

**Report to the Senate Select Committee on Mental Health
August 31st 2005**

Thank you for the opportunity of allowing our service and community the privilege of contributing to your inquiry into Mental Health.

As the Director of Wirraka Maya Health Service and a member of the Pilbara Aboriginal Health Planning Forum I would like to discuss issues

- Pertaining to the mental health care of Aboriginal people within our service and
- The concerns raised about the National Aboriginal Framework Agreement particularly to the progression of regional planning, and the failure of Government to uphold the principles of regional planning and the functions of the JPF as the mechanism to which resources for mental health services are delivered to Aboriginal people in the Pilbara region.

1.0 Introduction

In my submission I want to raise the following points regarding mental services to Aboriginal people and the role of the Government under the National Aboriginal Torres Strait Islander Framework agreement to deliver health resources to our region in area of mental health services and infrastructure.

- Mental health care in General Practice
- Drug & Alcohol
- Family violence & mental health
- After hour services
- Mental health services – carer support
- Link between chronic disease and mental health

Wirraka Maya Health Service is an Aboriginal Community Control service advocating for indigenous health and is the main health care service provider to indigenous people in the Hedland area.

2.0 Hedland Background

Profile

Port Hedland is the main centre of the Pilbara region, located some 1660 kilometres North of Perth on the Western Australia coast.

The town consist of two main centres Port Hedland the original townsite and contains the port and main industrial sites and is also the site of the regional hospital and North West Mental Health service.

South Hedland was established in the mid 1960s when Port Hedland ran out of suitable land to build and to the large expanse of tidal flats surround the original town. Port Hedland is the major centre for WA iron ore industry and is currently Australia's biggest port in terms of annual tonnage.

It's a fair statement to say that the Pilbara is a wealthy nation; Australia ranks fourth in the United Nations Human development index indicating Australians enjoyed one of the highest qualities of life in the world. Overall Australia ranks equally fourth with the highest life expectancy at birth (79.0) suggesting Australians are among the healthiest people in the world.

The Pilbara region is the state of Western Australia's iron ore capital and to date one of the world's major iron ore producers, accounting for 16% of the world iron ore production. The iron ore industry is also the state's premier mineral commodity sector accounting for 30% of the State's total mineral sales.

The Pilbara region plays a key role in the State's economy with iron ore sales in 2003 valued at \$5.2 billion and State royalties amounting to \$287 million.

However there exist within this wealthy nation another nation whose people are among the poorest and a region under funded and under resourced particularly in the area of Aboriginal health and mental health services.

3.0 Population

As of 30th June 2004 the town of Port Hedland was home to 12,847 people. The age profile of Hedland population differs markedly from that of the rest of WA and indicates that:

- Hedland population contains a relatively large proportion of children under age of 15 years (25.1%, compared to the WA average of 21.4%)
- At 13.4% Hedland has relatively fewer young people aged 15 – 25 than WA as a whole only 4.1% of Hedland residents are aged over 65%
- Indigenous people comprise 16.1% of Hedland population nearly five times the WA average of 3.3%.
- Indigenous people tended to be significantly younger than non indigenous people.
- Indigenous people tend to live in larger households.
- Considerable evidence that indigenous people in Hedland face severe and multiple disadvantage for instance the median individual income unemployment stood at 22% for indigenous people and 3.7% for non indigenous people.
- With regard education 20.4% of indigenous people over 15 did not go to school or finish year 9 compared to 5.9 % of their non indigenous counterparts

4.0 Mental disorders among Aboriginal people in Hedland.

Whilst there is limited knowledge of the epidemiology of mental disorder among the Aboriginal people in the Hedland and the Pilbara generally.

Community information and clinical diagnoses indicate a disturbing trend. Some studies estimate that prevalence of mental disorders in indigenous people to be between 35 – 54%.

In remote and rural locations it is estimated that this figure is considerably higher and there is a general consensus by service providers and community people that indigenous people access to mental health services are either non existence there are no access and or indigenous people simply do not access mental health services adequately.

There is however a ongoing and high prevalence of depression, anxiety drug and alcohol misuse associated with extreme levels of violence and grief and loss issues in the community.

- Every week there is a death in the community and there are clear cases of youth suicide, attempted, drug overdose and self harm.
- Rates of alcoholism are high, and marijuana use and other illicit drug use are escalating at alarming rates where we are now seeing children as young as 10 being at risk.
- Among children there is a high prevalence of conduct disorder.
- The rate of incarceration particularly Aboriginal men is close to 100%; many of these men are incarcerated without any follow up or health assessment despite the recommendations of the RCIADIC report.
- The severe social disadvantage along with the cultural beliefs of Aboriginal people particularly in a semi tradition setting brings added risks.
- As a group Aboriginal people in Hedland are poorly educated, live in overcrowded conditions, and have high levels of poverty and unemployment, their physical health is poor with high rates of mortality and morbidity. Families are disrupted with high rates of parental, and community violence and substance abuse. Where children frequently suffer neglect and abuse.
- In many situations this is happening within an environment where there is no:
 - Education and or campaign to discourage drug use.
 - There is no active anti violence campaign.
 - There is no regional or local anti drug/ alcohol strategy
 - There is little or no mental health care service for individuals / families and particularly remote communities in many cases families are left to suffer alone
 - There is no commitment from the Government to commitment to the funding of a drug and alcohol treatment and rehabilitation service despite the recommendation of the Pilbara Regional Aboriginal health Plan.
 - There is no plan to improve existing services.

5.0 Mental Health Care within an Aboriginal Community Control setting.

Around over half of patients presenting to Wirraka Maya Health Service, suffer a diagnosable mental disorder. As with other patients a majority of Aboriginal people in Hedland will see help for their mental health problems either from the Wirraka Maya Health Service General Practitioner and or from one of the program workers.

A further one third suffer a significant psychological symptoms that do not meet criteria for any specific disorder and of those with a mental disorder, less that a third we believe will receive a diagnosis and of these only half will receive a specific drug treatment.

The most common problems are depression and anxiety along with Drug and alcohol induced psychosis / addiction.

Over half of our data base represents clients with various clusters of chronic diseases such as complicated diabetes, heart disease and renal failure.

In many instances patient with chronic diseases are treated for the physical problems, but the high level of disability associated with depression, mental anguish and emotional pain is inadequately assessed, poorly diagnosed and in many cases patients go home without even the basis offer of support.

This is not to say the Wirraka Maya Health Service, is not committed to mental health care.

The assessment and treatment of Aboriginal people with mental health problems in general practice presents a number of difficulties. This has been made significantly worst with the:

- Inability to recruit a 2nd Doctor Position, with having one available Dr to deal with a Aboriginal population of approximately 2,000 to 4,000 there is a huge waiting cue which results in 2-4 hour waiting times and continual patient discontent. For many patients who are suffering from anxieties / depression they will often hurl abuse and risk service withdrawal and or go home without treatment.
- Mental assessment and psychological treatments take time. Spending time listening and clarifying a range of patient problems and making an attempt to understand is essential unfortunately , the pressure of work due to having to deal with delivering primary health care in a multi cultural setting compounded by a complexity of health needs makes it difficult both to find the time and the skills.
- Moreover the financial incentives of Medicare are towards shorter, not longer consultations.
- In many cases, both mental and physical disorders are present, the cause of mental health illness in Aboriginal people have come from a bombardment of complex issues arising from a history of dispossession, colonisation is a brutal process which has created a generation of “stolen generations” many of whom are still picking up the pieces generations later, feed by a combination of biological, psychological, cultural and social factors.
- The conditions seen at Wirraka Maya Health Service clinic often do not fit neatly into an established western medicine category and many cases the western tool of assessment for the treatment of Aboriginal people with mental health problems are culturally inappropriate and ineffective.

6.0 Wirraka Maya Health Service and the Northwest Mental health service.

Over 90% of clients referred by Northwest Mental Service will be clinically managed by Wirraka Maya Health Service Senior Medical Officer and program staff this is a huge burden for an over stretched GP service.

However, many of these clients do not have any association with Private General Practice, apart from Wirraka Maya Health Service these private practices do not

bulk bill and remain inaccessible and unaffordable to Aboriginal mental health patients.

In many instances, the Wirraka Maya Health Service clinic is limited in its capacity to adequately accommodate both the referral and treatment of patient with mental health problems from the Northwest Mental services.

A key aspect of the primary health care Wirraka Maya Health Service provides is the dispensation and administration of treatment drugs. Due to the legal requirements of administering section 100 patients often will require that they undergo internal process which often does not correlate to the immediate demands of mental health patient care.

7.0 Non existence of an after hours service and mental health care.

The non existent of both an after hour service and mental health care service, poses a serious health and community issue. At this point in time apart from the Police Department no other service provides an after hour service, including weekends and public holidays.

In Hedland this is compounded by the lack of adequate public phones hence even to the ability to access after telephone crisis lines are limited. There is also the dangerous assumption that people who are probably the most vulnerable have both the physical and mental capability to seek help from unknown sources. Many families are forced into roles to which they neither equipped to handle and or in many cases put them at associated harm.

In conclusion, Wirraka Maya Health Service trust that the visit from the senate select committee on mental health will:

- a) seek a more comprehensive submission to the issues we have raised
- b) Seek to explore the development of a culturally appropriate mental health strategy for the prevention, intervention and treatment of Aboriginal people in Hedland and the Pilbara region.

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