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To Whom It May Concern:

Please find herewith submission to the Senate Select Committee on Mental Health regarding Aboriginal and Torres Strait Islander Mental Health Training and Workforce issues. The enclosed submission is on behalf of the Department of Psychological Medicine, Children's Hospital at Westmead, and the Tamworth Child and Adolescent Mental Health Services (CAMHS), Hunter New England Area Health.

Thank you for your consideration.

Sincerely,

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**Submission to the Senate Select Committee on Mental Health
April 26, 2005**

**Aboriginal and Torres Strait Islander Mental Health Training:
Training and Workforce Issues¹**

What is the problem?

Aboriginal and Torres Strait Islander people are affected by a lack of access and equity in mental health services with young people especially having poorer mental health outcomesⁱ. National and state working groups and policy documents highlight that negotiation, consultation, participation and partnership are essential for the effective delivery of mental health services to Aboriginal people, along with the need for increased and improved services for Aboriginal people. The increasing frequency and severity of mental health problems in childhood and adolescence is magnified in Aboriginal and Torres Strait Islander young people^{ii,iii}. Of critical concern is the low number of Aboriginal and Torres Strait Islander people qualified and skilled as clinicians to work in Child and Adolescent Mental Health Services (CAMHS) and the subsequent impact on the access and availability of mental health services for Aboriginal young people.

The emotional and social wellbeing of children and young people is fundamental to the future of healthy communities. There is increasing awareness, however, of the challenge to the wellbeing of young people posed by the prevalence of major mental health concerns, illicit substance use and suicide. National data indicates that there is a significantly higher burden of social-emotional concerns in young people from Aboriginal and Torres Strait Islander communities. Aboriginal young people have high levels of mortality and morbidity associated with external causes such as accidents, poisoning and violence, with high levels of depression, suicide and substance abuse influenced by a complex interaction of factors within the social environment^v. One indicator of a dramatic inequality in wellbeing of Australian young people is the rate of death from intentional self harm: 31.1 per 100,000 in Aboriginal and Torres Strait Islander young people 12-24 years of age and 6.4 per 100,000 in other Australian youth^{vi}.

It is well known that Aboriginal people have poor access to culturally appropriate health services, with children and young people being particularly vulnerable^{vii}. Whilst Aboriginal and Torres Strait Islander Mental Health Workers perform a vital role^{viii}, the evolution of developmentally and culturally appropriate service models and prevention strategies for children, young people and their families continues to be a priority for mental health services^{iv}. The continued paucity of specialist Aboriginal mental health clinicians working in CAMHS is a major concern when considering the issue of barriers to service provision for Aboriginal children and families.

Attempts to address the problem

The following describes a recently commenced innovative program to develop training opportunities in the bush and sustain Aboriginal CAMHS workers in rural and regional areas of New South Wales (NSW). Training and workforce issues and recommendations associated with such programs are highlighted.

¹ This submission is an extract from a paper presented at the 8th National Rural Health Conference, Alice Springs, March 2005.

The Internship Program

The Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Internship Program represents a partnership commenced in 2004 between the Hunter New England Area Health Service (HNEAHS) and the Department of Psychological Medicine at the Children's Hospital Westmead (CHW), with guidance and input from Aboriginal Mental Health Services and additional collaborators.

The Internship program is a supported, integrated training and professional development program for individuals from Aboriginal and Torres Strait Islander communities to develop expertise in child and adolescent mental. The three-year program entails:

- academic study through the accredited Djirruwang Aboriginal and Torres Strait Islander Mental Health Program at Charles Sturt University
- completion of a clinical education and supervision program conducted through the Department of Psychological Medicine, CHW
- employment as an Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Worker and professional support and supervision through the Area Health Service.

Aims of the Internship Program

The Aboriginal and Torres Strait Islander Internship Program seeks to refine, trial and evaluate a model of mental health service delivery for Aboriginal and Torres Strait Islander children, young people and their families. Its primary aims are to:

- develop a model that increases expertise in the Aboriginal and Torres Strait Islander workforce for the provision of child and adolescent mental health services.
- engage in consultation with communities to determine priorities for promoting the social and emotional wellbeing of children and young people and illuminate the barriers to service access.
- increase the literacy of local mainstream mental health workers and other key professional groups, to the risk and protective factors for the social and emotional wellbeing of children and adolescents of Aboriginal and Torres Strait Islander backgrounds.
- work with local agencies and programs to promote activities that aim to reduce risk factors and enhance protective factors.
- conduct an evaluation of the training and practice model and disseminate resources and findings on the culturally appropriate delivery of mental health services to children and adolescents and their families, for wider implementation and further study.

Benefits of the program to date

- The establishment and ongoing support of these positions has strengthened the partnership between NEAHS and CHW, with views to expanding this program in New England.
- It has also enhanced and facilitated collaborative relationships among these partners and the Aboriginal services in New England, as well as the educational institutions, (eg staff from CHW also provide guest lecturing to the Djirruwang program).
- Further, by contributing to the local multidisciplinary mental health team, the Interns in this program are promoting a two-way learning experience, with the

staff in the mainstream CAMHS and CHW services benefiting from their unique knowledge and experience.

- The completion of these Internships, along with the expected continuation and expansion of this model of mental health service delivery, is anticipated to meet the aims of the project already outlined.

Obstacles to long term viability of the program

While the program has many strengths, two obstacles impact on its longer term viability.

- Recruitment and retention issues in rural areas resulting in vacant CAMHS positions, stretch the ability of the local team to provide intensive clinical supervision.
- Pay structures for this new emerging workforce are also problematic with Intern staff coming under the Aboriginal Health Education Officer Award which offers a relatively low salary range. Revised salary structures, commensurate with an Interns' developing clinical knowledge and experience, are critical to ensure longer term participation in the program and ultimately permanence as workers in CAMHS.

Submission recommendations

Successful completion and expansion of this project should provide strong impetus for the following policy implications:

- this model of service delivery is adopted and endorsed for implementation in all rural and remote areas to improve access for the mental health needs of Aboriginal and Torres Strait Islander children and adolescents.
- recurrent funding is directed toward partnerships in order to sustain the model.
- increased scholarships are awarded to encourage participation of Aboriginal and Torres Strait Islander in relevant mental health tertiary studies.
- revision of the Aboriginal Health Education Officer Award to ensure such positions, as supported by the program, are remunerated appropriately.

Future directions

Knowledge gained through this project can inform policy makers and service providers about optimal strategies in mental health service provision for the promotion of the social and emotional wellbeing of children and young people from Aboriginal and Torres Strait Islander backgrounds. A sustainable model of mental health service delivery is based on the recognition that Aboriginal Mental Health workers are the experts in appropriate mental health care in rural and remote communities. Boosted by the ongoing expansion of the Djirruwang program, it is hoped that the continued provision of structured and supported training programs will increasingly attract workers to the subspecialty of child and adolescent mental health. The future direction should be to continue to expand this project to other rural and remote communities such that Aboriginal and Torres Strait Islander mental health training opportunities in the bush result in local, qualified and supported child and adolescent mental health workers for all rural and remote communities.

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