



Gumbaynggirr

Valuing Each Other & Working Together

The Importance of Aboriginal Health Workers working with mainstream services to provide culturally safe service delivery to clients at the Awabakal Aboriginal Primary Healthcare Centre. What might get in the way and what helps.



Working

together



Yunna

Boo - Larr



W... King

together





HNE - Aboriginal Nations

- **Aniawan**
- **Awabakal**
- **Bahtabah**
- **Banbai**
- **Biripi**
- **Bundjalung**
- **Darkinung**
- **Geawegal**
- **Gomeroi**
- **Nganyaywana**
- **Ngoorabul**
- **Thungutti**
- **Wonnarua**
- **Worimi**
- **Yallaroi**



A few stats

- NSW has the largest Aboriginal population in Australia
 - approx 30% of the national total
- HNELHD has the largest Aboriginal population of any health district
 - approx 20% of state total
- The Greater Newcastle Cluster has the largest Aboriginal population in HNELHD
 - approx 30% of district total





Gumbaynggir



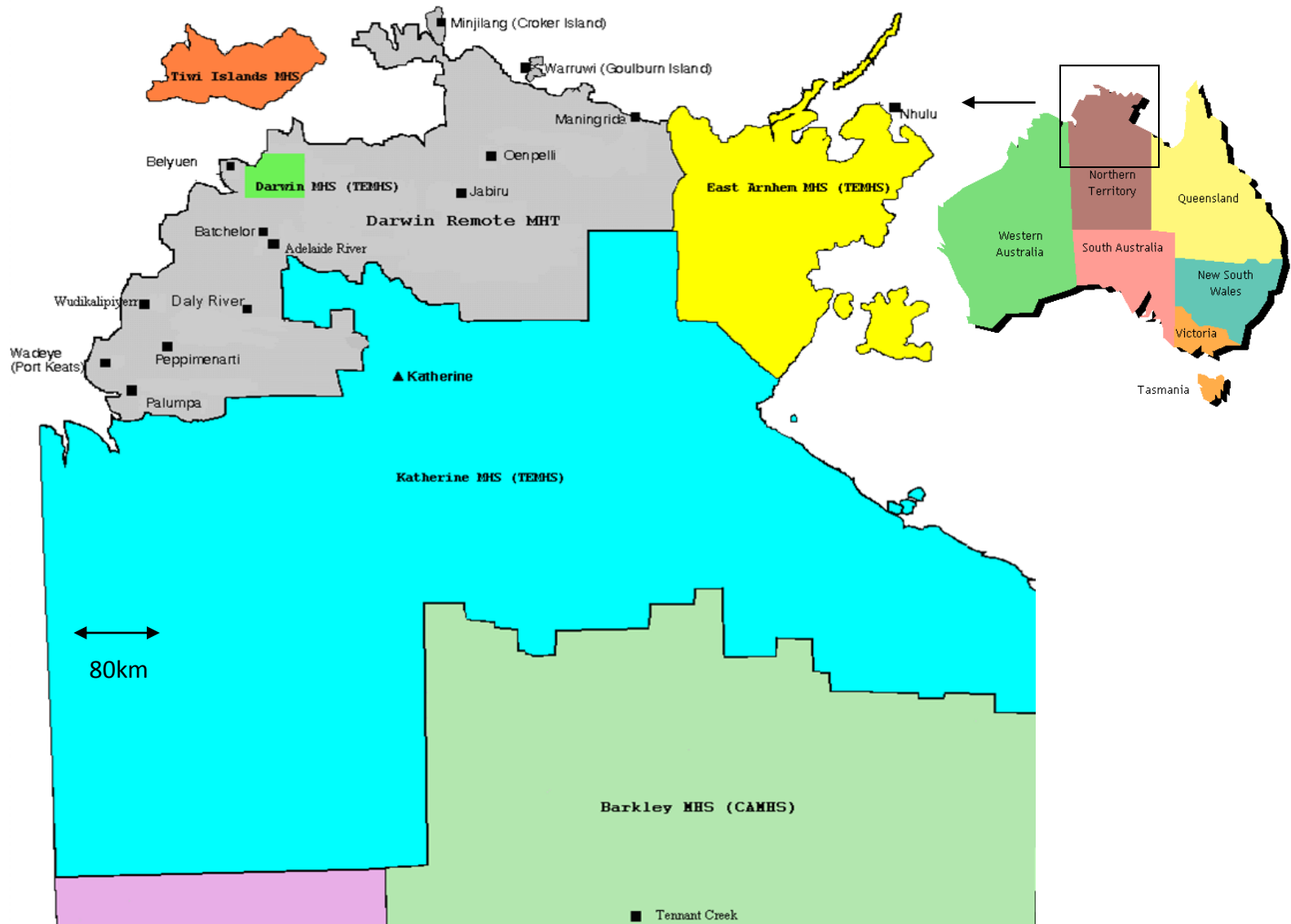
Health

Hunter New England
Local Health District

AMBAKAL



Top End Mental Health Service Area



EAST ALLIGATOR RIVER



STOP DANGEROUS CROSSING



This causeway is subject to flood and tidal inundation, causing deceptively dangerous and slippery conditions for VEHICLES and PEDESTRIANS. Photo board below shows the changing conditions of this crossing.

PROCEED WITH CAUTION




 SAFE TO CROSS




 LOW TIDE
4WD ONLY



 HIGH TIDE
DO NOT CROSS



 DANGEROUS
DO NOT CROSS



EXTREME DANGER

ACHTUNG 警告



VERY LARGE ESTUARINE (SALTWATER) CROCODILES INHABIT THESE WATERS.



ESTUARINE CROCODILES HAVE
ATTACKED AND KILLED PEOPLE



DO NOT ENTER WATER.
DO NOT SWIM.



DO NOT RISK YOUR LIFE!
KEEP AWAY FROM WATERS EDGE.



DO NOT CLEAN OR BLEED FISH
IN OR NEAR WATERS EDGE.
REMOVE ALL FISH AND FOOD WASTE.

PENALTIES APPLY



ROAD CONDITIONS AHEAD

UBIRR

OENPELLI

EAST ALLIGATOR

CAHILLS CROSSING
East Alligator River

CLOSED

MAGELA CREEK
CROSSING

CLOSED







Aboriginal and Torres Strait Islander Mental Health Committee



The Royal
Australian &
New Zealand
College of
Psychiatrists



ranzcp

Australian
Indigenous
Mental Health

Key Issues



- The impact of policy and legislation
- The Stolen Generation
- Health and mental health morbidity
- Social determinants
- Substance use
- The Aboriginal and Torres Strait Islander Mental Health Workforce

www.indigenous.ranzcp.org

Key Issues - Aboriginal Mental Health Workforce

- Variable qualifications, expertise, roles & job descriptions
- Often Indigenous people are not involved in recruitment, planning or development of these roles
- Specific cultural knowledge and relationships within the community may not identified (as 'essential criteria') in job applications
- Often limited support... mentoring, debriefing, supervision
- Often not 'sufficient numbers'
- Often exposed to direct and unintentional racism
- Often un(der) acknowledged hours; 'on duty' 24/7

Key Issues - Aboriginal Mental Health Workforce



Aboriginal and Torres Strait Islander Mental Health Workers

Position Statement 50

Working Together

- Importance of collaborative relationships

**Psychologists,
Psychiatrists,
Mental Health Services**

Specialised knowledge and skills in area of practice

“Aboriginal Health Workers”

- Local history, local beliefs & local politics
- What matters in *their* community
- How to work with local families and community
- Who to talk to
- Access
- Vouching
- Cultural safety



Working Together

RANZCP Position Statement 50

Aboriginal and Torres Strait Islander Mental Health Workers

Aboriginal and Torres Strait Islander workers can perform a crucial role in forming **bridges** between cultures, acting as **mediators** between western and traditional medical systems...

translating complex medical information into appropriate language that the client can understand

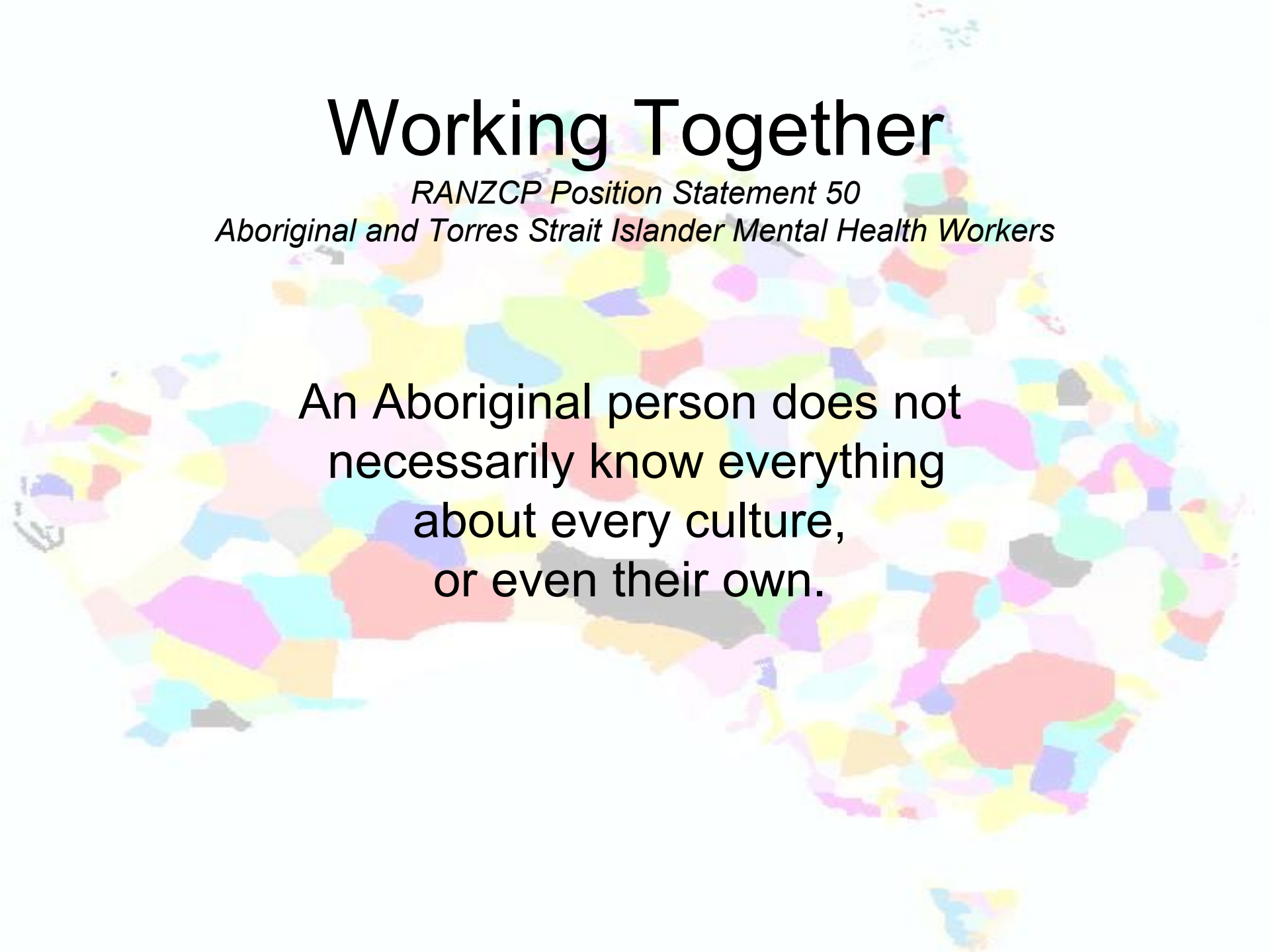
and can assist with follow up in the community.

Working Together

RANZCP Position Statement 50

Aboriginal and Torres Strait Islander Mental Health Workers

An Aboriginal person does not necessarily know everything about every culture, or even their own.





Code of Ethics

- ✓ - “psychologists ... **promote equity and the protection of people’s human rights, legal rights and moral rights**”
- ✓ - “regard for the diversity and uniqueness of people and their **right to linguistically and culturally appropriate services**”
- ✓ - **respect**
- ✓ - **avoid discriminating**
- ✓ - demonstrate an **understanding of the consequences** for people of unfair discrimination and stereotyping ...
- ✓ - Psychologists assist their clients to **address unfair discrimination or prejudice** that is directed against the clients.







“practice within the limits of competence”

Does not mean don't see Indigenous clients



– “undertake continuing professional development”

- working with Aboriginal Health Worker can ‘educate’ and ‘increase competence’



– “psychologists cooperate with other professionals ... to benefit, enhance and promote the interests of clients”

- Working in multidisciplinary teams ... needs to include AHW



Confidentiality & Consent

- **Individual Autonomy**
vs Family & Community
 - *1:1 interviews*
- *‘who should I talk to?’*
- *Often AHW/ALO will know patients and family*



Confidentiality & Consent

– *Informed consent*

- Understanding; “**translating** complex information into appropriate language that the client can understand.”



Use of 'interpreters'

- Not just 'language' but cultural interpreters



but...

- They should not be in a 'multiple relationship' with the client that may impair the interpreter's judgment
 - Multiple relationship ... situations where there is a non-professional relationship with the same client or a different professional relationship with the same client...
 - **family** relationship = non-professional relationship



Conflicting Demands

- ✓ – obtain **informed consent... to use the interpreter**
- obtain informed consent... / ‘asking’
- Mitigates against any violation of ethical principles, values or standards
 - consent both ways ...
- There are times when the ‘interpreter’ does not feel comfortable, or it may be culturally inappropriate.



Boundaries

- “the importance of maintaining proper boundaries with clients”

maintaining a strictly professional relationship
... avoiding ‘multiple relationship’

Avoiding any self-disclosure

vs needing some connection

Key points

- Need to do their 'job'
- **Flexible approach**
 - flexible self-disclosure vs 'boundary violations'
 - Working with Indigenous professionals / families
 - Limitations of 'evidence', treatments, assessments
- Recognising **trauma**
 - flexible 'diagnosis' ... not necessarily DSM 5 PTSD

Key points

- Don't know the history
- Don't know your own culture
- Don't know “biases”
 - *Unintentional* ‘racism’ & discrimination
 - personal & services that you work in



- **Knowledge and reflection**

working together and talking together

important to understanding and ‘closing the gap’



Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

[http://aboriginal.childhealthresearch.org.au/
kulunga-research-network/working-
together/working-together-chapters.aspx](http://aboriginal.childhealthresearch.org.au/kulunga-research-network/working-together/working-together-chapters.aspx)