**NSW Aboriginal MHWB workforce programs & the Mental Health and Drug and Alcohol Office**

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**Speech given at Aboriginal Mental Health and Wellbeing Workforce Forum, 6 March 2014, Coffs Harbour.**

I would like to acknowledge the traditional owners of the land on which we meet, the Gumbainggirr people, and also to pay my respects to Elders here today and to all Elders past and present.

Thanks to Mid North Coast LHD for hosting the Forum, and the Aboriginal Health and Medical Research Council Workforce Support Unit for help in bringing the Government and Non-government sectors together.

I understand this is the 10th forum held since 2002 and it appears to have been one of the biggest, a positive reflection on the growing Aboriginal workforce, and a great professional development and networking opportunity.

Thanks Tom and Ann for the overview of some of the issues coming out of the Forum. It sounds like you have had a productive time and I am sorry I couldn’t be here earlier.

I want to acknowledge two members of my team who have participated throughout the Forum, Gay Foster and Christine Flynn.

**Approaches to overcoming disadvantage**

Many of the sad facts about Aboriginal disadvantage, (poor physical health and mental ill health, unacceptably high levels of suicide, high levels of hospitalisation and longer hospital stays, poor maternal health, high levels of substance abuse) that were articulated in the Aboriginal Mental Health and Wellbeing Policy 2006-2010 still persist, despite the efforts of many individuals, organisations and governments. It is tragic that these problems persist.

Many strategies outlined in that MH and WB Policy are still worthwhile strategies to pursue – we still need to strengthen and further develop the Aboriginal workforce in order to enhance Mental Health services access by Aboriginal people and we need to promote coordination and partnerships between government and non-government sectors which deliver Aboriginal Mental Health services.

Serious mental illness and disability are faced by many Aboriginal people. Mental health problems and disability often coexist with structural inequalities, socioeconomic disadvantage, housing distress, stigma and discrimination.

Approaches are needed that tackle all these issues in a coordinated way and they are a whole of government and whole of community responsibility, not only a NSW Health responsibility.

**Strategic Plan for Mental Health**

You will be aware that the NSW Strategic Plan for Mental Health will provide the vision and strategic direction for Mental Health and Drug and Alcohol services in NSW.

I understand that you have already heard about this from Robyn Shields, Deputy Commissioner, NSW Mental Health Commission and the Minister for Mental Health yesterday.

We at MHDAO keenly await the Strategic Plan, now expected to be finalised in May.

We don’t yet know the direction the Plan will take us and what it means in terms of Aboriginal mental health and wellbeing, but we understand that the Commission has consulted widely, including with Aboriginal communities and organisations.

My office will be involved in a range of implementation processes flowing out of the Plan, with LHDs and Specialty Health Networks and other agencies.

**Programs funded by Ministry of Health MHDAO**

The Ministry of Health has, since 2007, funded a range of programs under the Aboriginal Mental Health and Wellbeing Policy (which is still in force pending the NSW Strategic Plan for Mental Health), namely:

* The Aboriginal Mental Health Workforce Training Program, which funds 19 trainees and the Statewide Coordinator position (held by Tom Brideson for about 7 years)
* Clinical Leaders in Aboriginal Mental Health (6 funded positions)
* Mental Health Workers in Aboriginal Community Controlled Health Services, (20 positions currently funded) and the Statewide Coordinator for Mental Health in the ACCHS sector position (currently held by Ann Baker).
* This Forum, now called the Aboriginal Mental Health ***and Wellbeing***Workforce Forum.

I note that a number of LHDs have also funded training and clinical leader positions as recognition of the importance and value of building a well trained workforce with relevance to the Aboriginal community.

We also fund initiatives to support the Aboriginal workforce in the Drug and Alcohol area. A Senior Project Officer to support and develop the Aboriginal Drug and Alcohol Network (ADAN) is located in the Aboriginal Health and Medical Research Council (position funded for 10 years). Drug and Alcohol Worker positions are also funded under the Aboriginal Non-Government Organisation Grants Program. I understand that ADAN consists of about 100 drug and alcohol workers across the different sectors.

Further, the Drug and Alcohol Traineeship Coordinator is located in a Local Health District and supports a number of Aboriginal Drug and Alcohol traineeships, which benefit from Commonwealth funding.

The Ministry-supported specialist drug and alcohol and mental health workers and trainees to provide services for pregnant Aboriginal women and their families under the National Partnership Agreement on Indigenous Early Childhood Development - Element 2. This program was accompanied by a social marketing campaign, implemented in 2012, to support the above services and raise awareness among Aboriginal women and their families about maternal and infant mental health and drug and alcohol issues. Campaign messages continue to be promoted through social media activity and ongoing distribution of campaign materials.

The Ministry also supported an initiative to increase Aboriginal participation in the Magistrate's Early Referral into Treatment drug diversion program, including trialling the expansion of the program to include participants with primary alcohol use issues.

The Aboriginal Housing and Accommodation Support Initiative (Aboriginal HASI) is a related program that provides 100 places of accommodation and culturally appropriate support to Aboriginal people with a mental illness in many parts of the state.

These programs demonstrate our continuing commitment to Aboriginal people in NSW and to taking a broad view of mental health and wellbeing.

**Need to use resources well and demonstrate outcomes**

As with many worthy areas requiring improvement, the Ministry must target resources to promote efficient and effective programs that make a difference for individuals and communities.

It is important to make good use of current resources. We need to improve the evidence base about what works well, then make sure we focus our efforts and resources on what works.

Need to be able to demonstrate the outcomes that are achieved for people who use your services.

**Addressing forum theme**

I want to take some time to address the theme of this Forum: Valuing the Aboriginal Workforce.

Personally, I do value and appreciate the dedicated work you, the Aboriginal Workforce, do with Aboriginal people.

**Aboriginal Mental Health Workforce Training Program**

* NSW Health Policy goal is to increase Aboriginal employment to 2.6% by 2015. It is difficult to establish the exact numbers of Aboriginal people who are employed in Mental Health Services.
* To assist to grow the Aboriginal Mental Health workforce, the Ministry has funded the Aboriginal Mental Health Training Program since 2007.
* 47 people have completed their three year traineeship in Local Health Districts and Justice Health and graduated with a Bachelor of Health Science (Mental Health) from the Charles Sturt University. I know that some of you are in the audience today.
* The Ministry-funded Program Training Program has provided the platform for many Local Health Districts to convert vacant positions into Aboriginal traineeships.
* I understand that there are 35 current trainees at various stages of their course.

**Training Program evaluation and Implementation Working Group**

An independent evaluationof the program was completed by ARTD Consultants in mid-2013. Itconfirmed many positive features of the Program, but highlighted the work required to consolidate and improve the program, including work to be done by the Mental Health and Drug and Alcohol Office on governance and leadership of the Program.

The Evaluation team heard from many people directly involved in the Program including trainees and graduates.

With Mental Health Program Council endorsement, I established an Implementation Working Group in November 2013. The group has strong engagement from Local Health Districts & the Justice Health & Forensic Mental Health Network, and our partner peak organisation, the Aboriginal Health and Medical Research Council, as well as Aboriginal Workforce Development within the Ministry.

The group will report back to me and the Program Council by mid-year, with their advice on the NSW Health response to the Evaluation report recommendations; and a draft Forward Plan for the program.

While the work of the group is not finished, I understand that they have flagged a desire to strengthen the Training program, and the related Aboriginal Clinical Leadership program.

Several issues need to be addressed:

* Information about employment outcomes for graduates, in both NSW Health employment and beyond needs to be gathered;
* Better recognition of the current Degree as a beginning clinical professional qualification is required; and
* The NSW Health Service Health Professionals (State) Award needs to be applied consistently for Program graduates who do clinical work in public mental health services.

I have been told that some of the past graduates have gone on to senior management levels. It would be great to see career pathways further developed and supported.

**NGO and ACCHS sectors contribution & role**

I note also the considerable success of traineeship programs in the mainstream non-government Mental Health and Aboriginal Community Controlled Health Services sectors. All these programs contribute to growing the Aboriginal workforce.

I understand that having a greater Aboriginal presence in Health services benefits Aboriginal consumers, by making them more comfortable to seek help, thereby improving timely service access.

Partnerships between Local Health District Mental Health Services and NGOs, particularly the Aboriginal Community Controlled Health Services sector, are a vital part of the picture. Medicare Locals may also play an important partnership and coordination role.

But I understand that partnerships take a lot of work – they require both honesty and commitment to understanding and finding common ground. There may be different approaches to intervention and service provision in different sectors, but the underpinning principles should be the same …all staff having respect for the dignity of individuals, demonstration of cultural respect and safety, and a focus on recovery, fostering a sense of hope in people affected by mental health issues and facing the challenges of drug or alcohol addiction.

I am aware that the Ministry of Health funds a number of Aboriginal Mental Health Worker and Drug and Alcohol Worker positions in Aboriginal Community Controlled Health Services. These positions help provide a point of connection between the ACCHS and the LHD services, as well as providing a direct service to Aboriginal people who prefer to approach an Aboriginal community health services rather than a mainstream mental health service.

I trust that funding has been well used. I am keen for my office to be well informed about what has been achieved through these funded positions. I expect also the Aboriginal Health and Medical Research Council will be supporting ACCHS to prepare for new partnership arrangements which will be put in place over the next couple of years, as part of the Partnerships in Health reform.

**Wrapping up**

I am pleased that this forum has provided Aboriginal Mental Health and Wellbeing workers and trainees across the state to come together and find common ground.

I am vitally interested in the work you do.

MHDAO’s fundamental purpose is to support the provision of quality mental health and drug and alcohol services in NSW. We see that you as Aboriginal Mental Health and Wellbeing workers are a vital part of the service system. I am keen to continue to support you in delivering quality services to Aboriginal people.