

Aboriginal Mental Health Program "working both ways"

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This paper aims to present the Top End Division of General Practice's Aboriginal Mental Health Program. This program is a result of an ongoing need identified by Indigenous people, General Practitioners and other primary health service providers working in remote communities of the Northern Territory as to the difficulties associated with Indigenous mental health.

The program exists in partnership with:

- Batchelor Institute for Indigenous Tertiary Education
- Northern Territory Government – Mental Health Services
- Charles Darwin University.

The Top End of the Territory is a unique environment:

- while Central Australia encompasses vast desert lands; the Top End is monsoonal in nature
- the Top End covers a vast geographical expanse north of Tennant Creek of just under 510 000 sq km
- population of the Top End – approx 153 000 people with the highest concentration of Indigenous people at 28%
- apart from Darwin city, Aboriginal people generally reside in remote communities with an average of 1000 people.

BURDEN OF DISEASE

Aboriginal people have a higher incidence of western lifestyle problems such as diabetes, heart disease, cancer, chronic respiratory disease, drug and alcohol abuse and mental illness; dying 15-20 years younger than other Australians.

Aboriginal people are still trying to deal with past issues and cope with the future. It is recognised that a disproportionate number of Indigenous people spend time in the prison system, have both physical problems and mental health problems – most of which are treatment – focused through Western concepts. Aboriginal people especially those in remote communities are struggling with both western and traditional ways. It is surprising that mental health figures prominently in the equation for some Aboriginal Communities across Australia.

- Mental health is exacerbated through the harsh realities of remote lifestyle. Remote lifestyle means minimal services available such as basic health care,
- Access to specialists probably means air evacuation.

- Over crowding in every house in most communities – new relationships formed and children born does not mean a new house to establish – it means bunking in with all the rest of the family – average 15 people in each community house in most of our remote communities.
- Substance misuse is ever increasing along with mental health issues directly related to boredom.
- Physical problems are increased along with malnutrition and high rates of smoking.
- Dental problems are enormous with a visiting dental service visiting mostly on a fly-in-fly-out basis.
- Violence in all forms is on the rise.
- We wonder why there are not more Indigenous people in higher education when most remote Territory communities do not have secondary schools.
- Government psychiatric services to remote communities are on average every 6–8 weeks. Currently the NT Government employs a visiting remote psychiatrist to travel from SA to assist in basic service delivery.

The challenges of delivering mental health services

The development of appropriate mental health services throughout NT faces many challenges, the least of which is providing adequate supports to the daily work of the General Practitioner and primary health care team. The isolation and the cultural impact add an additional layer to the stress of working in remote NT. This program aims to provide some equity in accessing culturally appropriate MH services for individuals and families.

This program aims to improve the mental health care of Indigenous people within a remote community through the provision of effective and efficient allied health services that provide the optimum health outcomes in a cost-effective manner. Aboriginal Mental Health Workers have knowledge of culture, family dynamics and language, and assist in cultural interpretation of illness, mediation, crisis intervention, ensuring compliance with recommended management, and health promotion. They provide individual and family counselling and mental health education on a wider community level. Their work has a direct value-adding component to the Government's initiative of attracting and retaining GPs in the bush.

The underlying theme for the program is "to provide local solutions to local problems". There remains an identified need that local qualified Aboriginal Mental Health Workers are desperately required to work in collaboration with primary health care provision and that Indigenous people are the key stakeholders in the delivery of culturally appropriate services to individual remote communities. Each remote community has varying levels of mental health issues to address and a major factor for remote communities is the need for community based services, not visiting services, which tend to provide infrequent support which is less likely to be culturally appropriate.

There also stands an acknowledgment that non-Indigenous people are unable to fully understand the intricate cultural and traditional ways of Indigenous people therefore Indigenous staff are paramount in providing basic mental health intervention.

Currently there are eleven locally employed Aboriginal Mental Health Workers that work with GPs in the remote communities of Angurugu, Borroloola, Galiwinku, Katherine, Yirrkala and

Numbulwar. AMHWs are able to open a pathway whereby the personal and cultural themes can inform the work of the GP, nursing staff and visiting departmental mental health team.

OBJECTIVES OF THE PROGRAM

- To build community capacity to address mental health issues.
- To develop a two ways partnership between GPs and AMHWs: to provide local solutions to local problems.
- To have a culturally sensitive program and service delivery that is community managed and directed and owned in each and every part of the process.
- To incorporate prevention and early intervention as part of the role.

Program recognition

The program received an Achievement Award for its unique "Service Partnerships and Collaboration" at The Australian and New Zealand Mental Health Conference held in September 2003 at Canberra. In November of 2003 the program also won the Australian Division of General Practice award for "Collaboration and Integration". These awards signify the valuable achievements of the entire program in the context of a service partnership that has built real community capacity in some of the most remote communities across the Top End of Northern Territory in just 3 years.

The Commonwealths "More Allied Health Services" funding along with the Alcohol Education Rehabilitation Foundation have contributed to the program and we are currently working with the Territory Government.

THE ROLE OF THE CO-ORDINATOR

The ongoing need for Indigenous co-ordination support is underpinned by the following:

- there is limited availability of practitioners other than GPs (ie mental health nurses and/or health centre managers) who are able to invest time and effort in developing the AMHW's role.
- there is a consistent fluctuation in the degree of local support for community mental health care program by the remote community organisation.
- Remote communities experience a constant changeover of GPs, RNs and council CEOs with various interest or knowledge of mental health in remote Indigenous communities. The Co-ordinators play a vital part in retention rates for GPs and nurses in remote locations by taking a hands-on role with AMHWs along with informing new clinic and council staff on the expectations of the program.
- Aboriginal mental health workers work in both the clinics, supporting clinical mental health practice, and in the communities, not only visiting patients, but conducting various forms of non-clinical health promotion and early intervention activity. It is not within the capacity of the remote GP or health centre RNs to support this work therefore the Co-ordinators take the role in educating and assisting the development of project plans toward health promotion events and prevention strategies for the community.

- As the AMHWs live within the community they serve, the issue of burnout is enormous. The Co-ordinating staff have a role in identifying AMHW burnout and address it by arranging avenues such as: time-out visiting another community for on-site experience and peer support; negotiating leave with the Council and clinic; and providing professional supervision.

STORY TELLING BY THE MENTAL HEALTH WORKERS

Mental Health Workers from Borroloola and Katherine will present stories on their work as they support and enhance the capacity of the primary health care team to address the many issues facing their communities. Both these workers provide an enormous amount of expertise across both mental health and Indigenous culture. The links that have developed between Government Mental Health Services and Indigenous terms of reference are the basis for culturally appropriate and best outcomes for people with mental health issues in remote Northern Territory.

The Top End Division of General Practice acknowledges the opportunity and privilege to work with Indigenous people in what remote GPs claim to be the most overwhelming and difficult area of primary health care.

PRESENTERS

Donna Mulholland is the Mental Health Program Co-ordinator at the Batchelor Institute of Indigenous Studies. Donna has worked for many years in mental health within both clinical and non-clinical settings. As an Indigenous woman she strives for improved mental health outcomes for Indigenous communities as she supports the work of the Indigenous staff and GPs within the program in the areas of promotion, prevention and early intervention.

Warren Timothy is the mental health worker from Borroloola. Warren has worked as a mental health worker for 3 years, since the beginning of the program. Warren was born in Tennant Creek but grew up in Borroloola with both parents of the Yanyula Tribe. Warren became a mental health worker to help his people to learn where and how to find help. Warren has many other community responsibilities on top of his work in mental health, making at times for a highly stressful life. Warren has completed Certificate 1V in mental health non-clinical through Batchelor Institute.

Robert Broom is co-located in Katherine with the Territory Health Katherine Mental Health team and has worked as a mental health worker for over 2 years. Robert has also worked in the community of Kalano, providing expertise in both mental health and substance misuse. Robert provides assistance to the Katherine team that services a substantial area of the Top End region.