

ABORIGINAL OLDER PEOPLE'S MENTAL HEALTH

Developed in conjunction with the Aboriginal Older People's
Mental Health Working Group

*Resources for Local
Health District
SMHSOP Services -
2015*

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INTRODUCTION

This package has been compiled to provide a cohesive collection of some previously distributed resources, along with some new examples and information. It is anticipated that this will provide information and ideas to galvanize local interest in improving Local Health District (LHD) Specialised Mental Health Services for Older People (SMHSOP) responses to the needs of older Aboriginal people, and support the implementation of new initiatives and/or strengthen existing efforts.

Background

The [NSW Service Plan for Specialist Mental Health Services for Older People \(SMHSOP\) 2005 - 2015](#) (the *SMHSOP Service Plan*) aims to improve access to SMHSOP for older people in NSW with or at risk of mental health problems, as well as contribute to the improved health and mental health outcomes for older people in NSW. Aboriginal people are identified as a priority population group in the *SMHSOP Service Plan* and there is a responsibility to provide culturally appropriate services.

The Aboriginal Older People's Mental Health Project commenced in 2010 to further the initial consultations and principles reflected in the *SMHSOP Service Plan* by:

- identifying issues for older Aboriginal and/or Torres Strait Islander people who access or can potentially access SMHSOP;
- identifying issues for service providers who work with older Aboriginal and/or Torres Strait Islander people, and
- developing an understanding of the needs and expectations of older Aboriginal and/or Torres Strait Islander people when accessing mental health services.

The [Aboriginal Older Peoples' Mental Health Project Report](#) builds on the principles identified in the *SMHSOP Service Plan*. It draws together relevant literature and policy, as well as findings from consultations with Aboriginal people and service providers, making this information relevant to older Aboriginal people living in NSW. The key findings of the report are reflected in eight key principles of care. These principles of care have been endorsed for adoption by SMHSOP across NSW, and strategies and guidelines to support the implementation of the principles of care were identified.

Principles of care

1. SMHSOP service managers and clinicians should develop partnerships and work collaboratively with Aboriginal Health Workers and Aboriginal Mental Health Workers to provide culturally appropriate mental health services to older Aboriginal and/or Torres Strait Islander people that are responsive to their needs.
2. SMHSOP service managers and clinicians need to develop an understanding of the complex roles of Aboriginal Health Workers and Aboriginal Mental Health Workers and the time required to complete appropriate mental health interventions with Aboriginal and/or Torres Strait Islander people.
3. SMHSOP service managers and clinicians should develop an understanding of and relationship with the whole community as this is essential in providing services to older Aboriginal and/or Torres Strait Islander people.

4. SMHSOP service managers and clinicians should develop services that address the holistic social and emotional wellbeing needs of older Aboriginal and/or Torres Strait Islander people and their communities.
5. SMHSOP service managers and clinicians should encourage and implement health promotional activities that break down the stigma and shame attached to mental illness in Aboriginal and/or Torres Strait Islander communities.
6. SMHSOP clinicians should acknowledge and respect the current and previous life experiences and events of the older Aboriginal person that shape their current social and emotional wellbeing. This means understanding the different constructs of mental health and adopting a holistic approach to social and emotional wellbeing.
7. SMHSOP clinicians should embrace and respect the wisdom and knowledge that an older Aboriginal and/or Torres Strait Islander person or Elder has, and their existing relationships with family and community.
8. SMHSOP clinicians should respect the rights and understand the goals of care for older Aboriginal and/or Torres Strait Islander people and their carers.

The Aboriginal Older People's Mental Health Working Group was established in 2011 in response to the project's recommendations. The working group meets quarterly, and has consulted on and/or supported the development of the resources included in this package. Membership comprises representatives from the NSW Ministry of Health Older People's Mental Health Policy Unit and Aboriginal Mental Health Workforce Program; the Aboriginal Health and Medical Research Council (AH&MRC) of NSW; Local Health District (LHD) Aboriginal Mental Health and Drug and Alcohol Services, Aboriginal Mental Health Clinical Leader/s, Mental Health and Service Development, and SMHSOP Clinical Coordinators; NSW Link-up; Justice Health, and the Elderly Suicide Prevention Network (ESPN).

1. Partnerships between SMHSOP and Aboriginal services

Purpose

The purpose of this item is to provide practical information and strategies for SMHSOP clinicians to assist in building or further enhancing partnerships between SMHSOP and Aboriginal services.

Background

The *SMHSOP Service Plan* identifies that partnerships between SMHSOP and other services are fundamental to improving care for older people (4). Working with Aboriginal services and communities under a collaborative framework, as provided by the NSW Government and Aboriginal Health and Medical Research Council's Partnership Agreement, and in a way that is consistent with both the [NSW Aboriginal Mental Health and Well Being Policy](#) and the [NSW Aboriginal Health Impact Statement](#) is highly important, as demonstrated by its inclusion in these mandated directives (4).

These collaborative and collegial partnerships will facilitate and/or enable SMHSOP to provide appropriate services for Aboriginal communities that reflect the relationship between social and emotional wellbeing and a healthy lifestyle, and improve health and mental health outcomes (4).

This resource will provide additional information and strategies for SMHSOP to assist in the implementation of the first two principles of care (found on page 1). These two principles of care support the progression of the remaining principles of care (3). For example, the partnerships between SMHSOP and Aboriginal services may enhance understanding of the local Aboriginal community and help to build relationships with the community, which are essential in providing services to older Aboriginal people. It may also encourage SMHSOP to develop services that address the holistic social and emotional wellbeing needs of older Aboriginal people and their communities (3).

Partnerships between SMHSOP and Aboriginal Services / Clinicians

What is a partnership?

Each partnership is unique and is dependent on many different factors such as the Aboriginal community needs, available service providers and their priorities, and personal attributes of staff working in these services. Partnership and collaboration are often used interchangeably. However, for the purpose of this document, the following definition of partnership will apply:

a mutually beneficial and well defined relationship entered into or by two or more organisations to achieve common goals. The relationship includes a commitment to mutual relationships and goals, a joint developed structure and shared responsibility; mutual authority and accountability for success, and sharing of resources and rewards (8).

What are the benefits of partnerships between SMHSOP and Aboriginal services?

The *Aboriginal Older Peoples' Mental Health Project Report* highlights the many benefits of partnerships between SMHSOP and Aboriginal services. These benefits include:

- enhancing and/or promoting culturally responsive services;
- improving accountability for health funding and outcomes;
- increasing awareness and understanding of cultural protocols, community dynamics and functioning to assist with identifying the needs of the community;
- promoting effective relationships with Aboriginal communities;
- promoting a holistic approach to service provision that meets the needs of older Aboriginal people and communities, and
- sharing of knowledge between partner services by increasing cultural knowledge and older peoples' mental health knowledge.

Taylor and Thompson (2011) report that partnerships are strongly supported as a means of improving Aboriginal life expectancy and are therefore fundamental in addressing the social determinants impacting on Aboriginal health and mental health (8). Other benefits of partnerships including improving access to services and enhancing problem solving, further supporting improved health outcomes (8).

How do you build and maintain effective partnerships between SMHSOP and Aboriginal services?

Building effective relationships between SMHSOP and Aboriginal services will vary depending on local communities and services. Mattesich, Murray-Close and Monsey (2001) define and conceptualise the factors that influence partnerships (2), including:

- *Environment*: past and present collaboration and an understanding of the political and social climate, at a local and national level.
- *Membership characteristics*: mutual respect, understanding and trust; appropriate cross section of members; an interest in the partnership, and ability to compromise.
- *Processes and structure*: members share processes and outcomes; participation and support of processes occurs at different levels, including management and executives; members and services are flexible and have clear expectations and roles.
- *Communication*: open and frequent communication including established informal relationships and communication links.
- *Purpose*: a unique purpose with shared vision that meets the local Aboriginal community's identified needs; sometimes this may mean changing service delivery approaches to meet the needs of community.
- *Resources*: Funding and staffing levels vary between communities, therefore considering the resources required to support and accommodate partnerships is important.

The factors influencing effective partnerships vary between communities and services. The following section provides practical advice and strategies for building effective partnerships between SMHSOP and Aboriginal services.

Practical advice and strategies for building and maintaining effective partnerships between SMHSOP and Aboriginal services

Strategies for building effective relationships between SMHSOP and Aboriginal services include:

SMHSOP should develop strong partnerships with Aboriginal services to assist in culturally responsive service delivery models that reflect the needs of community

Partnerships between organisations that include local Aboriginal community representation and engage local Aboriginal communities are more likely to succeed (8). Partnerships and appropriate engagement processes with Aboriginal communities enhance service providers' understanding of local community needs, and the local (and sometimes national) political and social contexts for Aboriginal communities, and assist service providers to acknowledge and use appropriate cultural protocols (3,8). One way of building relationships with local Aboriginal communities is to connect, develop and maintain partnerships with Aboriginal service providers.

Understanding Aboriginal service providers available in your local area, their service goals and priorities, and the roles and responsibilities of staff is important when building partnerships (3,8). For example, the role of Aboriginal Health Workers and Aboriginal Mental Health Workers is multifaceted and involves working with clients who often have multiple and complex issues. Aboriginal Health Workers and Aboriginal Mental Health Workers' roles vary according to their work environment and expectations (3). Their role can include components of clinical service delivery, education to both staff and clients, and managerial responsibilities (3). A more full description of the role and purpose of Aboriginal Health Workers and Aboriginal Mental Health Workers is included at Section 2.

Understanding older people's mental health issues for local Aboriginal communities is important. The *Aboriginal Older Peoples' Mental Health Project Report* can be a starting point for understanding Aboriginal older people's mental health issues. Some key points from the report include:

- Aboriginal communities often define themselves differently to the way service providers do, and older Aboriginal people often have a place in community of high esteem with roles of leader, elder, and mentor.
- Aboriginal people and service providers may have differing constructs of mental health that will need to be incorporated into service provision. Furthermore, older Aboriginal people's views of services and mental health constructs may differ again.
- Social and emotional wellbeing is viewed holistically by Aboriginal people and is influenced by many factors. Service delivery models that reflect this definition of social and emotional wellbeing, and consider the factors that influence wellbeing best meet the needs of Aboriginal people (3).

SMHSOP should develop organisational structures and processes that promote effective partnerships with Aboriginal organisations

Organisational structures and processes are also seen as beneficial to building and maintaining partnerships between SMHSOP and Aboriginal services (3,8). These include:

- conducting regular meetings that allow staff to build trusting relationships;
- sharing participation in partnership planning;
- providing outreach or positioning staff in the partnership services, and
- developing linkage processes such as joint case management and clearly articulating goals and expectations of the partnership arrangements (8).

Clear leadership at the management level in both SMHSOP and Aboriginal services is required to support organisational structures and processes (8). Fostering collaborative partnership structures and processes within organisations will also facilitate interagency partnerships that are meaningful, as well as further contributing to culturally responsive services.

Cultural competence training is also a process that could be beneficial for all non-Aboriginal service providers to enhance their understanding of the issues affecting Aboriginal communities (3,8). The mandatory training [*Respecting the difference: An Aboriginal Cultural Training Framework for NSW Health*](#) is one initiative that may be used to enhance cultural awareness for SMHSOP staff, and a list of further opportunities is included at section 3.

SMHSOP managers and staff should consider the roles in partnership development and personal attributes that may strengthen collaboration

Often clinicians, both Aboriginal and non-Aboriginal, take on leadership and expertise roles to support and advocate for the needs of consumers (8). Partnerships are better maintained when clinicians involved take on a supportive and capacity building role rather than one of leadership (8). This will support partnership development that is based on equity and respect and will improve clinical outcomes (8).

Personal attributes of staff members will also influence partnerships between SMHSOP and Aboriginal service providers (8). For example staff with the ability to compromise and be flexible, and who are motivated to participate in partnerships can positively influence partnership development and maintenance (8).

The practical advice and strategies outlined above may assist in building new or existing partnerships between SMHSOP and Aboriginal services. One role of the Aboriginal Older People's Mental Health Working Group is to provide assistance and advice to support improved partnerships between SMHSOP and Aboriginal services. Via their SMHSOP Clinical Coordinator, SMHSOP clinicians can seek further advice and practical strategies for building local partnerships from the Aboriginal Older People's Mental Health Working Group.

Examples of establishing or enhancing partnerships between SMHSOP and Aboriginal services

One SMHSOP Clinical Coordinator provided examples of a number of informal and formal partnership arrangements between SMHSOP and Aboriginal clinicians and services.

The informal partnership included:

- SMHSOP staff being regularly invited to attend local Elder groups and events;
- an Aboriginal Mental Health Trainee undertaking a placement in SMHSOP, with the aim of enhancing SMHSOP relationships with the local Aboriginal community and also enhancing the Aboriginal Mental Health Trainees' knowledge of SMHSOP, and
- education for working with Aboriginal communities including cultural competency training and in-services are proposed for both managers and staff.

The formal partnership arrangement includes a formal service level agreement between the Local Health District and Aboriginal Medical Service. This formal arrangement involves regular meetings between the services to develop collaborative processes and pathways between the Mental Health Service and the Aboriginal Medical Service.

This example highlights a number of strategies, both within SMHSOP and the health service more broadly that were implemented over an extended period of time to facilitate collaborative and collegial partnerships between SMHSOP and Aboriginal service providers. Some of the strategies included obtaining an understanding of services available, their functions and priorities; modifying organisational structures such as a SMHSOP rotation for the Aboriginal Mental Health Worker Trainee, and linking clinicians across services. Understanding of the local community was enhanced through these processes, and through participation in relevant community events, such as Elder meetings.

There are further LHD examples included at section 5, and these also exemplify good use of the components of partnerships outlined in this section.

How will we know if we got it right?

Evaluation and monitoring of all work to improve Aboriginal health including partnerships should be standard practice. Current research suggests that the focus of partnership evaluations should be on the process and relational factors, as opposed to outcomes. Setting partnership goals and targets, and measuring this through a range of methodologies (including qualitative and quantitative measures) may also be useful.

Evaluations of local partnerships between SMHSOP and Aboriginal services should be conducted by both SMHSOP and Aboriginal service providers. The SMHSOP benchmarking project provides one mechanism for annual monitoring and self-report evaluation through the standards relating to provision of care for Aboriginal consumers in the self-audit tool. Please contact your local SMHSOP Clinical Coordinator for more advice and assistance in this area. Additional evaluation methods should be considered in order to determine the effectiveness of partnerships, as identified in [Living Well: A strategic plan for mental health in NSW 2014 - 2024](#) (9).

Conclusion

There are many benefits from initiating, developing and maintaining positive partnerships between SMHSOP and Aboriginal services and the most significant benefit is access to culturally responsive SMHSOP for older Aboriginal people with mental health concerns, and their carers and communities. Each partnership will be unique and may also vary over time depending on the local and national factors that influence partnerships. It is important for all SMHSOP staff to initiate, develop and maintain positive, collaborative and collegial partnerships (formal and informal) with Aboriginal service providers.

2. Roles and purpose of Aboriginal Health Workers and Aboriginal Mental Health Workers

Background

One of the endorsed strategies for implementing the principles of care is the production of a document that highlights the roles and purpose of Aboriginal Health Workers and Aboriginal Mental Health Workers for dissemination to LHD SMHSOP to support partnerships and collaboration. It should be noted that nationally there has been inconsistency regarding the definition of an Aboriginal Health Worker, as well as variation in the roles and scope of responsibilities between Aboriginal Health Workers and Aboriginal Mental Health Workers.

The Aboriginal health workforce plays an important role in addressing health inequities and in “closing the gap” and is supported and referenced in a range of policy documents at national and state level. The [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework \(2011–2015\)](#) aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander peoples through a competent health workforce that has appropriate clinical, management, community development and cultural skills.

Scope

A variety of roles, classifications and awards exist for members of the Aboriginal health workforce. The purpose of this document is to highlight the roles and purpose of Aboriginal Health Workers and Aboriginal Mental Health Workers in NSW. There is a range of roles in the Aboriginal health workforce across NSW. Some are state funded in NSW Health mental health services, some are Commonwealth funded within Aboriginal Community Controlled Health Service (ACCHS) services, and some are state funded with ACCHS. These roles include but are not limited to mental health clinical roles (as follows in this document) Social and Emotional Wellbeing (SEWB) workers, Bringing Them Home workers, and Link-Up counsellors. It is important to acknowledge the existence of this range of roles, and to recognise the potential for some related confusion regarding roles and responsibilities of different members of the Aboriginal health workforce.

Roles and Purposes

Aboriginal Health Worker

Aboriginal Health Workers (AHWs) have been recognised for many years as a vital component of the Indigenous Health Workforce. AHWs may have a variety of educational backgrounds, employment classifications, and perform a range of roles according to team setting and skillset. Despite the diversity in roles and responsibilities across Australia, all AHWs have the following characteristics in common: provision of Aboriginal primary health care; elements of cultural security and safety; a focus on disease prevention and health promotion; local community knowledge, and a holistic approach to health care (6).

NSW Health defines an Aboriginal Health Worker in the following way:

- is an Aboriginal and/ or Torres Strait Islander person;
- is employed in an Aboriginal identified position in NSW Health;

- has undertaken or is willing to undertake a minimum Cert III Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against current qualifications), and
- provides flexible, holistic, and culturally sensitive health services to Aboriginal clients and the community to achieve better outcomes and better access to health services for Aboriginal people (6).

NSW Health nominates four primary titles for Aboriginal Health Workers in NSW Health roles:

- Aboriginal Community Health Worker
- Aboriginal Hospital Liaison Officer: this is a non-clinical role, providing advocacy, support and liaison in acute care
- Principal Aboriginal Health Worker
- Aboriginal Health Care Practitioner: this is a new role that commenced July 2012. Practitioners must be registered with the Australian Health Practitioner Regulation Agency (AHPRA), hold the qualification of Certificate IV in Aboriginal and/or Torres Strait Islander Health Care (Practice), and provide direct clinical services to the Aboriginal community (6).

Aboriginal Mental Health Worker

In NSW Health, Aboriginal Mental Health Workers' (AMHWs) roles may vary depending on the structure of the organisation, but common characteristics include all AMHWs being employed under the NSW State Health Professionals Award, having obtained university level education in mental health, and working with Aboriginal and non-Aboriginal clients as part of the mental health multidisciplinary team.

The work of the AMHW may involve contact with patients experiencing illnesses related to emotional and spiritual wellbeing and/or distinct mental illness. The complexity of issues in Aboriginal mental health necessitates an understanding of a range of cultural, historical, family and societal issues. Language, stereotyping, stigma and mental health literacy also may be important access barriers to effective care of Aboriginal patients with mental illness and AMHW play an important role in the negotiation of these barriers (7).

Due to the holistic nature of Aboriginal health issues, the role of the AMHW may extend outside the traditional clinical experience of the patient-therapist relationship. The AMHW may be required to have a role in local community development and be required to contact patients and families outside the normal geographical and time parameters available to the multidisciplinary team. This flexibility and the nature of relationships may be critical to the effectiveness of their role. An element of mental health promotion and prevention is incorporated, through AMHW working in a holistic way to prevent the development of mental health problems and substance use problems (7).

Trainee Aboriginal Mental Health Worker

The Aboriginal Mental Health Worker Training Program is a workplace-based training program with allocated specific funding for employing, training and educating additional Aboriginal Mental Health Workers within mental health services (5). They are recruited as Trainees to full-time, permanent positions to undertake on-the-job training and a relevant degree course, the Bachelor of Health Science (Mental Health), provided by Charles Sturt University - The Djirruwang program. Upon the

successful completion of the workplace training, university study and clinical placement requirements, new graduates are qualified to provide mental health services to any person presenting with a mental health problem or concern (5).

In the Trainee AMHW role, trainees provide mental health care to consumers referred to the service under supervision, and as part of a multidisciplinary team.

Clinical Leader, Aboriginal Mental Health

Clinical Leaders are present in some but not all NSW Health LHDs. Their roles, job titles and position descriptions may vary, but where they are present, a major focus should be supporting the implementation of the Aboriginal Mental Health Workforce Program in LHDs. This includes the provision of leadership, and general support of Aboriginal Mental Health Trainees and the supervisors and mentors directly supporting the traineeship positions; in addition to promoting mental health service use by Aboriginal people, and assisting services to provide culturally appropriate care to Aboriginal communities.

Workforce development

Workforce development is primarily covered in the following section. This includes Aboriginal mental health workforce development through work with the CSU Djirruwang program. In addition to the planned SMHSOP-specific clinical placements, trainees are already rotated through SMHSOP services during their clinical placements in many LHDs. However, Aboriginal mental health workforce development is important and valued in all settings, as underpinned by the planning target of 1:1000 within mental health services set out in the *NSW Aboriginal Mental Health and Wellbeing Policy 2006 – 2010* and supported through *Living Well: A strategic plan for mental health in NSW 2014-2024* which states “NSW Health is committed to expanding its workforce to have one Aboriginal mental health worker for every 1000 Aboriginal people” (9, p23). The Aboriginal Older People’s Mental Health Working Group supports consistent approaches towards Aboriginal mental health workforce development.

Contacts

For further information specific to your local area, it would be valuable to speak with the staff members in the above roles in your LHD, as the structure of Aboriginal Mental Health services vary from LHD to LHD.

Additionally, there are statewide roles across both Aboriginal Medical Services and government health services. Your local staff will be able to advise on contact details.

3. Workforce Initiatives

Part A: Learning and development opportunities for SMHSOP

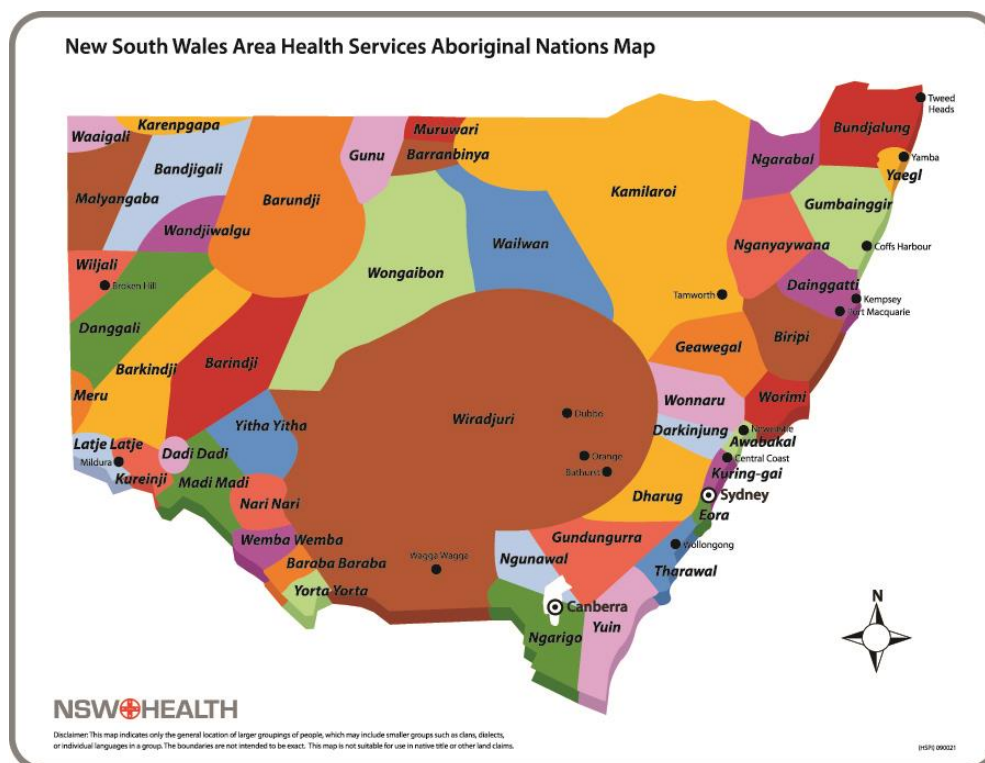
The following list has been prepared to address responses in the SMHSOP Workforce Survey, in which SMHSOP clinicians identified a need for improved skills, knowledge and training opportunities relevant to engaging and providing services for older Aboriginal people. The list incorporates information relevant to local community engagement, mandatory training, and additional relevant training opportunities. It was prepared using information from [Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW](#), with input and advice from Aboriginal Older People’s Mental Health Working Group members.

Mandatory training for all NSW Health Staff

Respecting the Difference is the mandatory training for all NSW Health staff, including SMHSOP staff. It involves online learning and participation in a one day face to face session. Online learning can be accessed via HETI online, and on completion of the online learning staff should contact their LHD Learning and Development team to register for a face to face session.

Local community engagement

Engaging with your local Aboriginal community is of key importance in developing your knowledge and understanding of both broad and more local issues relevant to providing services for older Aboriginal people in your area. There are a numerous Aboriginal nations and languages from NSW, as depicted in the image below, and a wide variety of potentially different cultural practices.



Opportunities for community engagement differ from area to area but may include participation in events such as NAIDOC week, Healing events, or Yarn Ups. Approaching your local Aboriginal Community Controlled Health Services or Aboriginal Medical Service to enquire is recommended as

opportunities and dates vary across locations. A calendar of significant dates is also included at section 6.

Training specific to Aboriginal Mental Health and Wellbeing, or Older People

- The Royal Australian and NZ College of Psychiatry has four new e-learning modules available for members, launched October 2014. These are specific to mental health / psychiatry, but are not older people's mental health specific.
 - Module 1: Interviewing an Aboriginal or Torres Strait Islander patient. Engagement and communication with Aboriginal and Torres Strait Islander peoples in a culturally appropriate and safe way.
 - Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient. Importance of collaboration in the development of a culturally appropriate and suitable management plan for Aboriginal and Torres Strait Islander peoples.
 - Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient. The important factors and information to consider when formulating a case involving an Aboriginal or Torres Strait Islander patient.
 - Module 4: Review a model of mental health service delivery in an Aboriginal or Torres Strait Islander community. Understanding the barriers to accessing mental health service delivery along with strategies to improve access for Aboriginal and Torres Strait Islander peoples.
 - <https://www.ranzcp.org/Publications/E-learning.aspx#ATSIMH>
- Aboriginal Mental Health First Aid: this is a two day course aimed at all members of the public, to be able to assist an Aboriginal or Torres Strait Islander adult who is developing a mental health problem or is in a crisis until professional help is available.
 - <https://mhfa.com.au/cms/atsi>
- The Mental Health Coordinating Council provides training on Trauma Informed Approaches to Aboriginal Wellbeing
 - See <http://www.mhcc.org.au/media/15911/trauma-informed-approaches-aboriginal-wellbeing-flyer.pdf>
- The Indigenous Psychological Services' Aboriginal Mental Health Cultural Competency Test has been developed for workers to assess their level of competence for working with Aboriginal people. Training, supervision and support programs have also been developed and delivered nationally to a broad range of people working with Aboriginal people, including in NSW. Training programs include Mental Health Assessment of the Aboriginal Client, and Suicide Prevention in Aboriginal Communities.
 - See www.indigenouspsychservices.com.au for details.
- The Dementia Care Resource and Training Network Program now have the Aboriginal Dementia Resource Module: Positive Approach to the Care of the Aboriginal Person with Dementia. This six week course takes a person centred approach and aims to assist clinicians in providing an understanding of the historical factors and lifestyle that impact those who

identify with the Aboriginal community. It is intended to provide a bio-psycho-social model of dementia within Aboriginal populations

- <http://dementiacare.health.nsw.gov.au/>
- *Coming soon:*
 - The University of Wollongong is currently designing the curriculum for Australia's first Indigenous Trauma Recovery Program, which will be offered from January 2016. <http://smah.uow.edu.au/about/courses/index.html>.

Cultural awareness, cultural competence and cultural safety training

Numerous Aboriginal cultural awareness programs are available through organisations such as government departments, educational institutions, Aboriginal and Torres Strait Islander organisations and private providers. Again, these vary from location to location, and may include locally specific issues. A few are listed here.

- The Kinship Module project is a pilot online education program that promotes Aboriginal cultural education at a university level, and is a condensed version of the 1.5-hour workshop developed and delivered by Lynette Riley. Lynette Riley is a Wiradjuri and Gamilaroi woman from Dubbo and Moree. There are eight videos which explore the core themes of the Kinship module, and Aboriginal narratives are available to expand on issues raised in each sector within the module. Additionally, there is a series of questions and related resources to assist people who wish to learn more about Aboriginal kinship systems, cultural conflict and cultural competency.
 - It is freely available online at <http://sydney.edu.au/kinship-module>
 - The 8 components include
 - Welcome and Acknowledgement
 - Nations, Clans and Family Groups
 - Moiety
 - Totems
 - Skin Names
 - Language and Traditional Affiliations
 - Lines of Communication
 - Disconnected Lines
- Cross-Cultural Awareness Program, Broken Hill Department of Rural Health (University of Sydney). The Cross Cultural Education Workshop is based on an initiative by Maari Ma Health Aboriginal Corporation, the Broken Hill University Department of Rural Health (BHUDRH), the Royal Flying Doctors Service (South Eastern Sector) and the Far West Local Health District. This program has been developed with Indigenous community consultation and participation, as it is a living program and there is an expectation that the information presented will grow and expand. This is based upon continuing identified areas of need for health professionals embarking on a career in western NSW.
 - See www.drh.med.usyd.edu.au/courses/ccap.php

- Aboriginal Cross Cultural Awareness, Northern Rivers Social Development Council
 - <http://www.nrsdc.org.au/courses-a-seminars/categoryevents/1-nrsdc-training.html>
- Booroongen Djugun Ltd, in Kempsey NSW operates a college that provides a variety of training, including cultural safety training for organisations.
 - <http://booroongendjugun.com.au/college/cultural-competence-training/about-cct/>
- Centre for Cultural Competence Australia – provides accredited and non-accredited courses in cultural competence, in an online format
 - <http://ccca.com.au/aboriginal-and-torres-strait-islander-cultural-competence-course#c5>
- The Menzies School of Health Research Indigenous Development Unit has developed Cultural Protocols for working with Indigenous people, along with training in cultural awareness and coaching for new staff
 - See www.menzies.edu.au/about-us/indigenous-development-unit/about-indigenous-development-unit
- A useful Australian Drug Foundation fact sheet and resource web page titled ‘Resources for workers in the drug and alcohol field who work with Indigenous communities’ has links to e-lists, workforce development and training, guidelines and strategies.
 - It is available at <http://www.druginfo.adf.org.au/fact-sheets/resources-for-workers-in-the-drug-and-alcohol-field-who-work-with-indigenous-communities-web-fact-sheet>

In addition to the above training opportunities, the *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2nd Edition)* text is a key resource for professionals and services. It is available in hard copy or can be downloaded by chapter from [http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-\(1\)/](http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-(1)/).

Part B: Charles Sturt University Djirruwang Program, and SMHSOP clinical placements

The Charles Sturt University (CSU) Djirruwang program is a three year Bachelor of Health Science (Mental Health) course, and provides the theoretical underpinnings of mental health practice. All of the Aboriginal Mental Health Trainees in NSW Health participate in this course; but not all students in the course are from NSW or in Trainee positions.

The Older People's Mental Health (OPMH) Policy Unit has been communicating with CSU regarding strategies to promote OPMH content on the course, and OPMH related learning opportunities for students. This led to OPMH Policy Unit Clinical Advisor Dr John Dobrohotoff providing a presentation for students at a 2014 residential school, and a call for expressions of interest from LHDs in hosting SMHSOP clinical placements for students. This is a new initiative, aiming to promote bilateral learning and benefit. Expressions of interest in hosting placements in 2015 have been received, with information provided to Djirruwang staff.

Over the three years of the course, students are first introduced to the key concepts of mental health and social and emotional wellbeing across the life span and progress to more in-depth consideration of topics in mental health. They also learn about mental illness, diagnosis and management, and about the legal and ethical implications of mental health practice. By the end of the three years students have developed a sound knowledge of mental health practice, which is underpinned by mapping the course and subjects against the *National Practice Standards for the Mental Health Workforce (2013)*.

Clinical placements are undertaken each of the three years, with a gradual increase and expectations and responsibilities of the students. Placements can be flexible in timing and duration and are undertaken in mainstream mental health, primary health care, and alcohol and other drug services.

For a current update on the OPMH Policy Unit's work with the Djirruwang program, please contact the unit on 6369 7201, or for further information on the Djirruwang program please visit their website at <http://www.csu.edu.au/courses/bachelor-of-health-science-mental-health>.

4. Aboriginal Mental Health First Aid for Elders: A Western NSW LHD initiative

Aboriginal Mental Health First Aid

Mental Health First Aid (MHFA) is a course developed by Mental Health First Aid Australia that teaches mental health first aid strategies to members of the public. Mental health first aid is the help provided to a person who is developing a mental health problem, or in a mental health-related crisis, until appropriate professional treatment is received or the crisis resolves. Course content is derived from a number of consensus studies incorporating the expertise of hundreds of researchers, clinicians, mental health consumer advocates and carer advocates.

Mental Health First Aid Australia has also developed a range of more specific programs, including Aboriginal Mental Health First Aid (AMHFA). This course teaches members of the public how to assist an Aboriginal or Torres Strait Islander adult who is developing a mental health problem or in a mental health crisis.

The course covers

- Aboriginal and Torres Strait Islander social and emotional wellbeing,
- mental health problems in communities, and
- mental health first aid strategies for working with Aboriginal and Torres Strait Islander communities.

Developing mental health problems covered include depression, anxiety problems, psychosis, substance use problems and eating disorders. Mental health crisis situations covered include suicidal thoughts and behaviours, non-suicidal self-injury/deliberate self-harm, panic attacks, traumatic events, severe effects of drug or alcohol use, severe psychotic states, and aggressive behaviours.

The Aboriginal and Torres Strait Islander Mental Health First Aid Course is designed as a 14 hour course typically conducted in six modules over two days; however the delivery format is flexible.

Aboriginal Mental Health First Aid for Elders program, Orange

Context

Ms Donna Stanley, a Western NSW LHD Aboriginal Mental Health Clinical Leader was involved with the Daroo Elders group in Orange through a variety of activities. Around the same time as it was becoming evident there was a need to increase mental health literacy in the group, a SEWB space on Bloomfield Hospital campus was being established to assist in addressing barriers for Aboriginal consumers of the mental health services, in the context of approximately 20% of admissions to the adult acute Bloomfield unit being Aboriginal people. Many Aboriginal consumers were coming from rural and remote areas, occasionally from out of state and most significantly away from Country; and admissions can last anywhere from two weeks to twelve months. These factors all contribute to decreased access to family, community, and people being away from Country. The SEWB centre was designed to provide an environment promoting social inclusion and cultural and community support during these hospital admissions.

Ms Stanley had met with the Daroo Elders for a number of years in her role as Aboriginal Clinical Leader. Discussions were held with the Elders and Ms Stanley explained the AMHFA Program and also the ongoing plans to develop a SEWB site at Bloomfield. The Elders agreed that they would like the training to be delivered for them in an accessible format that would promote understanding the information, so that they would feel confident in being available to people who might attend the SEWB Centre.

Ms Stanley designed and delivered the AMHFA for Elders program in Orange to run for one session of two to three hours per week, for five weeks, with lunch provided each week. The participating group comprised 11 Aboriginal men and women, and all were aged 68 and over with the exception of one participant aged in her 50s. Some participants had low literacy levels.

The content of the program remained the same as the AMHFA, but this delivery structure allowed participants time in between sessions to process the complex issues and return with questions. Adaptations made to address the issues with literacy that were present among the group included:

- using clear language, without the use of health jargon;
- using visual aids, such as the training resources that use images as well as language to describe key concepts, e.g medication and the brain, and
- taking time during breaks to check in with participants.

The course brought up a number of personal stories and assisted some participants in identifying specific issues within their own families.

At an organisational level support was provided by the LHD including human resources, catering, venue, and resources to deliver the program. The mental health director was available to present certificates to the Elders upon completion, which was highly valued by the group. Whilst on campus the Elders were also taken on tours of the campus in order to increase understanding of the range of services provided and how services were delivered from an inpatient perspective.

Outcomes

All 11 participants completed the program successfully. Ms Stanley maintained ongoing contact with the participants after completion for support, and also acted as a first point of contact regarding mental health concerns arising within their family and community networks.

Outcomes with regards to reducing barriers to mental health care for Aboriginal people and improving SEWB for Aboriginal consumers include one occasion where Elders were engaged to assist an Aboriginal person in the acute inpatient setting. The Elders felt confident that they would be able to assist the person, and with support from Ms Stanley attended to provide social support to the person. There have also been occasions where a male inpatient has been taken in to the community with a male Elder for assistance with seeking access to Bush Medicine.

Further positive outcomes of the program include its community capacity building potential. For example, the increased autonomy and power experienced by the Daroo Elders group resulted in their identification of the goal to become an incorporated Elders group (being presently auspiced through an NGO), and Ms Stanley linking them in with the business enterprise centre to support that process. Another example comes from another, more remote Western NSW community, where

AMHFA was delivered to a mixed age group, to help build the capacity of the community to deal with trauma rather than solely relying on fly in fly out mental health services.

Next steps

LHDs are encouraged to consider opportunities for implementing similar initiatives that promote partnerships, empowerment and capacity building. The following information can be used to support the planning and development of a local initiative:

- The delivery of an AMHFA for Elders program would need to be part of broader efforts with relationships and partnerships, rather than standalone training. It is important to build local relationships such as those with the local Aboriginal Medical Service, Land Council and other relevant Aboriginal organisations, before delivering training.
- The Aboriginal Health & Medical Research Council (AH&MRC) of NSW is a potential partner for a local project. Other potential partners and sources of support and information include members of the SMHSOP Advisory Group, the NSW Elderly Suicide Prevention Network, Ms Donna Stanley, and other trained instructors.
- Pragmatic steps may involve local Aboriginal health/mental health staff undertaking the train the trainer course for AMHFA. As with MHFA, trainers need to maintain registration, and there are currently smaller numbers of current AMHFA instructors than previously.
- When planning the delivery of training, the process of communicating with participants and being flexible in service delivery to allow people to feel comfortable and safe, will be important components of any program design.

5. LHD examples

There are a number of LHDs who have progressed local partnerships and working relationships with Aboriginal health staff and/or services. Two examples are as follows:

Central Coast LHD

Central Coast LHD SMHSOP has developed a clinical pathway for older Aboriginal consumers, which the whole team is involved in implementing. The clinical pathway involves reciprocal notification when older Aboriginal clients are referred to either SMHSOP or the Aboriginal mental health service, joint care planning, and ongoing attendance at case reviews; in combination with team level in-service cultural training and SMHSOP participation in Aboriginal community events. This is in the context of a high level partnership in the Central Coast. There is an agreement between Yerin Aboriginal Health Services Inc., the Central Coast Local Health District and the Central Coast NSW Medicare Local, and a supporting Central Coast Aboriginal Health Partnership Committee.

The clinical pathway described above appears simple, but experience highlights that implementation is the challenge. Initially the SMHSOP service had one particular staff member who helped to develop the relationship with Aboriginal mental health staff, which eventually expanded to include the whole team, over a period of two years. It took time to develop to the whole team level and for all SMHSOP workers to engage in the different way of working. This has been underpinned by having a culturally welcoming environment, with Aboriginal posters and art displayed in the workplace to highlight to other workers, and having Aboriginal cultural issues as a permanent agenda item at the SMHSOP monthly team meeting.

The relationship is continuing to grow and evolve with changes to both services. SMHSOP is commencing recovery-focussed initiatives, and the evolving relationship was demonstrated in the participation of older Aboriginal people in the associated workshops, and the subsequent self-nomination of a local Elder to participate in training to become a mental health peer support worker.

This LHD example highlights that whilst high level formal partnerships are required, bottom up approaches starting with one particularly interested and motivated team member can develop into more broad and formalised relationships over time, that adapt to evolving services as required.

Northern Sydney LHD

The example from Northern Sydney is a new initiative currently in development, and is included here to highlight another approach to improving responses for older Aboriginal people.

A small number of staff members from Northern Sydney LHD mental health services were supported to participate in the Indigenous Psychological Service's 'Mental Health Assessment of Aboriginal Clients' training (as listed on page 13). Being relatively intensive and costly training, one particularly interested staff member from each clinical stream was offered the opportunity. After completing the training, the staff members were invited to put together a referral pathway within their services to utilise their enhanced knowledge and understanding of Aboriginal mental health and wellbeing issues, and foster relationships with Aboriginal health staff.

The SMHSOP clinical pathway is currently in development, but will involve focuses on recognition, referral and access. *Recognition* is likely to involve promotion on the service webpage, posters and literature being displayed, the sharing of presence and stories. It will also involve promotion of important concepts for older Aboriginal people such as 'country', through presentations at relevant events, including the annual SMHSOP Forum. *Referral* will involve LHD specific processes, allowing for individuality of service delivery, staff and availability of AHWs. *Access* is also LHD specific, and will involve enhancing SMHSOP skills and welcoming AHWs into service delivery.

6. Calendar of significant dates for Aboriginal people

KEY:

Significant events and dates for Aboriginal and Torres Strait Islander people
Other events/dates that may have significance for many Aboriginal and Torres Strait Islander communities
Dates that vary each year have (2015) included in the date column

Date	Significance
26 January	Australia Day / Yabun Festival
13 February	Anniversary of the National Apology to the Stolen Generations, 2008
8 March	International Women's Day - Annually on 8 March
19 March (2015)	National Close the Gap Day This day commemorates the launch of the campaign on 2 April 2007, and is held each year around that time.
21 March	Harmony Day - every year in Australia on 21 March, to coincide with the UN International Day for the Elimination of Racial Discrimination
25 April	ANZAC Day
26 May	National Sorry Day - annual event since 1998. This is the anniversary of the Bringing Them Home report being tabled in Parliament in 1997.
27 May to 3 June	National Reconciliation Week
27 May	1967 Anniversary of the Referendum
3 June	Mabo Day
5 to 12 July (2015)	NAIDOC Week NAIDOC Week is held in the first full week of July.
12 to 18 July (2015)	Diabetes Awareness Week
4 August	National Aboriginal and Torres Strait Islander Children's Day
9 August	International Day of World's Indigenous People
10 September	World Suicide Prevention Day
26 to 27 September (2015)	Kids in Care Cup 2015 will be the third year this sporting event has been held, and it has been in September each year.
2 to 5 October (2015)	Koori Knockout This rugby league event is held in varying locations, and will be in Dubbo in 2015. It is traditionally in September / October.
4 to 11 October (2015)	Mental Health Week World Mental Health Day is on the same date each year, 10 October.
11 to 17 October	Carers Week
30 October (2015)	Reclaim the Night - a global annual protest against gendered violence traditionally held on the last Friday in October each year.
19 November	International Men's Day
25 November	White Ribbon Day or the International Day of the Elimination of Violence against Women. Held on 25 November each year.
25 November to 10 December	16 Days of Activism follows White Ribbon Day
1 December	World Aids Day - internationally on this date each year
10 December	Human Rights Day - internationally on this date each year.

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