



Aboriginal and Mainstream Services in Partnership

Culture, Pathways and Collaboration through a Consumer's Narrative

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Acknowledgement of traditional owners



Setting the scene Some facts

The Mental Health Gap

- Mental health problems, self-harm and suicide have been reported at double the rate of non-Aboriginal people for at least a decade
- Twelve per cent of the health gap between Aboriginal and non-Aboriginal Australians has been linked to mental health conditions; another 4% of the gap is attributable to suicide.
- Aboriginal mental health related presentations to Victorian Hospital Emergency departments increased by 42 % between 2007 and 2011-12.
- Higher levels of Psychological Distress: nearly 3 times the non-Indigenous rate.
- In Victoria, 47.1 per cent of Aboriginal people have a relative who was forcibly removed from their family due to Stolen Generations policies. **Transgenerational trauma continues to affect Aboriginal people in Victoria.**

Evidence: Epidemiological Need

In summarising the evidence on the epidemiological need of Aboriginal and Torres Strait Islander people, Parker and Milroy commented:

“The much greater prevalence of mental illness in the Aboriginal and Torres Strait population currently is a reflection of the significant disruption to Aboriginal society and has a strong context of social and emotional deprivation.

Parker and Milroy, *Mental Illness in Working Together Aboriginal People* (2014)
p 114

Background information - VAHS perspective

Aboriginal population rapidly increasing in north eastern region .

Growing homelessness/complexity of social emotional well being issues in the north/west. Aboriginal hostels closing down.

Limited capacity for VAHS to provide service response to existing clients (i.e. housing, intensive psycho social support – particularly outreach work).

Some community members not part of service system/disengaged/don't want to use VAHS. Understand half of population will not access VAHS – particularly those with acute mental health issues

Lack of options for care – all acute (5 beds at St V's), no detox + sub acute options

Minimal collaboration/service coordination between VAHS and north/west services

Rising numbers of suicide in the North West and growing social isolation

Increasing no's of Aboriginal people presenting to Northern hospital with attempted suicides – yet no dedicated culturally appropriate wrap around service response

Negative experiences of trying to support admissions to this hospital i.e. no relationships/just straight to emergency, VAHS not able to provide any supportive role

Growing drug and alcohol issues – ICE: only one drug and alcohol worker, 5 week wait for detox bed

Limited case management capacity and housing options for homeless

Growing questions – why shouldn't community have access to hospital facilities closer to home if they exist, catch 22, no credibility/we cant trust this service to provide culturally responsive service etc.

Approached by mainstream service Neami to support tender bid (no previous relationship)

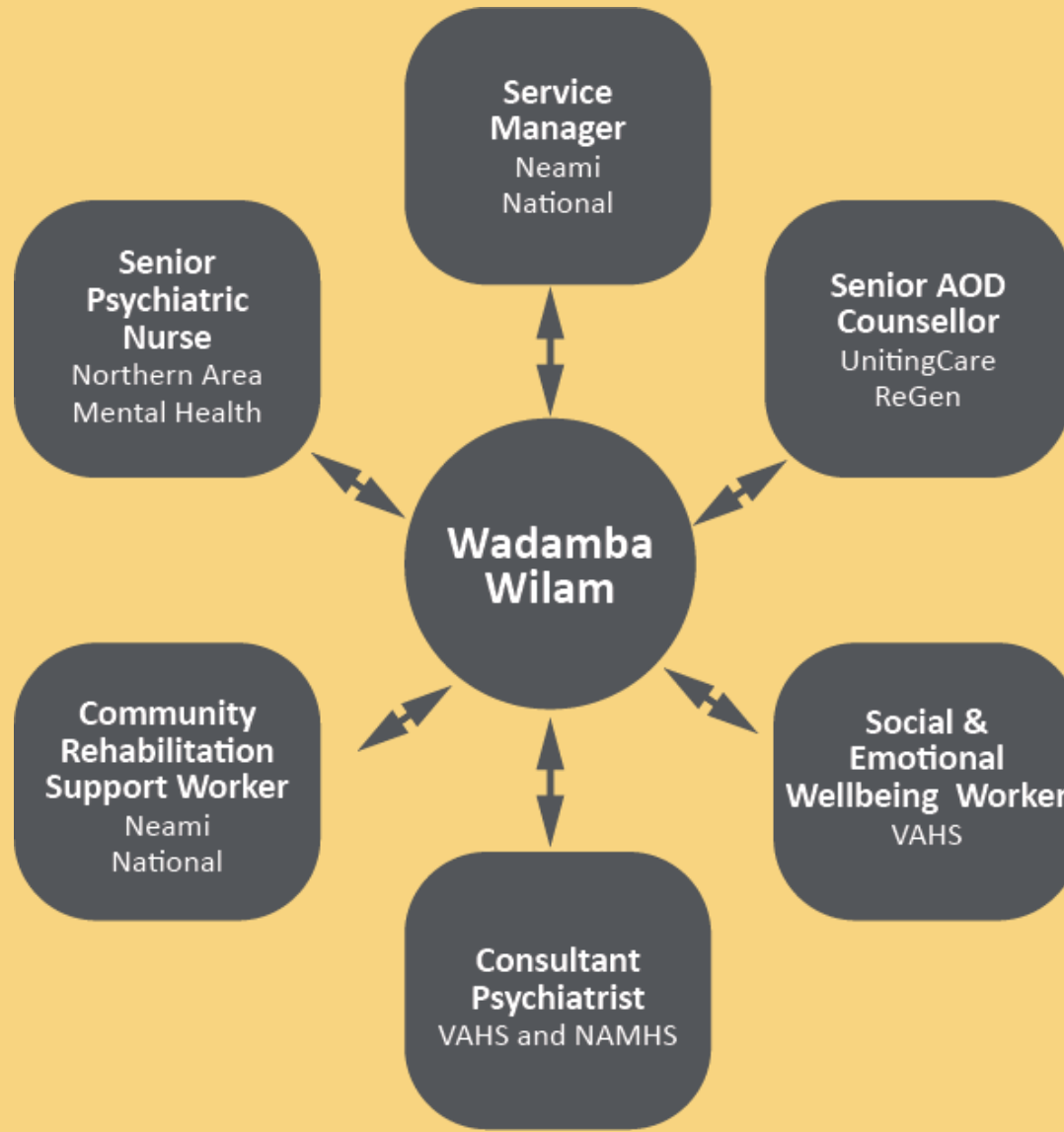
VAHS supportive of need for service to target ATSI population as the priority group.

Natural concerns about 'mainstreaming of services' by VAHS staff

Aboriginal Homeless Outreach Service

- Wadamba Wilam 'Renew Shelter' is an intensive support service for Aboriginal and Torres Strait Islander people experiencing mental illness or poor social and emotional wellbeing, and who are homeless with multiple needs
- Established in 2013 through a partnership between Neami National, Victorian Aboriginal Health Services (VAHS), Uniting Care ReGen Alcohol and Other Drug Service and Northern Area Mental Health Services (NAMHS)

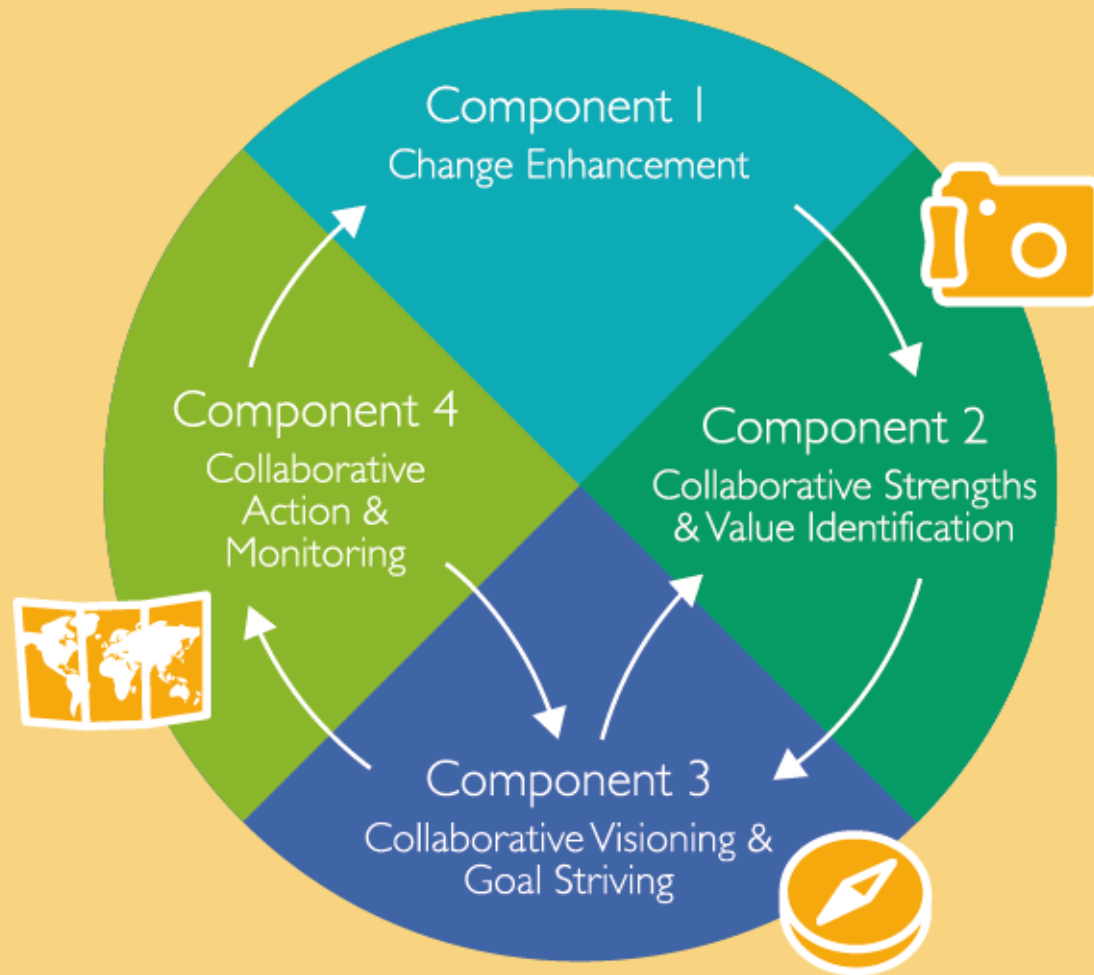
Service Model



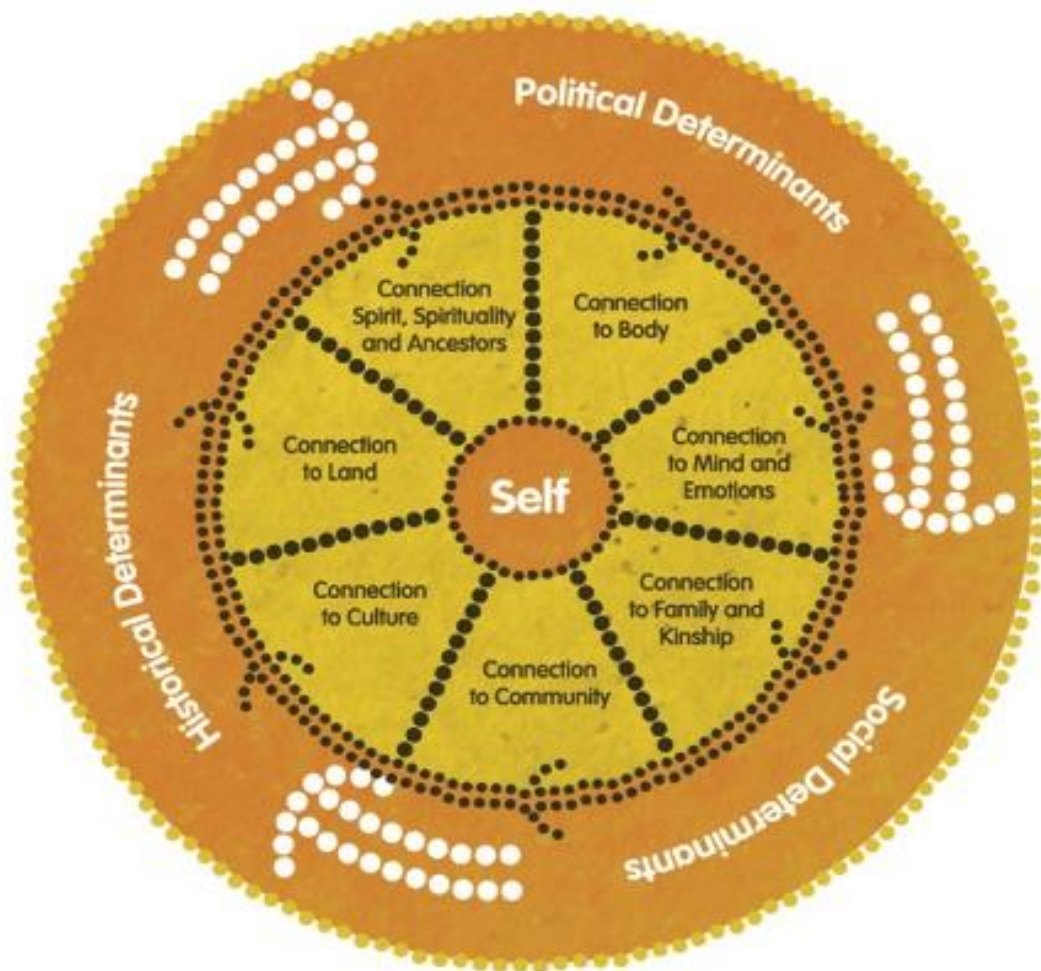
Eligibility Criteria

- Aboriginal and/or Torres Strait Islander
- Aged 16 or over
- Experiencing poor Social and Emotional Well being including severe and enduring mental illness and/or sustained high psychological distress
- Homelessness and/or a history of repeated homelessness
- Live/connections in the City Of Darebin or City of Whittlesea catchment areas

The Collaborative Recovery Model



Determinants of social and emotional wellbeing



Gee, Dudgeon, Shultz, Hart & Kelly, 2013
From AIPA Cultural Competence Workshop

Artist: Tristan Shultz, Relative Creative

Nine Guiding Principles that underpin Social and Emotional Wellbeing

1. Health is Holistic
2. The right to self determination
3. The need for cultural understanding
4. The impact of history in trauma and loss
5. Recognition of human rights
6. The impact of racism and stigma
7. Recognition of the centrality of kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal strengths

Consumer Demographics

Total of 62 consumers registered 29 female/33 male

- Aged 16-25 16 25%
- Aged 26-35 21 33%
- Aged 36-45 13 20%
- Aged 46-55 11 17%
- Aged 56 and up 2 3%

Consumer Demographics

Diagnoses on Referral

Schizophrenia	9
Bipolar	10
Depression	17
Schizoaffective Disorder	5
Anxiety	4

Consumer Outcomes

- Housing
- Emergency Services
- AOD Services
- Legal matters
- Cultural Connectivity
- Access to Services

Factors for Success

Factors for success

- Interagency Collaborative Practice
- Interdisciplinary team
- Cultural training and professional development
- Integration of CRM and SEWB

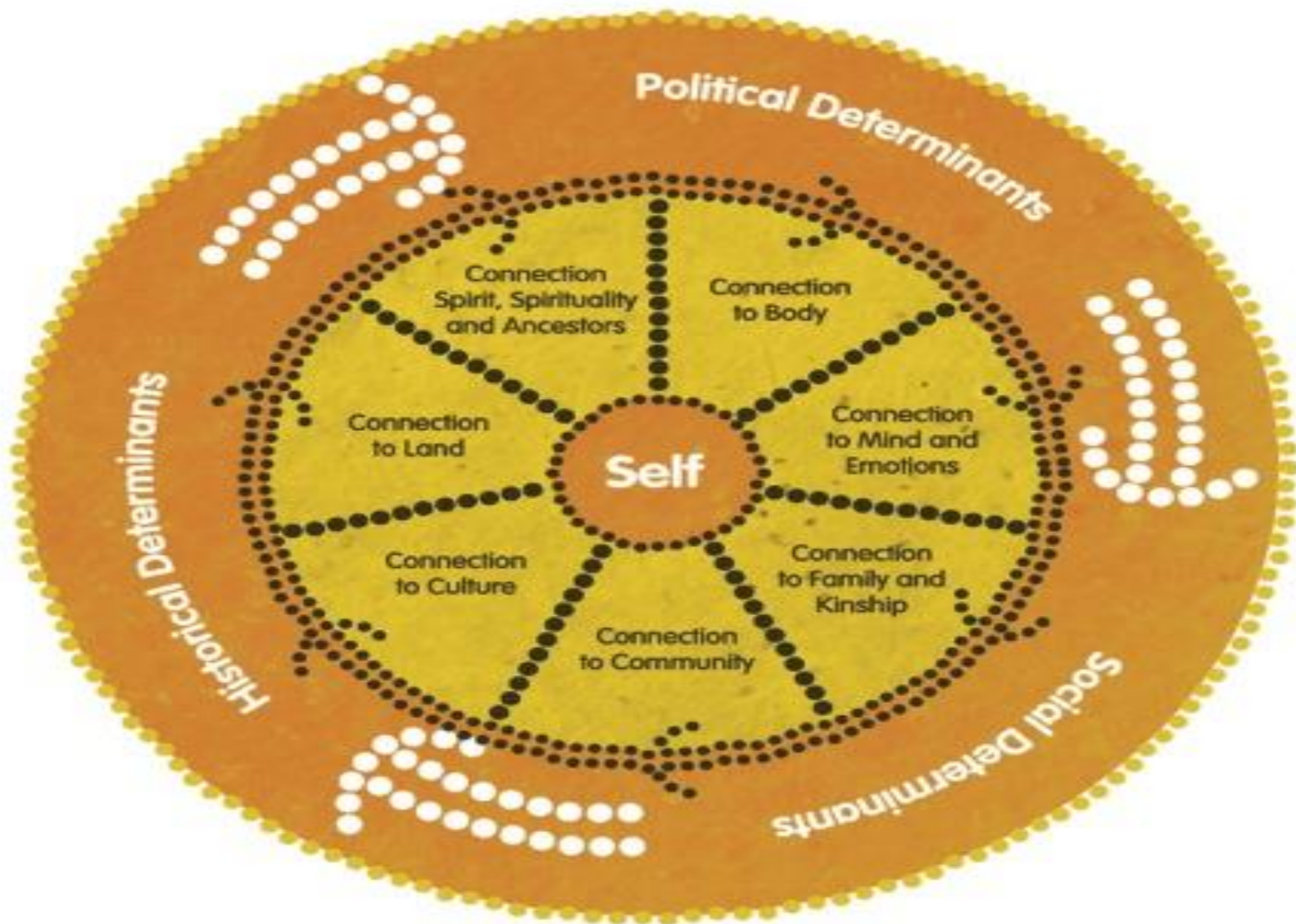
Excellence in Ending Homelessness – Adults CHP (Council for Homeless Persons) conference 2015



Wadamba Wilam Client Narrative

- Referred from Neami Heidelberg in 2013, also client of the Austin Continuing Care Service
- 30 + year history of homelessness/itinerance
- Diagnosis:
 - Schizophrenia
 - Intellectual Disability
 - Type 2 Diabetes Mellitus
 - Asthma
 - Hyperlipidaemia
- Little connection to culture

Determinants of Social and Emotional Wellbeing



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Connection to Body

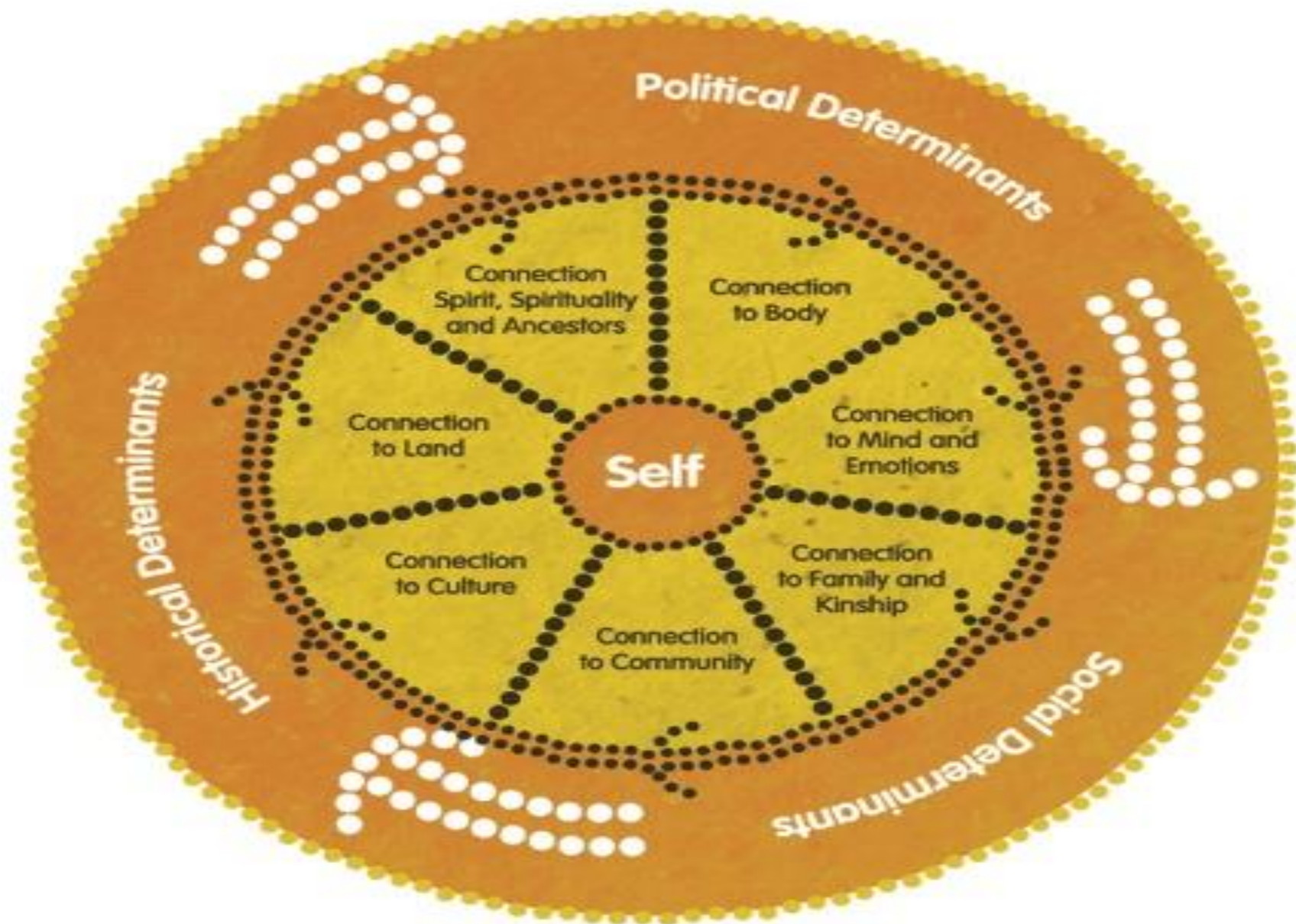
Prior to referral

- Chronic physical health conditions
- Hospital admission for hyperglycaemia in ICU
- No regular GP, reluctant to attend mainstream OR Aboriginal health services
- Long history of heavy alcohol use

Working with Wadamba Wilam

- Managing chronic health conditions more effectively
- Recent hospital admissions for pneumonia, linked with Aboriginal Liaison Officer
- Regular GP at Victorian Aboriginal Health Service (VAHS)
- Relapse prevention with Alcohol use

Determinants of Social and Emotional Wellbeing



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Connection to Mind and Emotions

Prior to referral

- Undisclosed history of severe abuse and interpersonal trauma
- Untreated Post-Traumatic Symptoms
- Poor self esteem and high anxiety
- Depression
- Ongoing suicidal ideation with some past suicide attempts
- Psychotic symptoms of a command and derogatory nature
- Erratic use of prescribed psychotropic medication

Connection to Mind and Emotions

Working with Wadamba Wilam

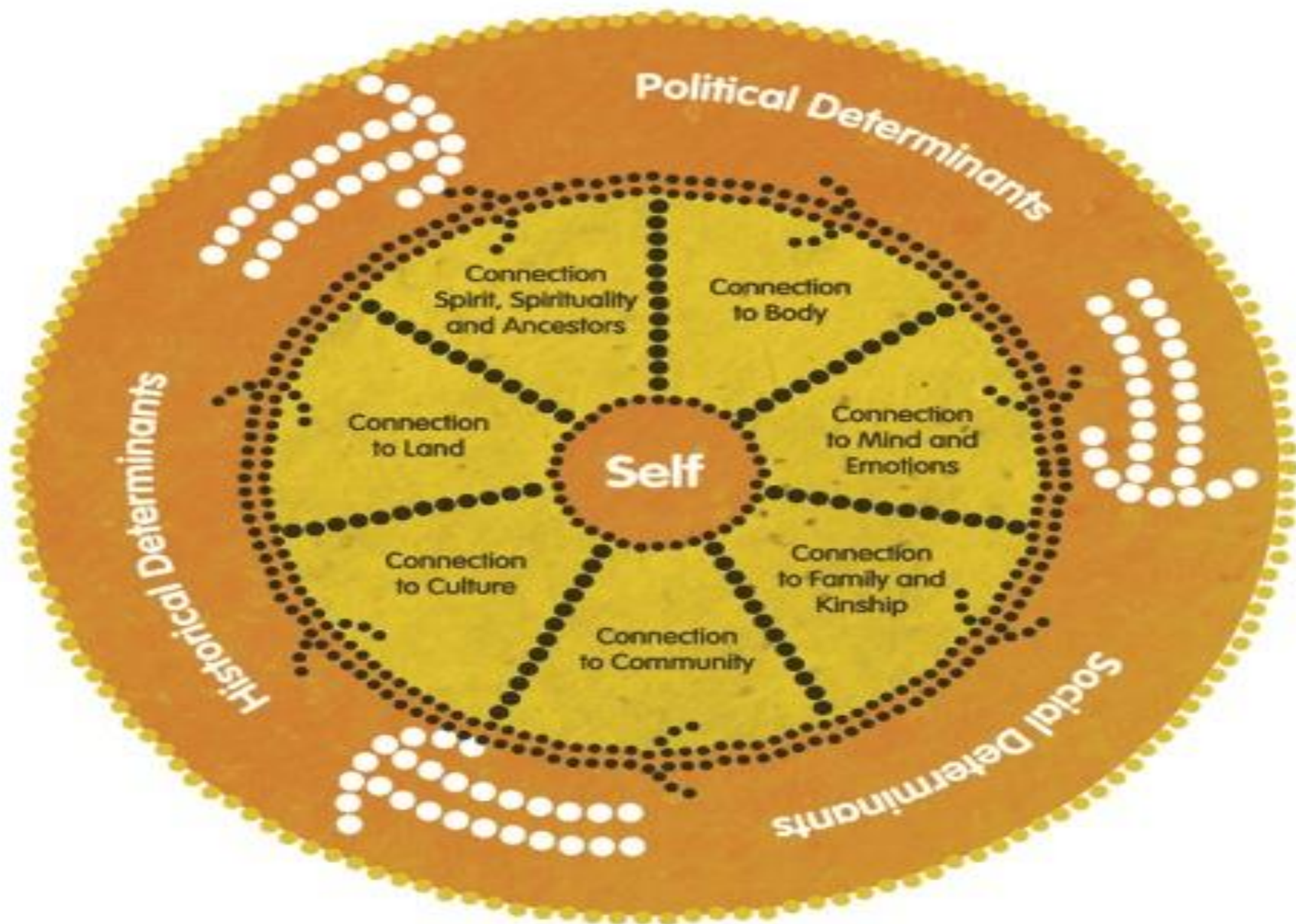
- Engaged well with outreach approach
- First disclosure of significant abuse history
- Improved self esteem and resilience
- Proactive and help seeking about concerns
- Supported referral and timely access to Northern Psychiatric Unit (NPU), Prevention and Recovery Centre (PARC) and Community Care Unit (CCU)

Connection to Mind and Emotions

Working with Wadamba Wilam

- Improved mental health
- Identified that his psychotic symptoms were the voices of past perpetrators of abuse
- Diagnosis changed from Schizophrenia to complex Post Traumatic Stress Disorder
- Identified that he requires ongoing support

Determinants of Social and Emotional Wellbeing



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Connection to Family and Kinship

Prior to Referral

- History of abuse since age 3, in family and state care
- Close to a family in Heidelberg - very important to him and a significant protective factor for his Social and Emotional Well-Being (SEWB).

Connection to Family and Kinship

Working with Wadamba Wilam

- Unable to have contact with supportive family for over 18 months due to Child Protective Services interventions
- Independent psychological assessment with the children's court , made recommendations that Barry could have direct contact with the family.
 - Over 12 months for these recommendations to be implemented.
- Since having contact with the family again, there have been major improvements in his mental health and SEWB.

Determinants of Social and Emotional Wellbeing



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Connection to Community

Working with Wadamba Wilam

- Through close work with the VAHS member of our team Barry has developed a pride in his Aboriginal background and has felt more comfortable in community
- Has attended various men's camps and the men's group on occasion that has fostered this connection to community

Determinants of Social and Emotional Wellbeing



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Connection to Culture

- Has developed a thirst for more knowledge about culture
- Has attended Bunjilaka many times at the museum and spends hours sitting in the Bunjil display
- Visited the Koori Heritage Trust on a number of occasions
- Attended many NAIDOC events for the first time

Determinants of Social and Emotional Wellbeing



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Connection to Land

- Does not feel a connection to his birthplace in Kangaroo Island
- Feels strong connection to land around Melbourne as he has lived on Wurundjeri country for the last 25-30 years
- This connection to land has strengthened along with his connection to community, culture and ancestors

Determinants of Social and Emotional Wellbeing



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Connection to Spirit, Spirituality and Ancestors

- Would not move into flat prior to cleansing ceremony by Wurundjeri Elder due to presence of bad spirits
- Visits the grave of his best mate spider at regular intervals and finds this very cleansing and healing
- Recently sighted spirits and spoke with voices of elders following the recent death of close friend, found this very comforting

Determinants of Social and Emotional Wellbeing



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Social Determinants

Housing

- Found it difficult to live by himself in Neami Housing
- Moved into CCU to develop independent living skills
- About to move into supported accommodation following d/c from the CCU

Education/Employment

- Attended special school till year 9
- Attending literacy/numeracy course at Neighbourhood house

Finances

- DSP

Racism/Discrimination

- Experienced racism/discrimination throughout his life

Elements of the Model that Work for Barry

- Cultural Sensitivity
- Trauma Informed Approach
- Assertive Outreach
- Responsiveness, Flexibility and Accessibility
- Interagency and Integrated Treating Team
- Continuity of Care
- Shared Care and Collaborative Casework
- Engaging in Meaningful Activity

Reflections from a mainstream mental health service

Collaboration across sectors, concepts & cultures

NAMHS' beginnings

- Low level understanding of needs of Aboriginal people
- Lack of understanding SEWB/cultural context
- No connection with VAHS
- Ad hoc or no referral pathways & relationships
- Tentative & emerging connections
 - TNH: Aboriginal Support Unit

Challenges

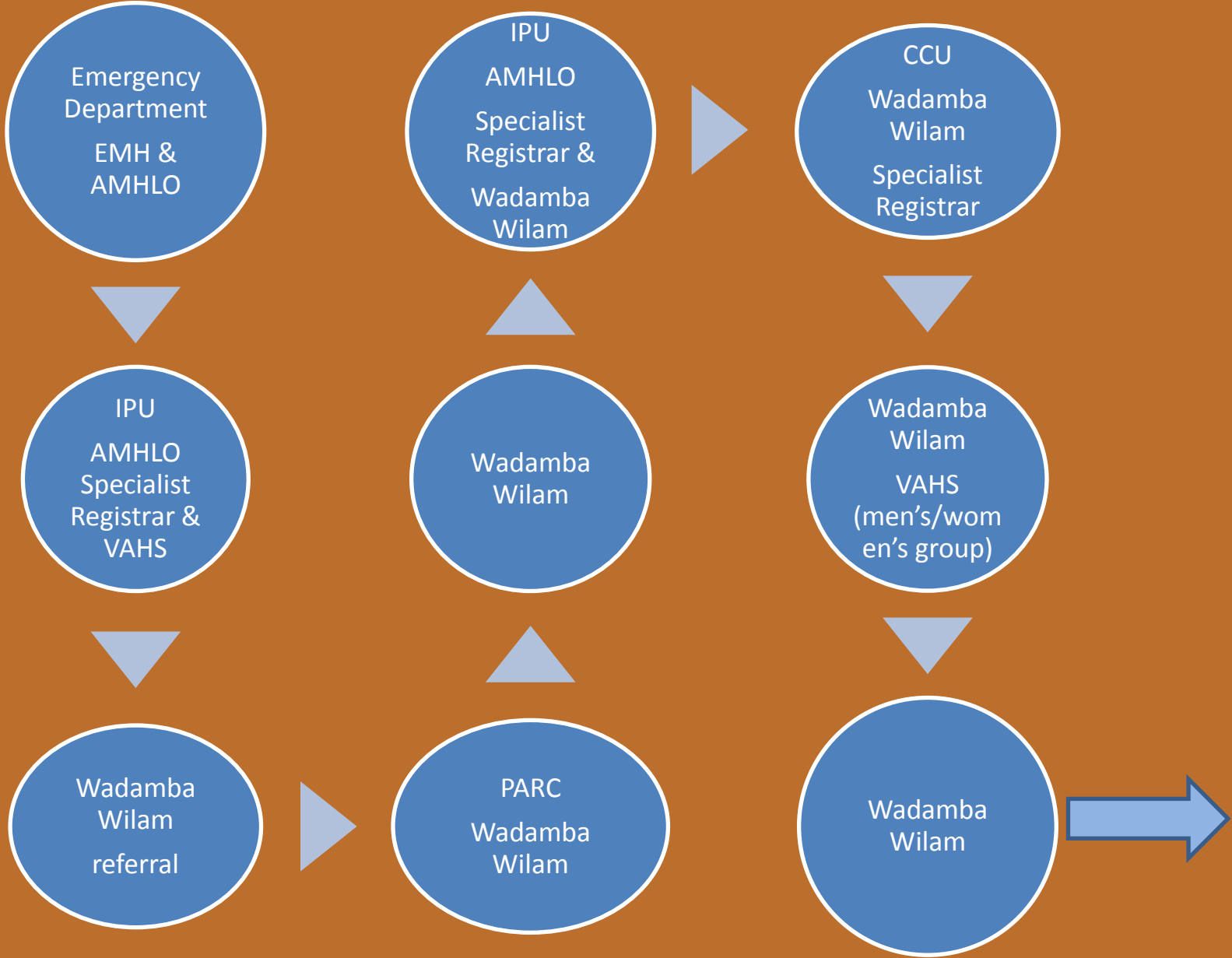
- Systemic racism - unrecognised
- Lacking understanding: trauma & cultural context
- Medical model & Social Emotional Wellbeing
- Concepts, language, focus
- Aboriginal designated role in mainstream service
- Cultural change across large organisation

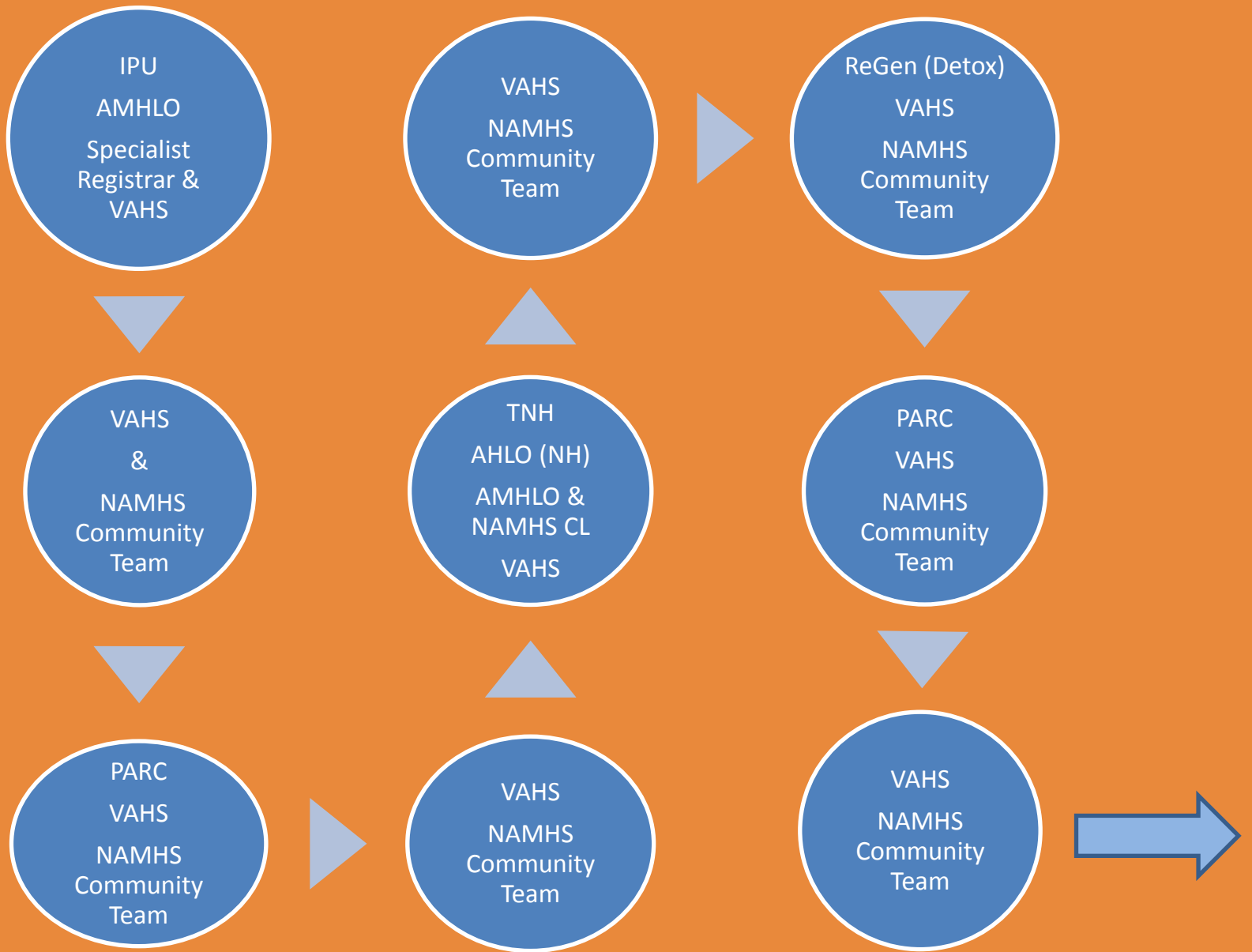
Where we are now

- New DIRECT referral pathways
- Increase in early intervention options (PARC)
- Increased options: IPU, CCU, PARC, ReGen, VAHS
- Increased number of Aboriginal people accessing NAMHS services
- Wadamba Wilam
- Detox beds at ReGen
- VAHS staff trained in collaborative recovery model
- VAHS PIR staff

Psychiatric Inpatient Unit

- AMHLO role
- VAHS staff on IPU
- Specialist Registrar Role
- Working towards cultural safety team





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Presenters and their organisations acknowledge Aboriginal people as the traditional owners of the land we work on and pay our respects to their elders past and present.