
<td>When funding becomes available, expand specialist capacities in the Aboriginal mental health workforce, especially in all priority areas such as child and adolescent mental health, grief and loss, justice health, and co-morbidity.</td>
<td>MHDAO, AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Consider development of cadetships and scholarships with local education and health services and local Land Councils to encourage Aboriginal communities to see Mental Health Services as a viable option for employment. This consideration may need to include consulting with education providers and the local Aboriginal communities.</td>
<td>AHS</td>
<td>2007</td>
</tr>
<tr>
<td>Provide an additional ten Aboriginal mental health workers in ACCHSs.</td>
<td>MHDAO</td>
<td>2007</td>
</tr>
</tbody>
</table>
### Training, supervision, mentoring and support

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the successful elements of the Far West Aboriginal Workforce Development Project (see over) into the NSW Aboriginal Mental Health Workforce Program across a number of priority rural and metropolitan AMHSs in NSW.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Employ local Aboriginal people as permanent employees to train as Mental Health Workers.</td>
<td>MHDAO, AMHSs</td>
<td>2006 - 2010</td>
</tr>
<tr>
<td>■ Establish a coordinating and monitoring element through the MHDAO and the Centre for Rural and Remote Mental Health at Orange.</td>
<td>MHDAO, AHSs, AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>■ Coordinate work and study in the Program with a system of peer support, supervision and mentoring.</td>
<td>AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>At completion, the trainees will become fully qualified Aboriginal Mental Health professionals, working as part of a mainstream Area Mental Health Service.</td>
<td></td>
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</tr>
<tr>
<td>With CAMHS and universities ensure appropriate access to a recognised training and education program for Aboriginal Child and Adolescent MHWs that is individualised, and that encourages progression into university degree courses (See over).</td>
<td>MHDAO, AMHSs</td>
<td>2006 - 2010</td>
</tr>
<tr>
<td>Ensure Aboriginal MHWs have access not only to ongoing clinical training (e.g., in the fields of child and adolescent or drug and alcohol work) but also training in problem solving, negotiation skills, and in management and leadership, and access to supervision and post training support.</td>
<td>AHSs, AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Develop cooperative training processes, staff rotations and education programs between Area Mental Health Services and ACCHSs for Aboriginal MHWs.</td>
<td>AMHSs</td>
<td>2008</td>
</tr>
<tr>
<td>Further develop with Aboriginal partner organisations a NSW network of Aboriginal mental health staff through information dissemination, email network, the provision of training opportunities and regular Aboriginal Mental Health Worker Forums.</td>
<td>MHDAO, AMHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support the commitment and skills of non-Aboriginal mental health and primary health staff working with Aboriginal people with mental health problems through increased access to training and improved recognition of their work.</td>
<td>MHDAO, AHSs, AMHSs</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Aboriginal mental health worker qualifications and competencies

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote and support the further development of Diploma and Degree courses in Aboriginal mental health, counselling or other closely related fields.</td>
<td>DOH, AHSs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Establish scholarships and cadetships for Aboriginal people in the mental health professions, e.g., mental health nursing, and ensure a strong mentoring component.</td>
<td>DOH, AHSs</td>
<td>2006</td>
</tr>
<tr>
<td>Promote the mental health professions in Aboriginal communities, schools and other relevant forums.</td>
<td>DOH, AHSs</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
## The Far West Aboriginal Mental Health Workforce Development Program

### Development:

The program was developed by the former Far West Area Health Service – now the Greater Western AHS - in consultation with Aboriginal mental health workers, senior management, Charles Sturt University, Far West Aboriginal Employment Development Office, local Aboriginal ACCHSs and the MHDAO.

### Program:

Local Aboriginal people, as permanent employees, train as mental health workers in partnership with Charles Sturt University toward a degree in Mental Health. The program coordinates work and study, with a system of peer support, supervision and mentoring. Graduates are fully qualified Aboriginal mental health professionals in the mainstream AMHSs.

### Outcomes

- The local AMHS is more accessible and friendly to Aboriginal people
- Enhanced capacity to respond to community social and emotional well being
- Qualified MHWs are more likely to stay and work in the area
- The workers provide training and briefing on cultural issues to Mental Health Teams
- Aboriginal people in 2006 now comprise 28 per cent of the Mental Health workforce.

### Child and Family Traineeships

MH Kids and the Greater Western on AHS are supporting the establishment of three traineeships for Aboriginal Child and Family Mental Health Workers, based at Bourke (one) and Broken Hill (one with the Maari Ma Health Aboriginal Corporation, one with the AHS Child and Family Service). The trainees:

- Are provided with supported work placements to obtain Child and Family Mental Health experience while completing a Bachelor Degree in Health Science (Mental Health) course at Charles Sturt University
- Are supervised and mentored over three years
- Are provided with opportunities for other study and progression to a permanent position
- Receive Abstudy support for travel and accommodation.

A similar scheme, the Aboriginal Child and Adolescent Traineeship Program, is operated by the Child and Adolescent Medicine Outreach Service (CAPTOS) of the Department of Psychological Medicine at The Children’s Hospital at Westmead, in partnership with Hunter New England Child and Adolescent Mental Health at Tamworth. CAPTOS collaborates with the Greater Western AHS to achieve greater consistency across their Aboriginal workforce development programs.

From 2006 the NSW Government will fund the Aboriginal Mental Health Workforce Program across NSW. It is expected that the best features of these workforce development schemes will be further improved through collaboration between AHSs in developing this Program.
Implementation, evaluation and review of the Policy

Recognising that each AHS has unique population demographics, strengths and issues, the AMHSs, in conjunction with the MHDAO, will establish an implementation and evaluation strategy within twelve months of the commencement of the Policy that addresses how each AHS will meet the requirements of the Policy. This process will offer a communication strategy to each AHS that will involve local information forums supported by the MHDAO to review each AHSs particular needs and issues and to disseminate the key elements of the Policy to appropriate stakeholders.

Implementation will also focus on clear process measures such as those summarised in the Checklist on pages 14-15 and address each of the five strategies:

- Partnerships - strong working relationships
- Accessible and responsive mental health services
- Mental health care for all ages - priority target groups
- Increased expertise and knowledge
- A supported and skilled workforce.

AHSs will need to ensure that the requirements of the Policy are adhered to through their inclusion in their Health Service Performance Agreements.

The State level Aboriginal Mental Health and Well Being Reference Group will be established by the MHDAO and report to the NSW Mental Health Program Council. It will review all aspects of the Policy’s operation to ensure that the strategies and actions outlined in this Policy are:

- appropriate and localised for each Area
- are being implemented in a timely and appropriate manner
- any further development work is well planned and supported.

The Reference Group will include representatives of the Aboriginal Health and Medical Research Council, Area mental health service directors, ACCHSs, Aboriginal mental health workers, Area Managers of Aboriginal Health, MHDAO, Centre for Aboriginal Health and other key stakeholders such as GPs.

This Reference Group will:

- develop an interim report on the first two years of the operation of the Policy
- advise on any improvements on evaluation and program development processes.

The Reference Group will also then:

- report on the five years of operation of the Policy
- advise on the further development of a new policy after that time.

A process of evaluation and review will be developed to assess the effectiveness of the Policy in improving service delivery. The purpose of the evaluation and review process is to improve learning by all stakeholders, especially the AMHSs and the MHDAO, so that service delivery improves. Where possible, the evaluation and review will be based on available information and standard processes. However, it is recognised that information relating to Aboriginal mental health is not extensive and that approximations and estimates may be necessary.

The number of items under each strategy in the Policy and the relative difficulty in obtaining accurate data could result in an overwhelming task for each AHS. This is not the intention. An evaluation using a small number of key performance indicators that can be readily used supported by textual descriptions of general performance against the Policy needs to be developed.
Appendix A

Matters to be addressed in Area Aboriginal Mental Health Strategic Plans

Each AHS strategic planning process is to consider the following matters:

Partnerships and service coordination
- The development of cooperative agreements and service protocols with local ACCHSs.
- The development of interagency and clinical partnerships to ensure coordinated responses for Aboriginal people with a mental illness of all ages - eg General Practitioners, and Aboriginal Drug and Alcohol/Mental Health Network for close coordination of services for Aboriginal people with a dual diagnosis.

Inclusion in decision making
- The inclusion of Aboriginal people and Aboriginal staff in mental health policy and decision making forums.

Promotion and prevention
- A strategic approach to the development and evaluation of targeted mental health and well being initiatives and programs.
- The development of Area based guidelines for an Aboriginal suicide prevention strategy.
- A strategic approach to the promotion of Aboriginal mental health and well being issues across health services, non-health service providers and the Aboriginal community.
- Work with other departments, through initiatives such as School-Link, to coordinate interagency approaches to promotion and prevention.

Workforce development
- Implementation strategies for the Aboriginal Workforce Development Strategy and the NSW Health Aboriginal Health Impact Statement.
- Strategies for the recruitment, training and retention of Aboriginal MHWs in both ACCHSs and AMHSs.
- The training of non-Aboriginal clinical mental health professionals in culturally appropriate ways of working with Aboriginal people, Aboriginal staff and Aboriginal service providers.
- The identification, training and promotion of selected mental health professionals from all disciplines as specialists in the area of Aboriginal mental health and well being.
- Aboriginal cultural and mental health competency training for all direct care health staff.
- Support for staff working with children and adolescents to attend key interagency training programs in Aboriginal mental health and social and emotional well being, eg the Statewide School-Link Training Program.

Review and evaluation
- The processes to be undertaken, with clear time frames, to review the outcomes of the Policy, and assist in its evaluation.
Appendix B

Roles of significant stakeholders

The usual contractual relationship between the Area Health Services, Area Mental Health Services, Aboriginal communities, other service providers and Aboriginal Community Controlled Health Services is shown diagrammatically below.

**Area Health Services**
- Services to all people
- Partnerships with many service providers
- A very wide range of services, including for mental health

**Other Service and Primary Care**
Providers - Examples: General Practitioners, NSW Police, NSW Departments of: Education and Training; Community Services; and Juvenile Justice.

**Area Mental Health Services**
- Deliver specialist mental health assessment and care, across both community and inpatient settings and in partnership with other service providers to all ages
- Provide mental health promotion, prevention and early intervention services
- Provide emergency and acute services
- Provide rehabilitation services promoting recovery and reducing disability
- All mental health services:
  - Encourage consumer, family and carer participation
  - Provide culturally appropriate services to specific groups, particularly Aboriginal people and those in rural and remote areas
  - Include adult and adolescent forensic mental health services
  - Support workforce development and research, monitoring and evaluation

**Aboriginal Community Controlled Health Services**
- Controlled and run by the local Aboriginal community for itself.
- Provides local, holistic, comprehensive, and culturally appropriate, primary health care to Aboriginal people.
- Services provided for community needs - may include, eg child and family, aged care, social and emotional support, mental health specialities, a general medical practice/or medical clinic, dental, nurse/nursing, and hearing, ear, mouth, eye, sight, diabetes and, heart/vascular, child and family, and social and emotional support services, supported by visiting specialists.
- Provides many services also provided by AMHSs, however, they depend on the AMHS or other service providers to provide services for people who are seriously unwell since it is not equipped or funded to provide these services alone.
- In some circumstances, ACCHSs may provide specialist services to an AHS.

**Aboriginal Communities**
The Policy addresses the work of the NSW Health specialist mental health services. The Framework covers broader areas of responsibility and broader issues. Briefly summarised below are the areas addressed by the Policy and the corresponding sections of the Framework. Some areas of the Framework are covered by the Policy as a whole, eg Framework Key Result Area 1.2 (dealing with the recognition and promotion of holistic health and healing).

<table>
<thead>
<tr>
<th>Policy Strategies – Key Result Areas</th>
<th>Framework - Key Result Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1</strong></td>
<td>4.1 Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being.</td>
</tr>
<tr>
<td>Partnerships - strong working relationships</td>
<td>4.2 Improving coordination, planning and monitoring mechanisms.</td>
</tr>
<tr>
<td><strong>Strategy 2</strong></td>
<td>3.1 Facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>Accessible and responsive mental health services</td>
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<tr>
<td><strong>Strategy 3</strong></td>
<td>1.1 Strengthening families to raise healthy, resilient infants, children and young people.</td>
</tr>
<tr>
<td>Mental health care for all ages - priority target groups</td>
<td>1.3 Responding to grief, loss, trauma and anger.</td>
</tr>
<tr>
<td><strong>Strategy 4</strong></td>
<td>4.2 Improving coordination, planning and monitoring mechanisms.</td>
</tr>
<tr>
<td>Expertise and knowledge</td>
<td>5.1 Developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional well being and that underpin improved service delivery.</td>
</tr>
<tr>
<td><strong>Strategy 5</strong></td>
<td>2.1 Building a skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector.</td>
</tr>
<tr>
<td>A supported and skilled workforce</td>
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NSW Aboriginal Mental Health and Well Being Policy 2006 – 2010 PAGE 33
Aboriginal Mental Health First Aid (MHFA)

The MHFA Program was originally established by Mental Health and Drug & Alcohol Office research at the Australian National University and the world’s first MHFA course was run in Australia in 2000. The Program encompasses MHFA courses and associated training and trainer’s registration courses (see below) as well as ongoing research and development. The general MHFA course is 12 hours in length and is usually run over four weekly sessions. At the end of the course, participants receive a MHFA certificate. Since April 2005, the MHFA Program has been auspiced by the ORYGEN Research Centre, Department of Psychiatry at the University of Melbourne.

The MHFA course teaches the symptoms, causes and evidenced-based treatments for the common mental health problems of depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and the steps to help. The crisis situations include a person who is feeling suicidal; a person having a panic attack; a person who has had a recent traumatic experience; a person who is acutely psychotic and perceived to be threatening violence; and a person who has overdosed.

Although crises are dramatic consequences of mental health problems, it is better to intervene early before such crises develop. Therefore the emphasis of the MHFA course is on the need for early intervention for mental disorders as they are developing. Just as conventional first aid courses teach a series of steps under the acronym DRABC, mental health first-aiders are taught to use ALGEE:

1. **Assess Risk of Suicide or Harm**
2. **Listen Non-judgmentally**
3. **Give Reassurance and Information**
4. **Encourage Person to Get Appropriate Professional Help**
5. **Encourage Self-Help Strategies.**

Information on MHFA is available on the web site (http://www.mhfa.com.au/) which is very easy to navigate. Basic mental health first aid information is available, along with information about the 12-hr MHFA course and the 5-day MHFA Instructor Training Course. Instructors are able to advertise the courses they are conducting. The MHFA Manual is available to be downloaded freely as a PDF file.

In line with the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2004 - 2009 (Action Area 1.2.2: Increase the levels of mental health awareness within Aboriginal and Torres Strait Islander communities to reduce stigma), the Aboriginal MHFA Program is being developed to be used across Australia.

The overall aim of the Program includes the development of a culturally sensitive mental health literacy course and associated multi-media materials, the development of accredited Aboriginal and Torres Strait Islander MHFA Instructors, and face-to-face training in mental health literacy for Aboriginal and Torres Strait Islander communities. This process involves ongoing evaluation throughout all stages of the Program. This built-in evaluation process adds to the value of this proposed intervention, due to limited information on effective mental health interventions in Aboriginal and Torres Strait Islander communities. The aim is to develop these interventions under a staged model to full implementation by 2007 – 08.
### Definitions and Abbreviations

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<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Services</td>
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<tr>
<td>AH&amp;MRC</td>
<td>Aboriginal Health and Medical Research Council</td>
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<tr>
<td>AHS</td>
<td>Area Health Service</td>
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<tr>
<td>AMHS</td>
<td>Area Mental Health Service</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<tr>
<td>DADHC</td>
<td>Department of Ageing, Disability and Home Care</td>
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<td>DoCS</td>
<td>NSW Department of Community Services</td>
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<td>DOH</td>
<td>NSW Department of Health</td>
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<td>HASI</td>
<td>Housing and Accommodation Support Initiative</td>
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<td>JGOS</td>
<td>NSW Joint Guarantee of Service for people with Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing</td>
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<td>MHDAO</td>
<td>Mental Health and Drug &amp; Alcohol Office, NSW Health</td>
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<td>MHS</td>
<td>Mental Health Service</td>
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<td>MHW</td>
<td>Mental Health Worker</td>
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<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>NGOs</td>
<td>Non-Government Organisations</td>
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<tr>
<td>PH&amp;CP</td>
<td>Primary Health and Community Partnerships Branch, NSW Department of Health</td>
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Organisation Incorporated and the Victorian Mental Health Branch.


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65 Australian Bureau of Statistics (2204/05)


