Aboriginal and Torres Strait Islander mental health training opportunities in the bush

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INTRODUCTION

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 outcomes.[1] 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.[2,3] 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. This paper 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).

Aboriginal mental health

Aboriginal mental health is assessed and addressed within a holistic view of health that includes the physical, social, emotional and cultural well-being of the whole community, with mental distress encompassing recognition of the historical, socio-economic and political circumstances of Aboriginal people.[4]

Issues

The emotional and social well-being of children and young people is fundamental to the future of healthy communities. There is increasing awareness, however, of the challenge to the well-being 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.[5] One indicator of a dramatic inequality in well-being 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.[6]

Access

It is well known that Aboriginal people have poor access to culturally appropriate health services, with children and young people being particularly vulnerable to this service deficit.[7] Whilst Aboriginal and Torres Strait Islander Mental Health Workers perform a vital role[8], the evolution of developmentally and culturally appropriate service models and preventative strategies for children, young people and their families continues to be a priority for mental

health services. 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.

Partnerships

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

New England Area Health Service

The New England health area of northwest NSW is approximately 100 000 sq. kms with a population of 175 000 and youth population (0–18 yrs) of approximately 52 000. Two regional cities, Armidale and Tamworth, account for 75 000 people with the remaining population broadly distributed across rural towns and small (<200 people) communities. This area has the highest number of Aboriginal people of any health area in NSW (10 221) with a youth population of approximately 4800 (47%).

CAMHS services in NEAHS target young people under 18 years of age and provide prevention, early intervention and treatment services for children and young people from centres around the area. Two Aboriginal Controlled Community Health Services (ACCHS) are located at Moree and Armidale which also provide mental health services to Aboriginal families.

Children's Hospital at Westmead

The Department of Psychological Medicine at CHW is a lead agency in the provision of family centred mental health services to children and young people. The Department has an ongoing role in providing training and supervision to child and adolescent mental health services and mental health workers from rural and remote communities. Since 2000, CHW has co-ordinated the Child and Adolescent Telemedicine Psychiatry Outreach Service (CAPTOS), which has identified the need to enhance local services for children and adolescents of Aboriginal and Torres Strait Islander background and their families.

AIMS

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 well-being of children and young people and identify the barriers to service access
- increase the literacy of local mainstream mental health workers and other key professional groups, regarding the risk and protective factors for the social and emotional well-being 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.

The Internship program

The Internship program is a supported, integrated training and professional development program for individuals from Aboriginal and Torres Strait Islander communities which aims to develop their 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 with professional support and supervision through the Area Health Service.

METHOD

The following sections describe the development, structure, and initial outcomes of the program.

Service development

Consultation with Aboriginal health and education professionals was a crucial first step in the establishment of this program. Guidance was sought in identifying salient program development issues from service providers at ACCHS's, as well as Aboriginal and non-Aboriginal professionals within mainstream health and education services. The following issues identified emphasised the importance of support and cultural awareness.

Adequately supporting the Interns was a pervasive theme. This included providing comprehensive training and supervision, providing support from other Aboriginal professionals, and ensuring workloads are realistic and in accordance with the level of training. Ensuring the Interns are accepted as full members of the multi-disciplinary team was also emphasised. This included equal access to, and availability of appropriate resources to effectively perform job duties (eg access to car, phones, computers, office space). Training should be graduated and comprehensive, where interns are equipped with generalist and comprehensive skills in child and adolescent mental health (including work with both Aboriginal and non-Aboriginal families), as well as specialist skills in Aboriginal mental health. Communication and problem solving should be facilitated by establishing clear and direct lines of responsibility so issues can be dealt with directly and efficiently.

Program development should reflect the Aboriginal context, beginning with a culturally appropriate position description with relevant language and criteria. Awareness of potential boundary issues for interns working within their own community, as well as potential acceptance issues for interns coming in from another community, was also raised. Gender

issues also need to be considered, given that in Aboriginal culture some issues are more appropriately dealt with by a person of the same sex. Acknowledgement of differences in working styles was also important, including the provision of an appropriate forum to negotiate these, if required.

Support processes

The Children's Hospital Westmead was interested in this partnership with NEAHS because of its ability to provide training in a multi-disciplinary CAMHS team that has established links to a strong support network of Aboriginal Health workers. The provision of comprehensive training within a supportive network aims to optimise skill sharing and development, as well as maximise staff retention through increased job satisfaction. Thus, identifying essential support structures including choice of placement location, supervision, mentoring, networking and clinical training at each level of program development was necessary.

Support structures implemented within and between services include the provision of appropriate supervision, debriefing and mentoring on an ongoing basis. Supervision is provided through the CAMHS Co-ordinator in Tamworth and the Program Co-ordinator from CHW provides additional supervision via video-conferencing links and rural site visits. Formal supervision occurs weekly, alternating between CAMHS and CHW. Informal contact outside of supervision times is available as needed. In addition, the CAMHS on-site line manager provides support, direction and guidance for the Interns' daily activities. Formal appraisals occur quarterly as an additional way to ensure the professional needs of the Interns are being met.

Mentoring and support is provided through Aboriginal Mental Health in NEAHS with contact occurring on a weekly basis. A principle focus of training, particularly during the initial year, is on networking and the development of community linkages. Interns attend monthly meetings with Aboriginal mental health workers in the area, as well as selected training activities (eg workshops, conferences). In addition to meeting learning objectives, integrating the Interns into the professional community is designed to further enhance the Interns' support networks.

At the clinical training level, interns are accompanied by co-therapists and are not expected to work with families independently until they have met required competencies. Placing two positions at the same location aims to maximise mutual peer support and minimise isolation, with a male and female worker position allowing the provision of gender-specific and gender-appropriate service delivery.

Education linkages

The provision of on-the-job, clinical training concurrent with the completion of tertiary studies forms the basis of this program and is based on the rationale that academic training in mental health will further enhance and optimise the development of an Aboriginal mental health workforce. During the internships, interns are funded to attend a suitable three-year tertiary course for Aboriginal and Torres Strait Islander mental health workers. The Interns are released by their workplace to attend course requirements and are remunerated by CHW for costs associated with the course such as fees, transportation and accommodation.

The preferred academic course is the Djirruwang Aboriginal and Torres Strait Islander Mental Health Program from Charles Sturt University which offers an accredited training program for Aboriginal health workers. This established and comprehensive program of study, leading to academic awards, covers themes including an introduction to mental health and well-being, assessment and clinical intervention, crisis management, health promotion and community

development, research in mental health and child and adolescent mental health. Mainstream degree courses such as psychology are also suitable.

Recruitment

Development of the job description was guided and approved by the Aboriginal health and education professionals. Culturally relevant criteria were included that acknowledged the value of life experience as well as an understanding of Aboriginal cultural and social issues and how these relate to mental health problems. The positions were advertised through Aboriginal, local, and metropolitan newspapers and health networks. Students already enrolled in the Djirruwang Mental Health course were also notified.

Training and supervision

Training program

Clinical training occurs on the job with duties increasing over the course of the internship with emerging professional competencies and increased familiarity with the community. In addition, quarterly visits to CHW for intensive clinical training in Child and Adolescent Mental Health are provided each year of the traineeship. Training guidelines have been developed which outline the Interns' professional role, learning objectives and formal appraisal process. The key clinical development areas for the three-year program are in accordance with national workforce standards.[9]

Training is graduated with the focus of the first year on networking with both mainstream and Aboriginal service providers, becoming familiar with the Aboriginal community, and the acquisition of basic clinical skills in child and adolescent mental health. Objectives and outcome indicators for the first year of training have been developed under the areas of **knowledge of job, networking, working in a team, clinical skill development, communication, knowledge sharing, planning and organisation, supervision process,** and **tertiary studies**. For example, the objectives for **clinical skill development** in the first year of training is to begin to develop skills and competence in providing specialty services to assist with social and emotional problems of children and adolescents, and in assisting families in accessing and communicating with other services, including community agencies, hospitals, schools and other services as required. Initial clinical competencies include skills such as establishing rapport with families, interviewing and assessment skills for children and families, case formulation and the development of treatment planning and referral skills. Outcome indicators are developed between the Interns and supervisors and are reviewed at quarterly performance appraisals.

Supervision and appraisals

The Interns' practice is supported by weekly supervision. As well as guiding the development of clinical competencies, the role of supervision is to provide a framework to learn and practice how to set goals, establish a foundation for giving and receiving feedback, learn to negotiate different working styles, and to learn and practice how to identify strengths and developmental areas.

A formal performance appraisal occurs quarterly for the first year of the internship, then bi-annually for the final two years. Appraisals are conducted with the Intern and the CAMHS and CHW Co-ordinators. The objectives of the appraisal process are to provide an additional forum to ensure that the goals of the Intern are aligned with the overall goals of CAMHS and CHW, and to further promote dialogue between Interns and their supervisors that offers a chance to express feelings and provide a fair exchange of views about the job. It provides a formal

opportunity for the Intern and supervisors to give mutual feedback on how they see the traineeship developing, for identifying areas of strength and areas that may require additional attention, and for setting goals for the next training period.

Mentor Program

The aim of the Mentor Program is to provide a structure which enables Intern staff to seek and obtain support and advice on work and related issues from more experienced Aboriginal staff in NEAHS. The Mentor Program seeks to address the particular needs of Aboriginal staff by formalising a support structure which will help them understand the culture of the agency, utilise their skills and gain access to appropriate training and staff development options. Mentors are provided for the three-year Internship with frequency of contact commencing weekly and altering over time to reflect greater experience and autonomy of the positions. Meetings of Mentors and Interns are facilitated by the CAMHS Co-ordinator to discuss progress of the program including issues arising, and possible improvements to the program. Guidelines have been developed that outline roles and expectations of each party in the Mentor Program.

Activities and outcomes

The clinical education program involves on-site clinical training at both CAMHS and CHW. It also includes selected external workshops and conferences aimed at further skill acquisition and networking opportunities (eg Psychological Assessment of Aboriginal Young People Workshop; Family and Community Healing – First National Conference for Indigenous Counsellors, Psychologists and Healers). Interns also attend the annual Aboriginal Mental Health Worker Forum organised by the NSW Centre for Mental Health and the Aboriginal Health and Medical Research Council. These activities provide further opportunities for the Interns to develop supportive networks and collaborative partnerships.

Program evaluation is an ongoing and collaborative process that is guided by consultants in order to ensure the process is pertinent to the Aboriginal context. Over the course of the program, feedback will be sought from Interns, mainstream and Aboriginal service providers, families and the Aboriginal community, statistics and records. The evaluation process will consider the following areas:

- strengths and weaknesses of the internship program as a model of profession development
- capacity of the Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Worker model of care to meet the identified needs of communities and reduce the barriers to service access
- acceptability of the Aboriginal and Torres Strait Islander Child and Adolescent Mental Health Worker model of care to users of the service
- whether the model improves linkages between mental health and other sectors to promote the well-being of children and young people and their carers.

RESULTS

Six applicants submitted resumes for the Internships reflecting a range of life and professional experience. The two successful applicants were a female and male who are currently completing their first year of training.

The first six months of the project were new and exciting, with not unexpected "teething" problems. Reflection on the inception stage highlights some important elements for consideration for future internships.

- Consistent support at the early "adjustment" stages cannot be overstated. While support comes from many different angles, what seems particularly important is easy access to supervisors and the establishment of good, trusting relationships between Interns and supervisors. The support provided through fellow students and teachers at the associated universities has been another salient source of support during the early stages. Open and regular communication between the support agencies (ie Tamworth CAMHS, CHW and the Djirruwang Program) has been instrumental in efficient and successful problem-solving and reinforcement.

- Provision of a structured learning environment with clear objectives and clear lines of responsibility is essential. This is particularly important given that rural services often have recruitment and retention issues resulting in unfilled CAMHS positions that limit availability of staff to provide training and clinical peer support.

- Recognition of the enthusiasm and commitment of both the services and the Interns themselves plays an important part in the early success of the program. The Interns' high levels of commitment to self-development and to assisting the Aboriginal community provide continued motivation and application for all partners in the program.

CONCLUSIONS

From the initial inception and consultation stage through to this first year, this project has been met with unbridled enthusiasm and support with clear strengths emerging as the Internships proceed. 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 multi-disciplinary 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.

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.

POLICY RECOMMENDATIONS

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

- That 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
- That recurrent funding is directed toward partnerships in order to sustain the model.
- That more scholarships are awarded to encourage participation of Aboriginal and Torres Strait Islander in relevant mental health tertiary studies.
- The 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 well-being 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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PRESENTERS

Warren Bartik is a Psychologist and the Area Co-ordinator of child and adolescent mental health in the New England area of NSW. He has 20 years' experience working with young people, their families and mental health and has extensive experience working with at-risk young people. He has particular interests in accessibility and equity for young people's health needs with a focus on prevention and early intervention strategies.

Angela Dixon is a Clinical Psychologist at the Department of Psychological Medicine, Children's Hospital at Westmead. Angela has worked with emotionally troubled children and adolescents in a variety of positions, both in Australia and the United States, for the past 18 years. Her special interests are trauma and PTSD in adolescents. Angela completed a Masters degree at Harvard University, and she also lectures in psychology at the University of Sydney, where she has recently completed a PhD investigating trauma and psychiatric disturbance in female juvenile offenders.