

NT Aboriginal Emotional and Social Wellbeing Strategic Plan

**Northern Territory Aboriginal Health Forum
Emotional and Social Wellbeing Working Party
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Foreword & Acknowledgements

This Strategic Plan is part of a Territory-wide effort to strengthen and extend existing and new initiatives to improve the emotional and social wellbeing of Aboriginal people. It is acknowledged that a small number of Torres Strait Islanders live in the Northern Territory and may also benefit from initiatives associated with this Strategic Plan.

Emotional and social wellbeing must always be considered in the context of the broader environment. Emotional and social wellbeing issues reflect a complex interaction between the individual, their family, and their social, cultural and economic environment. This Strategic Plan recognises the need for partnerships and coordination of activities between sectors to ensure the underlying issues that impact upon emotional and social wellbeing are addressed.

The document has been developed in consultation with a wide range of stakeholders who have knowledge and interest in emotional and social wellbeing. The issues discussed, and the strategies proposed, were repeatedly identified by stakeholders as priority areas in need of attention. The consultation process involved the time and efforts of many individuals and organisations. Without their generous contributions the development of the Plan would not have been possible.

The Plan is a partnership initiative of the Northern Territory Aboriginal Health Forum (NTAHF) which established the Emotional and Social Wellbeing Working Party to oversight its development. Forum partners will take responsibility for ensuring local action plans are developed to translate it into practice. The Plan and action plans will be monitored and reviewed to ensure that they address the emotional and social wellbeing needs of Aboriginal people in the Northern Territory.

The Emotional and Social Wellbeing Working Party spent much time considering the best way to adequately reflect and synthesise the key issues that emerged from the consultations. Efforts were made to ensure that the Plan is presented in a straightforward manner that is suitable for a wide range of audiences.

Executive Summary

The Plan has been developed by the Northern Territory Emotional and Social Wellbeing Working Party. A broad consultation process with a range of individuals, organisations and sectors with knowledge and interest in emotional and social wellbeing has guided its development. The Plan recognises the need for action to improve Aboriginal emotional and social wellbeing, and provides a platform for collaborative efforts to achieve this goal. Following endorsement by the Northern Territory Aboriginal Health Forum, the Plan will provide a strategic framework for the development of local action plans.

The term 'emotional and social wellbeing' reflects the holistic Aboriginal concept of mental health. Many of the emotional and social wellbeing problems experienced in Aboriginal communities are associated with issues of social justice, in particular the ongoing socio-economic disadvantage, and the history of colonisation and its effects on Aboriginal culture. Family violence, sexual and physical abuse, suicide and substance misuse are a reflection of emotional and social wellbeing problems in the community, and also exacerbate them. A focus on building on family and community strengths is fundamental to empower individuals and communities to address these issues.

Aboriginal people have shown tremendous resilience in the face of adversity. Relationships with extended families are an important source of support for Aboriginal people and help to foster this resilience. The centrality of family, kinship and social relations to the lives of Aboriginal people must be recognised. When working with Aboriginal people, non-Aboriginal practitioners need to be aware of, and acknowledge their own cultural assumptions, and be respectful of the Aboriginal person and their culture.

The Plan identifies seven *Key Result Areas* where action is required to bring about improvements in Aboriginal emotional and social wellbeing:

1. Individual, Family and Community Capacity

Aboriginal people must be empowered to drive the process of shaping the future of their communities. Family, kinship and cultural systems are a source of resilience, knowledge and creativity for Aboriginal people. There is a need to build upon these strengths and enhance the capacity of Aboriginal people to define the problems facing their communities, and to prioritise strategies to address them. Furthermore, support for the families, friends and carers of people experiencing emotional and social wellbeing problems is crucial.

2. Cultural Resources, Healing and Counselling

There is a wealth of resources within Aboriginal culture that can be utilised to improve emotional and social wellbeing. Healing programs are a strategy for responding to local needs as well as symbolising Aboriginal strengths and survival. Counselling has been identified as a priority for Aboriginal people. There is a need for counselling services to enable Aboriginal people to deal with their trauma and grief, and to address the issues associated with the forced separation of children from their families, sexual abuse, family violence and suicide.

3. Promotion and Prevention

Promotion and prevention initiatives are fundamental to improving Aboriginal emotional and social wellbeing. Evidence-based approaches acknowledge the many shared determinants and interventions that reduce risk factors or prevent mental ill-health, suicide, substance abuse, family violence, sexual abuse, crime and long-term unemployment. Promotion strategies build upon the strength of Aboriginal families, communities, and cultural systems. Collaboration is important to ensure that sectors and organisations undertake joint promotion and prevention initiatives and address issues in a holistic manner.

4. Community Controlled Sector

A range of Aboriginal community controlled organisations respond to emotional and social wellbeing issues. Community controlled organisations are recognised as being in a good position to facilitate community input and develop appropriate programs for the local circumstances. Aboriginal community controlled health services (ACCHSs) provide culturally appropriate comprehensive primary health care and play an important advocacy role for Aboriginal people. The Plan supports increasing ACCHSs capacity to address emotional and social wellbeing issues and their involvement in specialist mental health care.

5. Primary Care and Specialist Services

Culturally appropriate primary care and specialist services are vital to enable Aboriginal people to resolve emotional and social wellbeing problems. It is recognised that limited resources constrain primary care and specialist mental health services from meeting the needs of Aboriginal people in rural and remote communities. Research is being undertaken to explore options for improved mental health service delivery models to remote communities. Services outside of the health sector provide important support for people with emotional and social wellbeing problems. Collaboration and case management between services, in particular substance misuse and mental health services, is essential to provide coordinated services to address emotional and social wellbeing.

6. Workforce Issues

A competent and well-supported workforce is vital to ensure that the emotional and social wellbeing needs of Aboriginal peoples are met. Strategies are required to improve recruitment and retention, training and education and longer-term workforce development strategies. Specific strategies are needed to increase the number of Aboriginal people trained and employed in positions relating to emotional and social wellbeing. Coordination of effort is required in health, education and training portfolios, with partnerships involving educational institutions, training providers, professional and industrial bodies, and mainstream and community controlled organisations.

7. Data, Research and Evaluation

The extent and nature of emotional and social wellbeing problems amongst Aboriginal people is not well understood. The availability of effective, acceptable and evaluated interventions for promotion, prevention and treatment is limited. There is a need to collate existing information, establish baseline data, develop and evaluate appropriate assessment tools and interventions, and monitor safety and quality.

Following endorsement, the four partner agencies of the NT Aboriginal Health Forum will ensure the Plan is taken forward, and implemented to meet the needs of Aboriginal people in the Northern Territory. A commitment to the Plan by a diverse range of players who work with Aboriginal community controlled organisations, public, private and non-government agencies across a range of sectors including health, disability and social support services will be fundamental to its successful implementation.

1. INTRODUCTION

1.1 The Northern Territory Aboriginal Health Forum

The Northern Territory Aboriginal Health Forum (NTAHF) was formed under the NT Aboriginal Health Framework Agreement in 1998. The NTAHF includes representatives from AMSANT (representing the Aboriginal community controlled health services sector), the Department of Health and Community Services (DHCS), the Commonwealth Government (Office for Aboriginal and Torres Strait Islander Health - OATSIH) and the Aboriginal and Torres Strait Islander Commission (ATSIC). See Appendix A for diagram of the NTAHF structure.

The NTAHF identified emotional and social wellbeing as a priority area to be addressed and established an Emotional and Social Wellbeing (ESWB) Working Party to oversee the development of an NT wide Strategic Plan (Appendix B). OATSIH funded a project officer position based at AMSANT to work to the ESWB Working Party in developing this Plan.

The role of NTAHF is to inform policies and planning with respect to existing and new mainstream and Aboriginal specific health and health related services. The NTAHF can only address some Aboriginal emotional and social wellbeing needs. A whole of government and community approach is required across a range of sectors that impact on emotional and social wellbeing, such as housing, education, welfare and justice. There is a need to formally entrench partnership arrangements at both the system and service levels across sectors.

1.2 Purpose and Development of the Strategic Plan

The purpose of this Plan is to identify the gaps and opportunities in service provision, and outline priorities to improve the capacity of individuals, families, communities and services to respond to emotional and social wellbeing issues. It emphasises support for the Aboriginal community controlled sector, culturally appropriate mainstream services, and improved partnerships between organisations and sectors. This document aims to provide key policy directions and priorities for action over the next 5 years.

The Plan has been informed by the practical experience gained by service providers and other evidence about what helps improve emotional and social wellbeing among Aboriginal people. It was developed in consultation with Aboriginal community controlled health services, other Aboriginal organisations, Regional Centres, mental health services, and a range of other related sectors and government agencies (Appendix C).

The Strategic Plan has been developed concurrently with the *draft National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004–2009)*, auspiced by the National Aboriginal and Torres Strait Islander Health Council and the National Mental Health Working Group. It is anticipated the Australian Health Ministers will consider the draft National Framework for endorsement by late 2003. The structure and content of the NT Strategic Plan reflects the key directions in the draft National Framework, which will provide a policy platform for State and Territory Framework Agreement Partners to develop implementation plans.

1.3 Implementation of the Strategic Plan

The successful implementation of the Plan will rely on a commitment to action by a diverse range of players who work in Aboriginal community controlled services, public, private and non-government agencies across a range of sectors including health, disability and social support services.

In some instances the Commonwealth government is responsible for funding, such as private psychiatrists, general practitioners and Aboriginal community controlled health services. At the same time State and Territory governments fund areas such as public mental health services.

Following endorsement by the NTAHF, the Plan will be referred to the Central Australia Regional Indigenous Health Planning Committee (CARIHPC) and the Top End Regional Indigenous Health Planning Committee (TERIHPC). The purpose of the Committees is to ensure regional input into policy development and planning for the implementation and evaluation of policies and strategic plans.

CARIHPC and TERIHPC will oversee the formation of ESWB Action Groups in the Top End and the Centre to develop action plans that include local input, and outline partner responsibilities, funding implications and timeframes. Membership of Action Groups will include partners of the Framework Agreement and other agencies that are key stakeholders in emotional and social wellbeing.

The ESWB Working Party is committed to facilitating the translation of the key directions in the Strategic Plan into local action plans. Continuity will be achieved by ensuring Working Party members provide a comprehensive hand-over of information, and where appropriate join the Action Groups. The ESWB Working Party recommends that Action Groups submit draft Action Plans to the NTAHF, through CARIHPC and TERIHPC, within 6 months of their formation.

2. CONTEXT

2.1 Defining Emotional and Social Wellbeing

Emotional and social wellbeing is the term preferred by Aboriginal people to reflect a holistic concept of mental health and is best understood within the context of the Aboriginal definition of health. This is:

'Not just the physical wellbeing of an individual, but.....the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.' (NACCHO 1997)

Enhancing emotional and social wellbeing involves support for healthy relationships between families, communities, land, sea and spirit (NATSIHC 2002). A focus on strengthening communities and culture is fundamental to empowering individuals and communities to identify and meet their own needs. Strong healthy communities are those where individuals experience a sense of belonging, trust, participation and social support (MoH 2001).

The following needs have been identified as central to the emotional and social wellbeing for Aboriginal people:

- high self-esteem and self-confidence;
- the freedom to communicate needs and feelings;
- the ability to love and be loved;
- a sense of belonging to family and community;
- the ability to cope with stress;
- being able to relate, create and to assert oneself;
- having options for change that help the development of a problem solving approach;
- being comfortable with your environment; and
- believing in something (family, community, culture, religion) (Swan & Raphael 1995).

These needs are not unique to Aboriginal people but are relevant to people everywhere. However, the particular history of Aboriginal people means that they may experience many of these needs in an acute and urgent manner (CDHAC 2001).

Emotional and social wellbeing problems encompass a broad spectrum of mental health issues, including mental health problems, mental disorders, grief and trauma and other problems arising from historical factors and ongoing social and economic disadvantage. Mental disorder is the term used to describe the more severe and/or persistent conditions that are diagnosed according to clinically recognisable set of symptoms or behaviours. The term mental health problem is used to describe a broad range of emotional and behavioural difficulties that may cause concern or distress (Raphael 2000b).

It is recognised that the broader mental health problems experienced in Aboriginal communities and the high levels of substance misuse, suicide, violence, and child abuse are associated with issues of social justice, in particular ongoing social and economic disadvantage, and the history of colonisation and its impact on Aboriginal culture.

2.2 Emotional and Social Wellbeing in the Northern Territory

The process of colonisation, which has continued well into the lifetime of contemporary Aboriginal people in the NT, has had a profound impact on their health and wellbeing. The loss of Aboriginal people's control over their land resulted in the demise of their economic base and was often accompanied by violence and brutality (Devitt et al 2001). Pat Anderson has described the impact of colonisation on Aboriginal people:

'Our peoples were often concentrated into settlements, all mixed up together – many nations, many languages herded together into immobile communities. Many aspects of traditional life became impossible or difficult to practice. Speaking our languages was forbidden and traditional practices were suppressed. Children - the Stolen Generations – were removed from families, supposedly for their own benefit but instead causing deep emotional hurt both to the children and their families.....new authority structures and the new way of life challenged and distorted traditional ones. The checks and balances that kept customary identity and society in tact bent and deformed and fractured under the pressure. Then came the period of welfare..... "Sit down money" has combined with alcohol to create a "grog culture" of apathy, drinking and violence that continues to dominate sections of our communities. It takes little imagination to see the psychological, emotional and physical effects of this history are profound.'(Anderson 2002: p.4)

Aboriginal people in the NT continue to be disadvantaged on many fronts, compared to non-Aboriginal people. They remain at the margins of an imposed economic system, with high rates of unemployment, low-income levels and low levels of educational attainment (Devitt et al 2001). The high level of morbidity and mortality amongst the Aboriginal population in the NT is well documented. This adds to trauma and grief as people are constantly faced with early deaths within their family and kinship networks.

However, against these considerable odds Aboriginal people have survived. They have shown great strength in the face of adversity. Relationships with extended families are a source of great support and help to foster resilience and offer some protection from the effects of racism. Connectedness to country, culture and community are also important sources of strength (CDHAC 2001).

The accompanying Monograph provides a more detailed description of emotional and social wellbeing in the Territory, including mental health and other related statistics.

2.3 Addressing the Social Determinants of Health

It is now well established that health and wellbeing is not determined by medical or biological factors alone (Herrman 2001; Devitt et al 2001; Raphael 2003; WHO 1998). Social and economic conditions have a strong influence on health; poor conditions lead to poorer health. Anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on health (WHO 1998). The broad range of factors that influence health are commonly referred to as social determinants. A World Health Organisation document synthesises research findings into ten aspects of the social determinants of health. It explains:

- the need for policies to prevent people from falling into long-term disadvantage;
- how the social and psychological environment affects health;
- the importance of ensuring a good environment in early childhood;
- the impact of work on health;
- the problems of unemployment and job insecurity;
- the role of friendship and social cohesion;
- the dangers of social exclusion;
- the effects of alcohol and other drugs;
- the need to ensure access to supplies of healthy food for everyone; and
- the need for healthier transport systems (WHO 1998).

Emotional and social wellbeing reflects a complex interaction between the individual, their family, and their social, cultural and economic environment. The factors that influence health and wellbeing occur in the events and settings of everyday life. Individual and collective control have been shown to be important (Marmot 1999). Attention must be focused on supporting families and children, encouraging community cohesion, promoting cultural strength, resilience and coping skills, and reducing material and financial insecurity. Central to improving emotional

and social wellbeing is creating an environment where people play a full and valued role in the social, economic and cultural life of their community (WHO 1998).

2.4 Responsibility for Action Across a Range of Settings

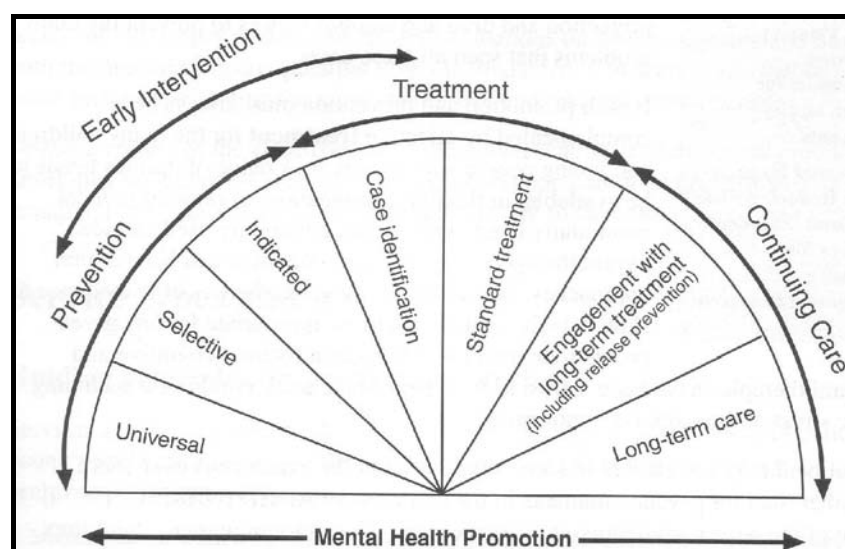
Addressing the social determinants of health and enhancing emotional and social wellbeing requires action across sectors and organisations. Whilst the health sector has an important role to play, significant progress will only be made through supporting and strengthening initiatives that address the full spectrum of influences on emotional and social wellbeing such as housing, education, welfare and justice. A range of Aboriginal community-controlled organisations, other non-government organisations and government agencies, must be resourced to respond to needs identified by Aboriginal people.

The *Consultation Paper for the Development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004 – 2009)* provides guidance in determining who is responsible for action. Under each *Key Result Area* the document outlines who needs to be involved at the National, State/Territory, and local/regional levels (SHRG 2003). The NT Plan is intended to reflect the broad directions set by the National Framework, which should be used as a reference point for identifying organisations and sectors responsible for implementing strategies at the local level.

2.3 Elements of Holistic Care

A holistic approach to addressing emotional and social wellbeing requires the provision of a broad range of interventions and services. It encompasses the whole life span, from infancy to old age, the levels of care from primary through to specialist care, and the full spectrum of interventions from promotion and prevention to continuing care (Raphael 2000). The accompanying Monograph provides a more detailed description of the elements of holistic care.

Figure 1: The mental health intervention spectrum for mental disorder



Adapted from Mrazek and Haggerty (1994) p.23

Promotion

- Action taken to maximise mental health and wellbeing among populations and individuals;
- Aims to build resilience and enhance coping mechanisms to deal with stresses across the life span, especially at points of transition (AHM 1998).

Prevention

- Interventions that occur before the initial onset of a mental health disorder to prevent the development of the disorder;

- Aims to reduce risk factors for disorders and increase protective factors (CDHAC 2000).

Early intervention

- Interventions that specifically target people displaying the early signs and symptoms of a mental health problem or disorder, and people developing or experiencing a first episode of mental disorder (CDHAC 2000).

Primary health care

- First point of contact for many people experiencing mental health difficulties;
- Ensures early detection and prevention of mental health problems and disorders and may play a role in treatment and management (Raphael 2000).

Specialist mental health care

- Assessment and treatment of people with mental health problems through specialist community based services, acute inpatient programs, residential supported care and tertiary services;
- Some prevention and early intervention of mental illness (Raphael 2000).

2.4 Cross Cultural Issues

A culturally appropriate and safe environment is vital to enable Aboriginal clients to resolve emotional and social wellbeing problems (RANZCP 1999). An individual's cultural background may affect their expression and experience of emotional and social wellbeing problems, beliefs about the origin of the problem, views about alternative or complementary forms of treatment and support, and their willingness to seek treatment (VMHS 1996). Therefore it is important that mainstream services address the cultural differences represented in their communities.

Traditional Aboriginal culture does not conceive mental illness as a distinct medical entity. Rather, there is a more holistic conception of health in which individual wellbeing is intertwined with collective wellbeing (HREOC 1991).

'Both individual and collective wellbeing involve harmony in social relationships, in spiritual relationships, and in the fundamental relationship with the land and other aspects of the physical environment.' (HREOC 1991; Vol 1:p 46)

In this context the diagnosis of an individual illness is meaningless as it isolates the individual from these relationships (HREOC 1991).

Operating within an Aboriginal framework is central to good mental health practice for Aboriginal people. The conventional, and highly individualised, Western psychiatric model does not offer an adequate socio-cultural perspective to address the emotional and social wellbeing needs of many Aboriginal people. Mainstream services need to be explicitly attuned to cultural imperatives of their Aboriginal clients, rather than applying a 'cross-cultural perspective' which so often means in practise, a dominant culture perspective being applied, more, or less, sensitively to another culture (Burdekin 1993).

It is important to give recognition to the centrality of family, kinship and social relations to the lives of Aboriginal people. It is fundamental for mental health professionals to develop an understanding of Aboriginal clients' cultural, social and family environment and involve family and other community members in assessment, treatment and management.

Effective and empathic communication between non-Aboriginal mental health professionals and Aboriginal clients requires a concerted effort and resources. Mental health professionals need to be aware of, and acknowledge their own cultural assumptions, be respectful of the client and their culture and learn about those local factors (historical, contextual and

behavioural) that support effective and empathic communication (RANZCP1999). Cross-cultural training is an important mechanism for developing these skills.

The expertise and understanding of Aboriginal emotional and social wellbeing by Aboriginal health and mental health workers, traditional healers, and other community members and service providers is recognised. These people have a great deal to offer in dealing with the problems of people from their communities. Their knowledge, community status and cultural expertise can contribute to a better understanding of individual clients and their subsequent assessment, treatment and management (THS 1998).

2.5 Related Policy Initiatives

A number of initiatives provide the local, national and international policy context for the NT Aboriginal Emotional and Social Wellbeing Strategic Plan, these include:

- Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health (1995)
- Consultation Paper for the Development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004 – 2009)
- National Strategic Framework for Aboriginal and Torres Strait Islander Health (2002)
- The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan (1996)
- Royal Commission into Aboriginal Deaths in Custody (1991)
- Bringing Them Home (1997)
- HREOC Report on Human Rights and Mental Illness (1993)
- National Aboriginal Health Strategy (1989)
- The NT Aboriginal Mental Health Guidelines and Action Plan (1998)
- Mental Health Statement of Rights and Responsibilities (1991)
- National Mental Health Policy (1992)
- Second National Mental Health Plan (1998)
- The International Mid-Term Review of the Second National Mental Health Plan (2002)
- Evaluation of the Second National Mental Health Plan (2003)
- Consultation Paper on the National Mental Health Plan (2003-2008)
- National Action Plan for Promotion, Prevention and Early Intervention for Mental Health and accompanying Monograph (2000)
- Living is For Everyone - LIFE: A framework for prevention of suicide and self-harm in Australia (2000)
- United Nations Convention on the Rights of the Child (1989)
- United Nations Principles for the protection of persons with mental illness and the improvement of mental health care (1991)

3. Guiding Principles

The Strategic Plan is based on a commitment to the following twelve principles:

A holistic approach

Strategies to improve the emotional and social wellbeing must be based on a concept of health that is holistic, encompassing mental, physical, emotional, social, cultural and spiritual health. A range of factors outside of the health sector impact on emotional and social wellbeing. Access to adequate housing, access to land, social support, nutrition, income, education, training and employment opportunities are key social determinants of health and wellbeing.

Supporting Self Determination

Self-determination is the right of Aboriginal people to control their own development and destiny. It exists and needs to be able to be exercised at the individual, family, community, and nation state level and in the international arena. It involves ensuring that Aboriginal people can direct their cultural, economic, and social development and participate fully in the democratic life of the entire community. As a process it can contribute greatly towards improving emotional and social wellbeing.

Building Capacity

Individuals, families and communities need to be skilled and properly resourced to enable them to achieve their aspirations for improving emotional and social wellbeing.

Strength of family and kinship

Families and kinship systems are a great source of strength and support for Aboriginal people. Social relationships are central to an individual's wellbeing and this must be acknowledged when addressing Aboriginal emotional and social wellbeing.

Importance of Parenting and Early Learning

Families must be supported to provide a safe, caring and nurturing environment in which children are able to grow and develop. Culturally appropriate and supportive learning opportunities are also important for children's emotional and social wellbeing.

Acknowledging Strengths

It must be recognised that Aboriginal people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and the environment (Swan & Raphael 1995).

Acknowledging Diversity

There is no single Aboriginal group but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal people may live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living (Swan & Raphael 1995).

Recognition of trauma and loss, racism, stigma and social disadvantage

The experiences of trauma and loss associated with ongoing cultural disruption since colonisation are recognised as contributing to the emotional and social wellbeing issues facing Aboriginal people. The experience of trauma and loss is reflected, and intensified by high rates of substance misuse, community disruption and violence. The racism, stigma and social disadvantage experienced by Aboriginal people needs to be recognised and addressed to improve emotional and social wellbeing.

Community controlled sector

Aboriginal community controlled organisations must be supported in recognition of their role in facilitating community decision-making, participation and control and providing culturally sensitive services. The Aboriginal community controlled health sector must be supported in recognition of its demonstrated effectiveness in providing comprehensive primary health care services to a range of Aboriginal communities.

Culturally responsive and flexible service provision

An informed understanding of local Aboriginal cultural terms of reference must underpin the development and provision of initiatives to address emotional and social wellbeing. Initiatives need to be flexible and responsive to the diversity of individuals' needs.

Partnerships and collaboration

Collaboration within, and between government and non-government organisations is essential to ensure that emotional and social wellbeing issues are addressed in a holistic manner. There is a need to formally entrench partnership arrangements both at the system and service levels through policies, procedures, protocols and funding.

Improving Access

Efforts must be made to improve Aboriginal people's access to a range of community controlled and mainstream services that address emotional and social wellbeing.

KEY RESULT AREA 1
Individual, Family and Community Capacity

Build on existing skills and knowledge and support Aboriginal people, families and communities to improve emotional and social wellbeing.

Rationale

Aboriginal people must be empowered to drive the process of shaping the future of their communities and controlling their own destinies (Kenny 1997). Strong family and cultural systems are a source of great resilience, knowledge and creativity for Aboriginal people. There is a need to build upon these strengths and enhance the capacity of Aboriginal people to define the problems facing their communities, and prioritise strategies to address them. Supporting self-determination and community-control is fundamental to improving emotional and social wellbeing (CDHAC 2000).

Families and friends are often the first point of contact for someone experiencing an emotional and social wellbeing problem. Evidence suggests that people often confide in a friend or relative in the first instance rather than seeking help from a mental health professional (Keys Young 1997). It is crucial that family, friends and carers are provided with adequate support and resources to enable them to provide support, and to maintain their own emotional and social wellbeing.

Individual and community empowerment and advocacy is important to ensure services are responsive to needs and maintain quality care (Raphael 2000). Needs and cultural requirements will differ between clans, regions, and settings and each voice must be heard. An individual and community focus in decision-making and the design of services is essential.

Evidence

The term 'capacity building' can refer to a broad range of actions at the organisational, program community, group, or individual level (O'Hanlon et al 2002). In this Plan the term focuses on building the capacity of individuals, families and communities to tackle emotional and social wellbeing issues.

There is a great deal of expertise within Aboriginal families and culture to guide the enhancement of emotional and social wellbeing. However, a number of barriers prevent communities from working towards improving emotional and social wellbeing. A woman from a community in NE Arnhem Land stated:

'People's minds are clogged, they are too busy dealing with change and introduced things like TV and alcohol and drugs. They can't look out beyond their immediate environment to the bigger picture. There is so much trauma and grief, it gets in the way of people working towards change. People don't know where to start, they don't know how to start.'

A commitment is required to develop long-term structures that help people to collectively identify and meet their own needs (Kenny 1997). Family and cultural networks must be strengthened to enhance people's capacity to utilise their existing skills. Furthermore, Aboriginal people must be provided with opportunities to access information and resources and enhance their problem solving skills.

Good mental health literacy means having accurate, non-stereotyped information related to mental health and illness. Improving mental health literacy within a community can empower and enhance community-based action supporting mental health (CDHAC 2000). The families

and carers of Aboriginal people with mental disorders need access to culturally appropriate information about the symptoms and causes of the problem; treatment options, medication and side effects; and strategies enable them to respond to difficult behaviour and crisis events.

A Capacity Building Initiative in Alice Springs

Tangentyere Council Family Wellbeing Program

The Family Wellbeing Program was developed in South Australia specifically for Aboriginal people and their communities and adopted by Tangentyere Council. The program addresses the physical, mental, emotional and spiritual issues which impact upon family unity and stability and people's ability to benefit from education and training and to gain employment. The program enhances people's capacity to deal with issues such as domestic violence and family disputes. The final module in the program is a facilitating module, so that those who can complete the course are then able to become trainers. The people involved in the program have a sense of ownership of the program and this has led to successful outcomes.

STRATEGIES

Individual, Family and Community Capacity

- Build on and extend existing strategies to identify and support Aboriginal leadership.
- Ensure that governance, management and health-training opportunities are available for Aboriginal board and committee members.
- Build on and extend existing initiatives that strengthen cultural supports and family networks within local communities that can improve emotional and social wellbeing.
- Develop and deliver community awareness programs around issues such as substance misuse, suicide, family violence and child abuse.
- Further develop initiatives that support and encourage Aboriginal community members to come together, plan strategies and take action on issues such as emotional and social wellbeing, suicide, substance misuse, family violence, and child abuse.
- Develop mechanisms for inter-community dialogue and information exchange about strategies to address emotional and social wellbeing issues.
- Develop strategies in partnership with Aboriginal organisations and families to increase Aboriginal people's access to useful information about mental health problems and mental disorders, treatment options, medication and side effects.
- Develop structures and processes for the inclusion of Aboriginal consumers, carers, and families in mental health decision making at all levels and to measure their satisfaction with services.
- Explore options for improving access to support and respite services for families/carers of people with mental illness.
- Engage other sectors to support effective programs that address poverty, employment, education and training needs and income support levels of Aboriginal people.
- Across all sectors and settings promote understanding, acceptance and valuing of Aboriginal cultures, facilitate participation and inclusion of Aboriginal people, and reduce racism and discrimination.

KEY RESULT AREA 2
Cultural Resources, Healing and Counselling

Ensure that a range of culturally appropriate healing and counselling initiatives are available to address the high levels of trauma and grief in Aboriginal communities resulting from the historical and contemporary impacts of past policies, social disadvantage, racism and stigma.

Rationale

The high level of trauma and grief in Aboriginal communities is related to the history of invasion, ongoing impacts of colonisation, loss of land and culture, high rates of premature mortality, high levels of incarceration, and high levels of family separations (in particular the forced separation of children and parents). Family violence, sexual and physical abuse, suicide and substance misuse are a reflection of high levels of trauma and grief in the community and also exacerbate it (Swan & Raphael 1995).

Support is needed for positive and empowering ways of dealing with trauma and grief that are identified by Aboriginal people. Traditional healing and cultural practices are diverse and specific to individual communities and family groups, so it is important that initiatives are locally determined.

Evidence

Aboriginal cultural resources, such as art, dance, storytelling, song, smoking ceremonies, life cycle ceremonies, traditional healing, medicines and foods, can facilitate the working through of trauma and grief, and enhance emotional and social wellbeing. These resources can be utilised across the intervention spectrum from promotion to treatment and recovery.

A number of policy documents emphasise the need to fund and support culturally appropriate healing programs that are developed at local levels by Aboriginal people (Swan & Raphael 1995; CDHAC 2000; NATSIHC 2002). This is important to ensure interventions are appropriate for each community and its beliefs. Social Health Teams are a mechanism for responding to local needs and developing preventive and healing approaches, as well as symbolising Aboriginal strengths and survival. Elders can facilitate this process of continuity, growth and cultural development (Swan & Raphael 1995). *Key Result Area 6* provides more information on Social Health Teams.

Appropriate recognition must be given to Aboriginal cultural practices, including opportunities for family reunion, attendance at funerals, and rites required by different communities to do with death, dying and bereavement (Swan & Raphael 1995). Supporting participation in these activities is important for maintaining emotional and social wellbeing.

While land rights is at one level a political and legal issue, it also relates directly to emotional and social wellbeing through the preservation of culture and social networks. Connectedness to country is a source of strength and resilience for many Aboriginal people (CDHAC 2001). Going back to country plays an important role in healing, however, it is important to recognise that for some Aboriginal people this may not be possible.

In some communities the use of traditional healers is predominant and is regarded as essential for cultural and spiritual wellbeing. Traditional healers are often the first point of contact for people experiencing emotional and social wellbeing problems. Aboriginal people may find it difficult to convey the nature of their distress to non-Aboriginal people. In particular, spiritual

beliefs and issues may be misinterpreted, or unable to be dealt with by non-Aboriginal people. Therefore, it is important that Aboriginal people continue to have access to traditional healers within their communities (Swan & Raphael 1995).

Practitioners need to be aware that many Aboriginal people will utilise the services of traditional healers as well as conventional health services. Mental health and emotional and social wellbeing services should not interfere with, replace or seek to institutionalise the practices of traditional healers as this will undermine their role and authority (Tsey 1997).

A Traditional Healer Program

The Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council Aboriginal Corporation's Emotional and Social Well Being Program

In 1998 OATSIH offered funding to the NPY Women's Council to establish an emotional and social wellbeing regional centre for the cross border area of Central Australia. The aim was to develop training and education about mental health for Anangu workers. In response, NPY Women's Council Executive Committee said that while they were interested in learning about mainstream concepts and strategies for emotional and social wellbeing, they felt strongly that it was more important to support and promote traditional Anangu healing practices and cultural values. They proposed that the project employ Andy Tjilari and Rupert Peter, well-respected ngangkari (traditional healers), as consultants.

NPY Women's Council now employ these two ngangkari full time and OATSIH funds two ESWB project officers to promote and support them. The ngangkari specialise in problems associated with mental health. They treat problems holistically; family and community involvement is an integral part of their approach to bring about harmony.

Counselling has been identified as a priority for Aboriginal people. There is a need for counselling services to enable Aboriginal people to deal with their trauma and grief, and to address issues associated with the forced separation of children from their families, sexual abuse, family violence and suicide. Counselling methods need to be specifically designed to meet the needs of Aboriginal people (Swan & Raphael 1995).

Narrative therapy has been identified as a counselling model of particular value to Aboriginal people as it builds on the story telling modes that are a central part of Aboriginal culture (Swan & Raphael 1995). A range of counselling methods such as narrative therapy, generic counselling, cognitive behaviour therapy, and non-directive counselling must be available to provide Aboriginal people with a choice of interventions.

Social Health Teams within Aboriginal community controlled health services provide counselling to Aboriginal people and are further explored in *Key Result Area 6*.

Counselling and healing programs need to be tailored to address the emotional and social wellbeing needs of members of the Stolen Generation. The effects of children's removal from their families and communities were far ranging and complex, and it is difficult to capture the effects for each person (Swan & Raphael 1995). However, the *Bringing Them Home* report states that:

'For the majority of witnesses to the Inquiry, the effects have been multiple, continuing and profoundly disabling. The trauma of separation and attempts at "assimilation" have damaged their self-esteem and wellbeing, and impaired their parenting and relationships. In turn their children suffer. There is a cycle of damage people find difficult to escape unaided.' (HREOC 1997)

In the consultations for the development of the Plan it was stressed that counselling services need to work closely with the Stolen Generation to deliver services that meet their needs. The complexity of the trauma and grief experienced by members of the Stolen Generation can

make it very difficult for them to open up and talk about the past. To enable them to begin to deal with issues it is important that they have access to an environment where they feel safe and comfortable, and confidentiality can be assured. It is also important that counsellors work as a part of a team with access to professional support and development.

The effects on the families and communities of those removed are also a concern. The trans-generational impacts of the removals are still being felt today. The Aboriginal community has emphasised the need for responses to the *Bringing Them Home* report to address the broad community impacts of the removals.

The Commonwealth Department of Health and Ageing has responded to the *Bringing Them Home* report by establishing counsellor positions in ACCHSs in accordance with a recommendation relating specifically to mental health.

'Recommendation 33b: That government funding for Indigenous preventive and primary mental health (well-being) services be directed exclusively to Indigenous community-based services including Aboriginal and Islander health services, child care agencies and substance abuse services.' (HREOC 1997)

It is acknowledged that only a limited number of the *Bringing Them Home* report's recommendations have been implemented to date.

STRATEGIES

Cultural Resources, Healing and Counselling

- Protect Aboriginal cultural resources and promote their use in addressing emotional and social wellbeing.
- Fund and support a range of culturally appropriate healing approaches, developed at local levels by Aboriginal people and delivered by Social Health Teams.
- Ensure service and strategy developments take into account the importance of land and connectedness to country for Aboriginal emotional and social wellbeing.
- Facilitate the use of traditional healing alongside services addressing emotional and social wellbeing by ensuring that resources are available to utilise traditional healers.
- Ensure mainstream counselling programs are culturally appropriate and accessible to Aboriginal people.
- Ensure a range of counselling modalities are available to Aboriginal people.
- Increased support for existing social health teams within ACCHSs, and the development of new teams, to enable the provision of flexible, culturally appropriate counselling and healing interventions.
- Establish men's and women's peer support groups with trained facilitators to provide a forum for discussion around trauma and grief, violence and substance misuse issues.
- Increased focus on healing initiatives to respond to child sexual abuse, including developing community-based responses.

- Formalise existing partnership initiatives between ACCHSs and the education sector to provide counselling services to Aboriginal students
- Increased support for people from remote areas to access counselling services in urban areas.
- Explore options for providing culturally appropriate telephone counselling services to rural and remote communities.
- Formulate strategies to improve the coordination between health and other services to ensure that appropriate services are provided to the Stolen Generations people, their families and communities.
- Take forward the NTAHFs commitment to active engagement by all relevant parties in processes to ensure *Bringing Them Home* counsellors respond to the counselling needs of the Stolen Generations people, as well as the range of impacts on families and communities caused by past policies of family separation.
- Take into account the findings of the Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA) evaluation of the *Bringing Them Home* program when they become available.
- Support Stolen Generation groups in community projects that assist them to deal with, and acknowledge the past such as monuments and plaques at mission sites.

KEY RESULT AREA 3

Promotion and Prevention

Further develop and support promotion and prevention approaches that enhance Aboriginal emotional and social wellbeing.

Rationale

There is a growing recognition, in Australia and internationally, of the need to balance the provision of treatment services for mental health problems with promotion and prevention interventions (Herrman 2001; Zubrick et al 2000; Swan & Raphael 1995; CDHAC 2000; AHM 1998; Thornicroft & Betts 2002).

Many of the risk factors that are recognised as increasing the likelihood of mental health problems are pervasive in Aboriginal communities. These include social or cultural discrimination, exposure to violence and crime, substance abuse, family violence, sexual abuse and long-term unemployment (CDHAC 2000).

It is important to recognise and build upon the strengths of Aboriginal communities. The extensive family, community and cultural systems that have survived colonisation bear testimony to this strength (CDHAC 2000). Feelings of connectedness to family, friends, and community have been shown to underpin an individual's resilience (CDHAC 2001). Promotion activities are required to enhance this connectedness and build upon the strengths of Aboriginal communities.

Evidence

During the consultations for the Plan, children, young people and families were identified as population groups warranting particular attention. Experiences in childhood and adolescence play an important role in emotional and social wellbeing in later life (Raphael 2000b). There is considerable evidence that promotion and prevention interventions targeting young people in their formative years can reduce emotional and social wellbeing problems in the long term (CDHAC 2000; National Crime Prevention 1999; Department of Education 2001). Also, prevention initiatives tend to be most successful with young people who are more likely to change their beliefs and behaviour, than adults whose behavioural patterns are often more firmly established (CDHAC 2000).

Effective and supportive parenting and early childhood learning lay the foundations for positive future development. Children who integrate successfully into the educational environment have been shown to establish better relationships with their peers and experience a sense of competence, which contributes to their self-esteem (Edwards 1999). Interventions that enhance positive development in early childhood include preschool and child-care programs, parenting programs and programs for children with developmental delay or disability (Foley et al 2000).

Hearing problems can have serious implications for a child's social and educational development. Problems associated with hearing loss are heightened in a cross-cultural environment where English is a second language. Communication difficulties can lead to unacceptable social responses that hinder learning and the development of good interpersonal relationships. The impact of hearing loss on the emotional and social wellbeing of Aboriginal children during school years can have a pervasive effect throughout their life (Howard 2003).

There is growing recognition of the need for special attention to 'critical periods' throughout the life course to enhance emotional and social wellbeing (Bartley 1997; National Crime Prevention

1999). These critical periods include the transition from primary to secondary school, labour market entry, leaving the family home, transition to parenthood, job insecurity, change or loss (Bartley 1997), the move from remote communities into towns and initiation. The ability to deal with each transition is important for coping in the next phase of life. Advice, support and learning opportunities within families, schools and the broader community are crucial to assist young people's progression through the transitional periods in life (Spooner et al 2001).

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* states that specific actions are needed to address men's health and wellbeing (NATSIHC 2002). In the consultations for the development of this Plan, men's emotional and social wellbeing was identified as a priority area in need of attention in the NT. The role of males in Aboriginal society has been significantly diminished as a result of colonisation.

'As a consequence of historical factors including racism, dispossession and the removal of Indigenous people from their families, many Indigenous men are demoralised and confused about their roles as fathers, grandfathers, brothers, sons and grandsons. We have gone from warriors to victims.' (Dodson 2002: p.2)

Actions that empower males to take more responsibility for their own lives are required to bring about improvements in their self-esteem, quality of life, health status and spiritual wellbeing. A male health working party has been established under the NTAHF, tasked with the development of a NT Indigenous Male Health Strategic Plan. A planning workshop held in Darwin in December 2002 was an important step towards the development of the plan, expected to be complete next year.

Many Aboriginal community members and service providers express frustration about the disjointed, ad hoc nature of interventions. A number of government and non-government agencies deliver programs in Aboriginal communities to address problems such as substance use, family violence and suicide. Interventions are often short in duration and the outcomes are limited as it is difficult to sustain momentum following completion of the program. Outcomes could be improved by agencies pooling resources and expertise and delivering joint activities to address issues in a holistic manner.

In the consultations for the development of this Plan a number of issues were identified as requiring attention through prevention and promotion interventions. These are summarised in Table 1.

Table 1: Priority areas to be addressed

- | |
|---|
| <ul style="list-style-type: none"> ▪ Parenting and early childhood support ▪ Family attachment ▪ School attachment ▪ Mentoring programs for young people ▪ Residential life skills program for young people ▪ Recreational programs ▪ Mental health/emotional and social wellbeing literacy ▪ Cultural affirmation and pride ▪ Support for people in the justice system ▪ Chronic Disease Management ▪ Anger management ▪ Conflict resolution ▪ Substance Misuse ▪ Suicide and Self Harm ▪ Family Violence |
|---|

- Child Abuse
- Gambling

A Mental Health Promotion Initiative in Darwin

Social and Emotional Wellbeing Project

The Department of Health and Community Services have funded a Social and Emotional Wellbeing Project being developed under the auspices of the Top End Association of Mental Health (TEAMhealth) in conjunction with Danila Dilba, Emotional and Social Wellbeing Centre. The project aims to develop mental health promotional activities to increase the knowledge of Indigenous youth about social and emotional wellbeing issues, thereby reducing the level of stigma associated with mental health problems in the community.

STRATEGIES

Promotion and Prevention

- Identify and support effective and culturally acceptable promotion and prevention intervention programs to address the priority issues identified in Table 1.
- Engage other sectors to promote access for Aboriginal children to effective preschools and playgroups and to family focused pre-school intervention programs addressing developmental problems.
- Engage the education sector to explore opportunities for the inclusion of culturally appropriate and evidence-based programs that address substance misuse and promote emotional and social wellbeing into the school curriculum.
- Support full implementation of *Learning Lessons: An Independent Review of Indigenous Education in the NT*.
- Support the full implementation of the *NT Aboriginal Ear Health and Hearing Strategic Plan*.
- Support strategies that work towards improving eye and ear health in recognition of their impact on young people's social, physical and educational development.
- Engage other sectors to ensure broad participation in a range of sport, recreation and cultural programs such as music, dancing, craft, hunting and bush trips, competitive and non-competitive sports.
- Examine the recommendations of the *National Framework of Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males* (under development) in determining specific approaches to improving Aboriginal emotional and social wellbeing.
- Incorporate male health needs into existing planning frameworks and policy responses at all levels.
- Support strategies that promote consideration of Aboriginal emotional and social wellbeing issues in decision making by the Liquor Licensing Board and Commission.

- Ensure the full implementation of the *Central Australian Substance Misuse Strategic Plan* and the development and implementation of an NT substance misuse strategic plan.
- Further develop local/regional cross agency forums to promote good practice and organise joint activities to address emotional and social wellbeing and substance misuse.
- Further develop and support cross agency initiatives to examine regulatory issues, policy and practice and protocols regarding collaborative responses to family violence, child protection, and appropriate alternative care for Aboriginal children.
- Develop partnerships and referral pathways between Aboriginal legal services, mental health services and emotional and social wellbeing services to ensure legal service clients with mental health problems are referred to appropriate services.
- ACCHSs to explore opportunities to provide emotional and social wellbeing services for Aboriginal people in the correctional system with the Department of Justice.
- Develop partnerships between mental health services, ACCHSs and other primary health care services to provide treatment and support for Aboriginal people with mental health problems in the correctional system and following their release.
- Establish collaborative approaches to promotion and prevention, and formalise links between agencies and programs, including Aboriginal community controlled organisations, mainstream services, substance misuse services, suicide prevention initiatives, night patrol and youth services.

KEY RESULT AREA 4 **Community Control**

Increase the capacity of Aboriginal community controlled organisations to address emotional and social wellbeing issues.

Rationale

A range of Aboriginal community controlled organisations play an important role in supporting emotional and social wellbeing. These include organisations such as Aboriginal community controlled health services (ACCHSs), Aboriginal and Islander Child Care Agencies, Link-Up Services, and others providing housing, education and social support services. These organisations provide a vehicle for self-determination, enabling people and communities to take greater control of their destinies.

Culturally appropriate services are of particular importance when addressing the sensitive issues relating to emotional and social wellbeing. Aboriginal experiences are shaped by a complex interaction of social, cultural and historical factors, and are profoundly different to the experiences of non-Aboriginal people. There are also marked differences in the experiences of Aboriginal people across Australia. Therefore, locally oriented and community determined services are more likely to be successful in addressing emotional and social wellbeing issues (HREOC 1991).

ACCHSs have provided an effective form of primary health care to Aboriginal people, in some cases for over twenty years. A number of Northern Territory and Commonwealth Government endorsed policy documents support the adequate funding of ACCHSs and acknowledge their effectiveness in improving the health and wellbeing of Aboriginal people (NAHSWP 1989; HREOC 1991; NT Framework Agreement 2001; NSFATIH 2002).

ACCHSs play a dual role in improving the health and wellbeing of Aboriginal people. First, they provide a comprehensive primary health care service to the local community that is culturally appropriate, accessible, flexible, and responsive to local needs (NATSIHC 2002). Second, they play an important advocacy role for Aboriginal people, and assist them to regain the power to shape their own lives.

'They (ACCHSs) represent the capacity of Aboriginal people to handle their own problems; they represent self-determination in practise, at a particular level; they represent an attack on that disempowerment which is one of the sources of Aboriginal ill-health, both physical and mental.' (HREOC 1991, Vol 4 31.3.55)

Evidence

It is widely recognised that promotion and prevention programs require local community control and action for them to be effective; the community needs to be able to determine what the problems are and how to address them. Aboriginal community controlled organisations are in a position to facilitate community engagement as the people who access them participate in service planning, implementation and evaluation (Tilton 2001).

The role of primary health care services in mental health care is to ensure early detection and prevention of mental health disorders (Raphael 2000). In the NT ACCHSs are the first point of contact for many Aboriginal clients who are at risk of developing mental health problems, or are

displaying the early signs of a mental health disorder. Therefore, ACCHSs are well placed to play a role in the prevention and early detection of mental health problems.

The *Ways Forward* report states that mental health services for Aboriginal people should be provided wherever possible in their communities through ACCHSs (Swan & Raphael 1995: Part 1, p 26). Collaboration between specialist mental health services and ACCHSs is important to enable Aboriginal people to access services in a culturally appropriate setting and to improve communication, coordination and case management.

A community controlled service in Tennant Creek

Anyinginyi Congress Aboriginal Corporation Stolen Generation Resource Centre & Counselling Service

The core services delivered by the Stolen Generation Resource Centre and Counselling Service are counselling, support and educational activities. Support for clients experiencing trauma, grief and loss issues are approached holistically, including the use of the cultural resources within the community when required. Assessment, brief interventions, referral or ongoing case management services are provided. The centre delivers community awareness education programs on emotional and social wellbeing, and the associated historical factors, for both mainstream organisations and other Aboriginal organisations. The services are available to all local community members, recognizing that their emotional and social well being issues are related to the impact of past policies and practices, including the effects of trans-generational trauma evident today. Service provision is especially committed to the Stolen Generation members, their families and the issues that are barriers for their journey of healing.

STRATEGIES

Community Control

- Ensure that Aboriginal community controlled organisations delivering emotional and social wellbeing services are resourced to continue the provision of locally determined initiatives.
- Ensure that Aboriginal community controlled organisations delivering emotional and social wellbeing services are adequately resourced to establish networks and participate in collaborative activity.
- Increased resources and infrastructure support for existing social health teams, and for the development of new teams, within ACCHSs to enable the provision of flexible, culturally appropriate healing, promotion, prevention, and early intervention programs.
- Explore options for expanding the role of ACCHSs in specialist mental health service delivery.
- Further develop partnerships, consultancy and shared care approaches between Aboriginal community controlled organisations, primary health care providers and specialist mental health services through the use of Memorandums of Understanding, service agreements and other mechanisms.
- Improve the capacity of ACCHSs to respond to the needs of children, young people and families, and to facilitate young people's access to other services.
- Full implementation of the Primary Health Care Access Program to ensure Aboriginal people have access to effective comprehensive primary health care services.

KEY RESULT AREA 5
Primary care and specialist services

Enhance the capacity of primary care and specialist services to address the emotional and social wellbeing needs of Aboriginal people in a culturally responsive manner.

Rationale

A culturally appropriate and safe environment is vital to enable Aboriginal people to resolve emotional and social wellbeing problems (RANZCP 1999). Numerous policy documents endorsed by the NT and Commonwealth Governments have highlighted the importance improving access to health services which are culturally appropriate and address the needs of Aboriginal people (NAHSWP 1989; HEROC 1991; NT Framework Agreement 2001; NATSIHC 2002).

Primary health care services are the first point of contact for many people experiencing emotional and social wellbeing problems. The primary health care sector includes ACCHSs, government community health centres, and general practitioners. Primary health care workers play a role in the prevention, early detection, and treatment of emotional and social wellbeing problems. They also have an important role to play in referrals to, and linkages with specialist mental health services (Raphael 2000).

The specialist mental health sector includes specialist community based services, acute inpatient programs, private hospitals and private providers. These services are provided by psychiatrists, psychologists, mental health nurses, social workers, occupational therapists (Raphael 2000), and Aboriginal Mental Health Workers. Specialist mental health services provide assessment, case management, treatment and continuing care and play an important role in collaborating with primary health care workers to support their role in mental health care.

However, specialist mental health services can only meet some of the needs of people with emotional and social wellbeing problems. Non-government organisations play a key role in providing support, advocacy and educational services for consumers, carers and families. Services outside of the health sector are essential to address needs related to accommodation, disability, income support, education, training and employment.

Evidence

In the NT a lack of resources to assist people experiencing mental health problems in remote communities results in individuals being evacuated to urban inpatient units for assessment and treatment. This means people are removed from the support of family and kin and taken to a foreign, and often frightening, environment which can increase their level of mental distress. Once released from the inpatient unit they return to their community and the same environment in which their mental health problem developed. The underlying issues are often unable to be addressed in a hospital setting and there are very few resources to provide follow-up support in remote areas.

The primary mental health care initiative outlined below aims to increase the capacity of remote communities to respond more effectively to mental health problems at the local level.

A Primary Mental Health Care Initiative in the Top End

TEDGP Aboriginal Mental Health Worker (AMHW) Program

The Top End Division of General Practice (TEDGP) manages a program that enables remote communities to engage, train and support AMHWs to work in partnership with GPs. Currently the program supports seven remote communities with a total of 15 AMHWs. Seven GPs are linked with between one to four AMHWs, who work together with visiting mental health teams to provide western and traditional methods of mental health care. A Partnership Agreement has been developed to formalise cooperative arrangements between TEDGP, Top End Mental Health Services, Batchelor Institute of Tertiary Indigenous Education and the Northern Territory University to support the AMHWs, GPs and visiting Mental Health Teams.

In 1996, an evaluation of the mental health inpatient unit in Darwin found that Aboriginal people were less likely than non-Aboriginal people, to come into contact with the mental health services prior to admission. After admission social and personal history were unlikely to be documented, little attention was given to cultural issues, somatic treatment was the only option, and discharge was usually poorly planned (Nagel et al).

Since this evaluation, Aboriginal Mental Health Workers (AMHWs) have been employed in the mental health services and contributed to the provision of more culturally appropriate services for Aboriginal people. Consultations undertaken for this Plan indicate there is a need to build on these achievements to improve communication and care coordination between inpatient units and primary health care services, family and carers in clients' home communities.

The DHCS mental health services to remote and rural communities are limited in their capacity to meet the needs of Aboriginal people. Mental health staff visit communities every 4 – 12 weeks depending on the level of need and availability of resources. Psychiatrists' visits to rural and remote communities are resource intensive and often provided on an inconsistent basis. The frequency of psychiatrists' visits is determined in part by the level of demand in the inpatient units, which can reduce the time available for remote visits. Video-conferencing facilities are not routinely used due to cultural, clinical and infrastructure issues. The capacity of visiting mental health practitioners to develop a good rapport with Aboriginal people, and engage in a two-way learning process with the client, family, and community health staff is often compromised by a lack of time, resources and cross-cultural knowledge.

A jointly funded National Health and Medical Research Council (NHMRC) and DHCS indigenous mental health project is exploring options for improving service delivery models to remote Aboriginal communities in the NT. *Key Result Area 7* provides more information on this project. The focus of service development needs to be on innovative and sustainable approaches that enable mental health practitioners to support a range of interventions, and work towards strengthening the existing support networks and structures within Aboriginal families and communities.

Partnerships and collaboration between primary care and specialist services, substance misuse services, Aboriginal organisations, and other non-government organisations are critical to meet emotional and social wellbeing needs. Integration of services is of particular importance in the NT where a significant number of Aboriginal people have co-occurring mental health and substance misuse problems. Communication and case management enables services to identify and understand other services' involvement and negotiate coordinated interventions (ACMHD 1999).

STRATEGIES
Primary Care and Specialist Services

- Enhance the capacity of primary health care services to respond to the emotional and social wellbeing needs of Aboriginal people.
- Develop principles and protocols for the assessment and treatment of Aboriginal people in primary health care and specialist mental health services.
- Explore options to enable greater support for people experiencing emotional and social wellbeing problems within their communities to reduce the need for evacuations to inpatient units.
- Develop evaluation processes and monitoring systems within mainstream mental health services that enable Aboriginal consumers, community members and employees to become active participants in ensuring that services are culturally appropriate.
- Develop long-term strategies to enable Aboriginal people to develop the skills and resources needed to develop and manage their own mental health services.
- Ensure mental health professionals have access to, and use, interpreters when working with Aboriginal people who are not proficient in English.
- Facilitate the use of traditional healing alongside mental health services through two-way cooperation between traditional healers, community members and mental health professionals. Ensure that resources are available to utilise traditional healers.
- Develop and implement strategies to improve communication with community members around admission to inpatient units to ensure that evacuation only occurs when no other option exists.
- Mental health services work with relevant parties to improve timeliness and coordination of communication with home communities and clinics when Aboriginal people are discharged from inpatient units, in particular ensure that discharge plans are forwarded to the appropriate person.
- Enhance the capacity of mental health teams to provide services to outstations, in partnership with other services, to ensure that outstation life is a viable option for people with mental health problems.
- Enhance the capacity of mental health and other services to intervene early, treat and manage challenging or high-risk behaviour associated with emotional and social wellbeing problems.
- Expand the DHCS child and youth mental health teams to improve the provision of appropriate services to young people, including a specific focus on the management of first episodes of mental disorders.
- Enhance the capacity of primary and specialist services to support children through counselling, support for specific traumas, social skills development and behavioural management.

- Improve the links and collaboration between the child and youth mental health teams and other organisations that come into contact with, and identify young people at risk.
- Improve coordination and linkages mainstream mental health services, emotional and social wellbeing services, and other non-government organisations to promote continuity of care for Aboriginal people.
- Form genuine and formalised partnerships between substance misuse services and other organisations addressing mental health and emotional and social wellbeing to facilitate collaboration and case management around co-occurring mental health and substance misuse problems.
- Formulate and implement strategies for more effective policy and service responses to co-occurring mental health and substance misuse problems.
- Engage other sectors to explore options to provide support and accommodation for people who are displaying aggressive, disruptive or disturbed behaviour but do not fit the criteria for inpatient admission.
- Explore options for improving access to psychosocial support and services for Aboriginal people with emotional and social wellbeing problems.

KEY RESULT AREA 6 Workforce Issues

Develop a competent workforce that is appropriately skilled to enhance Aboriginal emotional and social wellbeing and is supported by recruitment and retention, training, education and longer-term workforce development strategies.

Rationale

A competent workforce is vital to ensure that the health and community services system has the capacity to address the emotional and social wellbeing needs of Aboriginal people. Action is required on specific strategies to improve the recruitment, retention, and education and training of appropriately skilled practitioners in mainstream and Aboriginal specific services. Coordination of effort is required across all levels of government through health, community services, education and training sectors, and in partnership with educational institutions, training providers, professional and industrial bodies, as well as mainstream and community controlled service providers (SCATSIH 2002).

A broad range of people are involved in supporting emotional and social wellbeing. These include:

- Primary health care workers, including general practitioners (GPs), Aboriginal health workers and nurses;
- Specialist mental health care workers, including psychiatrists, psychologists, social workers, occupational therapists, mental health nurses and Aboriginal mental health workers;
- Community service providers such as those involved in social services, aged care, family and children's services, parenting programs and childcare;
- Traditional healers, counsellors, community members, families and carers.

Support, education, training, and professional development for the workforce across all levels of care are essential.

Evidence

The *National Practice Standards for the Mental Health Workforce* outline the kinds of knowledge, skills and attitudes that mental health professionals should have when working in a mental health service. They provide a guide for education and training curricula, by encouraging continuing education within the workplace and/or additional studies to increase practical knowledge and skills over time (NMHWG 2002).

Effective and empathic communication between non-Aboriginal mental health professionals and Aboriginal clients requires a concerted effort and resources. Mental health professionals need to be aware of, and acknowledge their own cultural assumptions, be respectful of the client and their culture and learn about those local factors (historical, contextual and behavioural) that support effective and empathic communication (RANZCP1999). Cross-cultural training is an important mechanism for developing these skills.

The recently developed *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* requires each State and Territory to clarify the roles of health workers under the various vocational streams encompassed by the term Aboriginal Health Worker, including mental health workers (SCATSIH 2002). A broad range of parties including employers, education and training organisations, Aboriginal Mental Health Workers (AMHWs)

and other health and mental health stakeholders should be involved in the analysis and evaluation of the role of AMHWs.

AMHWs play an important role in the provision of culturally sensitive assessment, treatment and support for Aboriginal people. Greater professional recognition and support for mental health workers will enable them to contribute further to supporting emotional and social wellbeing.

Aboriginal people's skills and expertise associated with cultural and social knowledge must be recognised. Whilst it is important Aboriginal people have the opportunity to undertake education and training, there must also be an avenue for the employment of people without a formal education who are recognised by their communities as being skilled in dealing with emotional and social wellbeing issues.

Social Health Teams (SHTs) within ACCHSs are one appropriate model for addressing Aboriginal emotional and social wellbeing. The concept is relatively new at the policy level, however, some Aboriginal health services have developed them as a logical response to the needs they are addressing (see example below). SHTs comprise a range of specialists who work as a team at the primary care level including counsellors, Aboriginal mental health workers, allied health workers, traditional healers, drug and alcohol workers, sexual health workers, and visiting mental health professionals (SHRG 2002). Some advantages of the SHT approach are:

- their location within ACCHSs reduces the stigma associated with accessing mental health services;
- emotional and social wellbeing needs are met in holistic way, by same team and in the same agency; and
- workers have access to greater peer support, better de-briefing opportunities and a decreased risk of burnout (SHRG 2002).

A Social Health Team in Alice Springs

Central Australian Aboriginal Congress Social and Emotional Wellbeing Unit

The primary role of the Social and Emotional Wellbeing Unit is to provide a culturally appropriate counselling and support services to Aboriginal people. The Social Health Team (SHT) at the Unit comprises Aboriginal counsellors, an Aboriginal Mental Health Worker, adult and youth psychologists, social workers, Aboriginal community liaison officers, youth workers and a visiting psychiatrist from the Central Australian Mental Health Service. Traditional healers are used on a fee for service basis. The SHT offers counselling and support to address family violence, suicide and post-traumatic stress disorder, stolen generation issues, mental illness, grief and loss, family wellbeing and substance misuse issues.

STRATEGIES Workforce Issues

- Support implementation of the *National Practice Standards for the Mental Health Workforce*.
- Further develop recruitment and retention strategies within specialist mental health services to attract practitioners to work in the NT.

- Ensure workforce development initiatives, including training which addresses Aboriginal concepts of emotional and social wellbeing and culturally appropriate practice, are available to mental health clinicians and other staff, as appropriate.
- Develop opportunities (including scholarships) to increase the number of Aboriginal people in tertiary education courses relating to mental health and emotional and social wellbeing services.
- Establish pathways and support for Aboriginal people who are interested in emotional and social wellbeing to undertake education and training and secure employment.
- Increase on-the-job training opportunities for Aboriginal people in emotional and social wellbeing.
- Develop strategies to increase the recruitment of Aboriginal males into counselling and other emotional and social wellbeing positions.
- Foster links with the tertiary education sector to increase focus on emotional and social wellbeing issues as a core component of education and training curricula for all health and allied health professionals working in mainstream health services, ACCHSs and substance misuse services.
- Where appropriate, support training in emotional and social wellbeing issues, including basic counselling skills, for people across a range of sectors and for key resource people in communities.
- Where required, support training in the delivery of promotion and prevention programs for members of Social Health Teams, Aboriginal Mental Health Workers, Aboriginal Health Workers and other key resource people in communities.
- Ensure that Regional Centres are adequately resourced to provide support to all *Bringing Them Home* counsellors in their region.
- Representatives from the NTAHFs ESWB Working Party and the Workforce Issues Working Party to establish a time-limited process, involving key stakeholders, to resolve the tensions around the role, pay structure, career path, training requirements and support the needs of Aboriginal Mental Health Workers.
- Increase the numbers of Aboriginal Mental Health Workers working in urban, rural and remote settings throughout the Territory.
- Ensure cultural issues relating to gender are taken into account when establishing Aboriginal Mental Health Worker positions through the employment of at least one male and one female in each setting, wherever possible.
- Support the full implementation of the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* and the *NT Implementation Plan* (under development).

KEY RESULT AREA 7
Data, Research and Evaluation

Establish baseline data, develop appropriate tools to measure and assess Aboriginal emotional and social wellbeing, conduct research into evidence-based practice, evaluate interventions and monitor safety and quality.

Rationale

The lack of adequate mental health data for Aboriginal and Torres Strait Islander peoples has been repeatedly identified as an issue in academic, inter-governmental and community forums (NAGATSIHID 2002).

The nature of emotional and social wellbeing problems in Aboriginal and Torres Strait Islander populations is not well understood, nor are effective and acceptable interventions widely available. There is little evidence on which to base treatment and intervention practices for Aboriginal people that take into account their cultural differences (Thornicroft & Betts 2001).

There has been an increasing focus on safety and quality in health services in recent years. This movement began in the general health sector but is now being recognised in the mental health sector. Better mental health care is being fostered through a range of quality improvement processes such as peer-review by clinicians, adoption of evidence-based guidelines and routine assessment of clinical indicators. The outcomes of programs, services and service models must be systematically measured and evaluated to ensure that they are effective in improving the emotional and social wellbeing of individuals and populations (Raphael 2000b).

Evidence

Work is currently underway to improve the availability of baseline data on Aboriginal mental health in Australia. The National Centre for Aboriginal and Torres Strait Islander Statistics is undertaking a review of instruments available to measure the mental health of Indigenous populations, in Australia and internationally. The aim is to identify culturally acceptable measurement instruments to include in the 2004 Indigenous Health Survey. NACCHO is providing advice on the content of the mental health module in the survey.

There is a lack of reliable, practical and culturally appropriate information available to non-Aboriginal mental health practitioners working with Aboriginal people. Practitioners often build their knowledge base through work experience and anecdotal information. There has been insufficient research to validate and document this information and very little is made available to others working in the field (Vicary & Andrews 2001). The lack of documented information around best practice is particularly problematic in the NT where staff turnover rates are high and knowledge that is built up by practitioners is continually lost.

Despite increasing knowledge of the influences on mental health there is a dearth of research evidence as to what interventions are effective in improving emotional and social wellbeing in Indigenous populations. Traditional mental health research has focused on the identification and treatment of individuals presenting with mental health disorders. Indigenous health initiatives have largely focused on treatment; health promotion has only recently been placed on the agenda. As a consequence, culturally relevant initiatives for promotion, prevention and early intervention for mental health are limited.

The *National Aboriginal Health Strategy* and *Royal Commission into Aboriginal Deaths in Custody* both identify the importance of Aboriginal involvement and control over health research (NAHSWP 1989; HREOC 1991). Furthermore, the NHMRC have now endorsed ethical guidelines for Aboriginal research that supports this position.

DHCS has commissioned the Cooperative Research Centre for Aboriginal Health to undertake a review of, and make recommendations for, Indigenous mental health promotion initiatives that will inform priority setting for research, policy development and resource allocation decisions. The project will consist of a literature review of existing mental health promotion programs within Indigenous communities in Australia and internationally, and consultation with ongoing programs in the NT. The output of the project will highlight effective and appropriate mental health promotion initiatives for diverse Aboriginal communities in the NT, and the gaps in evidence to guide further research.

A Research Initiative in Remote Communities

Remote Indigenous Mental Health Partnership

The National Health & Medical Research Council (NHMRC) and DHCS have funded a mental health research program to review mental health service delivery to remote indigenous communities and develop, implement and evaluate best-practice guidelines. The project is one of three arms of a NHMRC project that aims to improve the management and wellbeing of people suffering from chronic and relapsing mental disorders. The project will cover 6 communities with a focus on the Top End and in the first year focus on consultation conducted by an indigenous research officer. The two key interventions planned over the five years are education (of health professionals, clients and carers), and remodelled service delivery.

Evaluation of mental health services is an important mechanism for improving quality of care. As part of the implementation phase of the Mental Health and Related Services (MHaRS) Act 1998, DHCS established the NT Approved Procedures and Quality Assurance Committee. The Committee's terms of reference are to monitor and review the appropriate procedures, as well as assessing and evaluating the quality of mental health services, including clinical practices and privileges, and where appropriate recommend changes. Membership includes DHCS, NTAHF and the NT Community Advisory Group on Mental Health. Furthermore, mental health services in the NT are committed to participating in accreditation surveys against the *National Standards for Mental Health Services* in 2003.

STRATEGIES

Research, Data and Evaluation

- Identify and collate existing data on the occurrence and nature of Aboriginal emotional and social wellbeing in the Northern Territory.
- Explore the need for developing a clearinghouse to enhance access to existing, and future, emotional and social wellbeing research.
- Develop and evaluate culturally appropriate interventions within mainstream specialised services to identify early signs, improve access and effectively treat mental health problems and disorders.
- Support further research on the development of culturally appropriate counselling and healing models.

- Resource and conduct evaluations on the effectiveness of counselling, healing and promotion and prevention interventions for Aboriginal people.
- Support the ESWB Research Program established by the Cooperative Research Centre for Aboriginal Health.
- Ensure that research into Aboriginal emotional and social wellbeing has Aboriginal involvement and ownership at all stages.
- DHCS Mental Health Services' participation in accreditation surveys against the *National Standards for Mental Health Services*.
- Develop and utilise systems and measures to monitor the safety and quality of services addressing emotional and social wellbeing.
- Ensure legislative amendments take into account cultural factors.

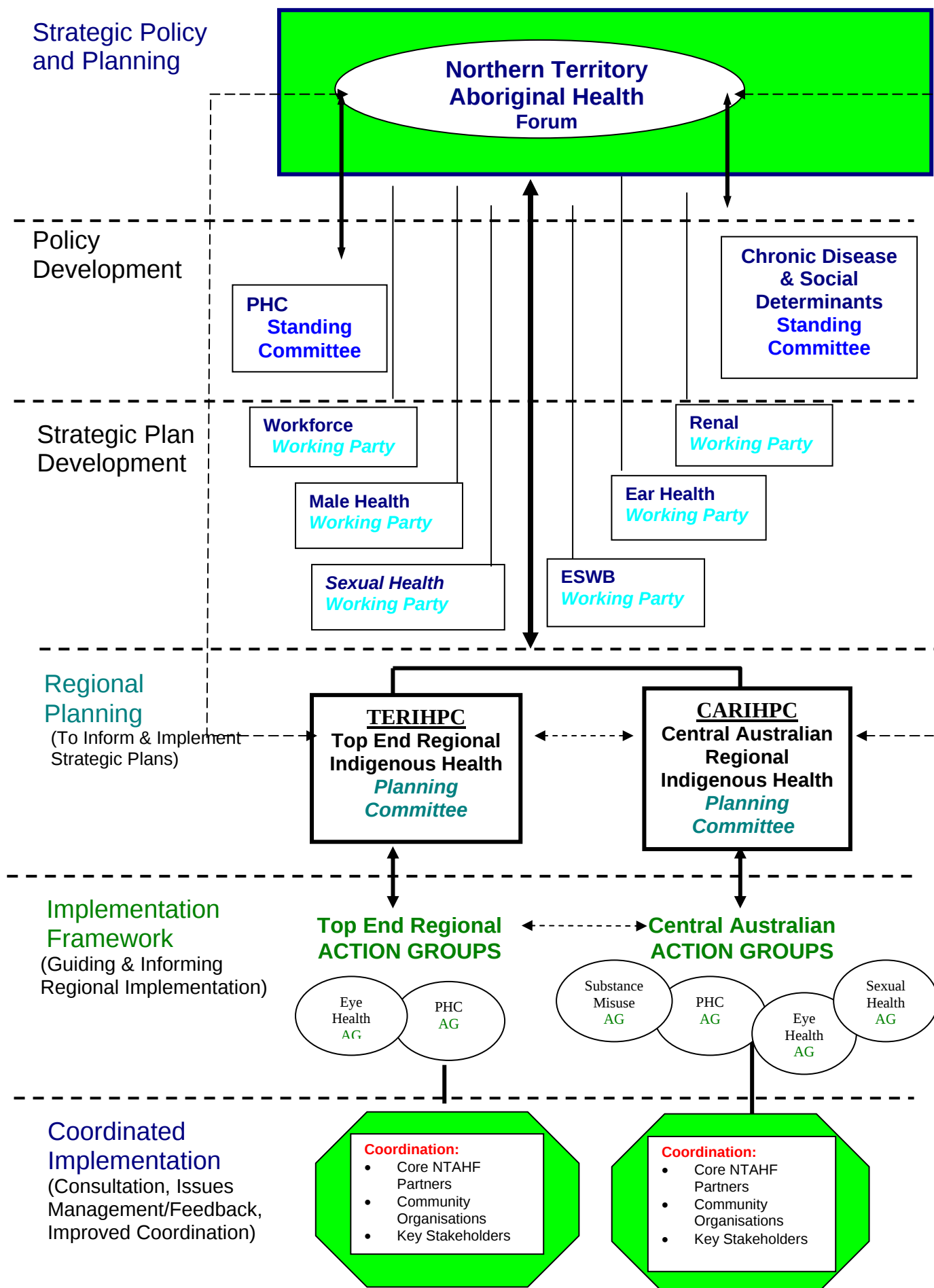
5. EVALUATION

A commitment to evaluation will be essential to monitor and review the Plan's effectiveness in addressing Aboriginal emotional and social wellbeing. The evaluation may determine progress on criteria such as the accessibility, effectiveness, evidence base and cultural responsiveness of services and programs. Progress will be informed by the use of quantitative and qualitative frameworks and a variety of information sources. The NTAHF will ensure that a cohesive evaluation links progress in implementing the Strategic and Action Plans (the Plans).

The role of the NTAHF in evaluating the progress of the Plans will be through:

- monitoring via CARIHPC & TERIHPC 6 monthly reports;
- linking the Plans to service agreements to ensure accountability;
- performance indicators relating to the Plans included in the Forums partners' corporate, program and service plans;
- taking a proactive approach to resourcing and funding priorities identified in the Plans;
- ensuring key linkages and partnerships are developed and strengthened;
- ensuring the Plans are referenced in health service plans of the new Primary Health Care Access Program services;
- ensuring a final evaluation of the Strategic Plan includes all of the above information.

APPENDIX A: Northern Territory Aboriginal Health Forum Structure (NTAHF 2003)



Appendix A: Emotional and Social Wellbeing Working Party

Terms of Reference

- 1.1. Under the auspice of the Northern Territory Aboriginal Health Forum produce a Strategic Plan for Aboriginal Emotional and Social Wellbeing for consideration by the Forum.
- 1.2 Identify the policy context and key content of an Aboriginal Emotional and Social Wellbeing Strategic Plan.
- 1.3 Determine methods of consultation.
 - Inform and consult with a broad range of Aboriginal organisations, Regional Centres, mental health services, a range of related sectors, committees and government agencies to seek potential contributions and linkages.
 - Request such bodies seek to ensure broader community input.
- 1.4 Determine linkages to policy initiatives.
 - In particular, through the membership and other strategies ensure linkage of the document with significant related policy initiatives, such as the ESWB (Mental Health) Action Plan and Evaluation Report, the National Strategic Framework for Aboriginal and Torres Strait Islander Health by the National Aboriginal and Torres Strait Islander Health Council, the National Mental Health Strategy and the evaluation of the 2nd National Mental Health Plan, and suicide prevention and substance use policy and programs.
 - Ensure appropriate linkages with relevant stakeholders.
- 1.5 Advise on the key components of implementation, monitoring and evaluation process.

Working Party Membership

Members

Cheryl Furner (Chair)	Department of Health and Community Services
Dr Tricia Nagel	Top End Mental Health Service Department of Health and Community Services
Vicki Stanton	Central Australian Mental Health Service Department of Health and Community Services
Dawn Fleming	Social and Emotional Wellbeing Unit Central Australian Aboriginal Congress
Josephine Battaglini	Emotional and Social Wellbeing Centre Danila Dilba Medical Service
Patrick Ah Kit	Alcohol After Care Anyinginyi Congress

Di Borella	Emotional and Social Wellbeing Program Commonwealth Government (Office for Aboriginal and Torres Strait Islander Health – OATSIH)
Eddie Cubillo	ATSIC
Joanne Angeles	ATSIC
Des Rogers	ATSIC Central
Geoff Angeles	Menzies School of Health Research
Donna Mulholland	Aboriginal Mental Health Program Top End Division of General Practitioners
Henry Sambono	Aboriginal Mental Health Program Batchelor Institute for Indigenous Tertiary Education

Former Members

Sharon Clark	Commonwealth Government (Office for Aboriginal and Torres Strait Islander Health – OATSIH)
Eric Turner	Commonwealth Government (Office for Aboriginal and Torres Strait Islander Health – OATSIH)
Barbara Cummings	ATSIC

Secretariat

Sarah O'Regan	Department of Health and Community Services (Sept 2002 – Jan 2003)
Rosemarie Dekker	Department of Health and Community Services (Feb 2003 – April 2003)

Project Officer

Cristy Henderson	AMSANT (Aboriginal Medical Services Alliance NT)
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Appendix B: Organisations Consulted

A wide range of stakeholders were invited to participate in the development of the Plan, listed below are organisations that provided submissions and/or attended consultative meetings.

Aboriginal Organisations

AMSANT

Danila Dilba Health Service

- Emotional and Social Wellbeing Centre

Central Australian Aboriginal Congress

- Social and Emotional Wellbeing Unit

Wurli Wurlijang Health Service

- Social and Emotional Wellbeing Unit

Anyinginyi Congress Aboriginal Corporation

- Alcohol After Care
- Aboriginal Health Workers
- Stolen Generation Resource Centre & Counselling Service

Katherine West Regional Health Board

Jawoyn Association

Miwatj Health

Tiwi Health Board

Nalkanbuy Health Service

Malambam Health Board

Santa Theresa Health Service

Waltja

NPY Women's Council

Retta Dixon (Stolen Generation Institutional Group)

Tangentyere Council

Central Australian Stolen Generation & Families Aboriginal Corporation

KARU Aboriginal and Islander Child Care Agency

Laynhapuy Homelands Association

Northern Land Council

Barunga Manyallak Community Government Council

Mataranka Community Council

Substance Misuse Services

FORWAARD

Council for Aboriginal Alcohol Program Services

Kalano Aboriginal Alcohol Rehabilitation Program

Central Australian Aboriginal Alcohol Programmes Unit

Barkly Region Aboriginal Alcohol and Other Drug Advisory Group

Other Non-Government Organisations

TEAMhealth

Mental Health Association of Central Australia

Amity Community Services

Top End Mental Health Consumers Organisation

Anglicare (Katherine)

Anglicare (Alice Springs)

Aboriginal Resource Development Service

Katherine Aboriginal Family Support Unit

YWCA (Darwin)

Phoenix Consulting

NT Government Departments

Department of Health and Community Services

- Social and Emotional Wellness Branch
- Top End Mental Health Service
- Central Australian Mental Health Service
- Alcohol and Other Drugs Program
- Family and Children's Services
- Royal Darwin Hospital
- Nhulunbuy Hospital

Department of Employment, Education and Training

Department of Community Development, Sport and Cultural Affairs

Department of Justice

Commonwealth Government Departments

Australian Bureau of Statistics, National Centre for Aboriginal and Torres Strait Islander Statistics

ATSIC

OATSIH

Commonwealth Department of Family and Children's Services

Professional Associations & General Practice Divisions

Royal Australian and New Zealand College of Psychiatrists

Australian and New Zealand College of Mental Health Nursing

Australian Association of Occupational Therapists

Top End Division of General Practitioners

General Practice Divisions of the NT

Educational & Research Institutions

Homelands Schools Resource Centre

Yirrkala School

Batchelor Institute of Indigenous Tertiary Education

Northern Territory University, Faculty of Indigenous Research and Education

Menzies School of Health Research

7. ABBREVIATIONS

ACCHS	Aboriginal Community Controlled Health Service
AMHW	Aboriginal Mental Health Worker
AMSANT	Aboriginal Medical Service Alliance NT
ATSIC	Aboriginal and Torres Strait Islander Commission
CARIHPC	Central Australian Regional Indigenous Health Planning Committee
DHCS	Department of Health and Community Services
MCATSIA	Ministerial Council on Aboriginal and Torres Strait Islander Affairs
MHaRS	Mental Health and Related Services
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NTAHF	Northern Territory Aboriginal Health Forum
OATISH	Office for Aboriginal and Torres Strait Islander Health
SHT	Social Health Team
TEDGP	Top End Division of General Practice
TERIHPC	Top End Regional Indigenous Health Planning Committee

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