

NSW Aboriginal Mental Health and Wellbeing Workforce Forum 2014

Coffs Harbour 5 March 2014

Dr Robyn Shields: Deputy Mental Health Commissioner

Good morning, my name is Robyn Shields and I would like to acknowledge the past and present traditional owners of this land. It gives me great pleasure to be present here this morning. I have been asked to talk about my own personal experience as an Aboriginal woman, as a psychiatric registrar and to talk about some take home messages.

Firstly, I would like to acknowledge the current NSW Government's commitment to improving Mental Health services for the people of NSW. As part of this commitment the NSW Mental Health Commission was set up. For those who are unaware of the NSW Mental Health Commission, in brief it is an independent statutory authority set up in 2012 for the purposes to monitor, review and improve the mental health system and the mental health and well being of the people of NSW.

Since the establishment of the Commission, Mr John Feneley was appointed Commissioner in 2012. He is passionate about bringing about strategic change, there are also four Deputy Mental Health Commissioners who also have the same passion and drive about changing the journeys and recovery of people using government services through reforming pathways through mental health systems.

Currently the Commission is drafting a Strategic Plan for Mental Health in NSW, for the next 10 years with short and longer term goals with an opportunity to review and reassess these throughout that period of time. The key is establishing a cultural and philosophical shift, not just in mental health but across a range of systems of care and governments agencies. In the last 12 months the Commission staff had engaged in consultation with several Aboriginal communities through the Commission's Living Well forums as well as engaging with the Aboriginal Health and Medical Research Council, and individual Aboriginal organisations. Late last year the NSW Commission facilitated a forum of national Aboriginal leaders in mental health from around Australia, which has now lead to a process of identifying and developing national priorities for improving the mental health and social and emotional wellbeing for Aboriginal and Torres Strait Islander people on a national basis.

I consider my appointment as one of the Deputy Commissioner's as an honour and a grounding experience to be involved in the process once again. I don't believe my career in mental health was by accident. As a child growing up close to a large psychiatric asylum in

the background was considered as something seen but never spoken about. It was not until later when I moved to Sydney and embarked on a journey that I moved from the outside of these walls into the inside of these so called asylums. I was young and quite shocked at the misery that was hidden away inside large institutions. The isolation and suffering that people often experienced as a consequence of mental illness is etched in my memories. From these experiences I developed a greater understanding about compassion, human isolation and suffering.

Prior to my current position in health as a psychiatric registrar, for many years I had the privilege to work generally in mental health then later concentrated specifically on Aboriginal mental health. My work was predominately in an urban community setting in the inner suburbs of Redfern Waterloo Marrickville and Glebe to name a few. Within these suburbs it was easy to find some of the most disadvantaged groups of people who identified either as an Aboriginal and Torres Strait Islander person and were living in some of the poorest conditions in an urban setting. These same people were surrounded by and located near major mainstream health services, some of the largest teaching hospitals and in amongst these, stood one of the largest Aboriginal Medical Services at Redfern yet these people were suffering from major chronic diseases and with poor mental health either undiagnosed, misdiagnosed and at times untreated mental illnesses.

After this I embarked on a career into medicine, not believing I would be returning to mental health, but I did. At the end of my internship and residence, I applied and was accepted into the training program in psychiatry. At the beginning of my training, two years ago I was sent to Kempsey Hospital to work in the mental health inpatient unit as a psychiatric registrar, which I absolutely loved working there. During my stay there approximately eighty percent of the inpatient unit identified as either Aboriginal or Torres Strait persons. For me the stark reality was that a change of work environments showed no difference in the nature of the types of mental health presentation that Aboriginal people present with to mental health services.

Let me set the scene, as we sit here today we can travel no more than 50 to 1000kms up the road or down the highway along the mid north coast you will find small or large groups of Aboriginal people confined to living in overcrowded conditions or on the other hand will be homeless and living on the street in poverty. Others will be subjected to ongoing trauma, loss and or grief. Many will face the prospect of imprisonment, whilst others will be released from prison with nowhere to go. Others will be isolated by the mere fact that they are suffering from a chronic mental illness. These people will experience limited prospects of gaining meaningful employment and or ongoing opportunities to further their education. But by and large we as a group of people continue to face many challenges in tall levels of our society. When we as Aboriginal people speak about the confronting mental health and

social emotional wellbeing issues we are reminded of the diversity in the stark realities that exist in our communities. Whilst the Australian Aboriginal people have commonalities and similarities to other indigenous groups around the world what is unique to the Australian experience is that the Australian Aboriginal people is still recognised as the most disadvantaged group living in this country.

From what I have just described to the audience, it is the reality of a day and the life of an Aboriginal person living in Australia in 2014. It is also the day and the life of the most confronting issues for the frontline workforce personnel and what they are expected to deal with on a daily basis. But along side of these issues, the workforce faces systemic problems and these are not new, but ongoing and affect work performance.

Throughout the community meetings and consultations, several key themes repeatedly emerged for both Aboriginal and non-Aboriginal mental health workforce personnel, based around not being respected or understood in the workplace. Aboriginal mental health workers felt unsupported and disregarded in the workplace for the work that was being carried out. Disrespect for cultural indifference and an unwillingness to be flexible when exercising cultural respect. The roles of the Aboriginal mental health worker are undermined because they are seen as tokenistic in some services, without the willingness to extend or promote their roles in the organisation as a valuable asset.

Systemic racism in the form of allocating every Aboriginal person who walked through the door to the Aboriginal worker, just on the basis of their Aboriginality and not on the basis of seeing them as a client of service. I know these events happen, because I have been there and have an understanding of these difficulties.

The Commission has taken away the stark messages that Aboriginal people are tired of grand commitments, however several key themes such as respect, knowledge and understanding of issues related to aboriginal mental health and the social and emotional wellbeing are building blocks to a resilient workforce to deal with these issues are key developing strategies.

The Commission is dedicate to making Aboriginal mental health, social and emotional wellbeing a feature throughout the strategic Plan and not just separate to it, however there will be a dedicated component. For real change to occur there needs to be ongoing relationships between the Commission and Aboriginal communities, the Aboriginal mental health workforce and community controlled organisations. There also needs to be engagement with other relevant government and non-government agencies. But building resilience in the workforce is working together - Aboriginal and non-Aboriginal to make real changes for our future generations.

My journey has been interesting to say the least. I can see familiar faces in the audience today that have also been part of my journey and we have walked side by side and at other times have needed to carry one another along the way because at times things got tough. The job can be physically and mentally demanding but I believe you are here today because you care and this is part of your journey as well and we can make a difference.

Thank you