Chief Psychiatrist's Community of Practice

Developing an Aboriginal culturally secure service – how Aboriginal referrals went up 40%

Acknowledgement of Country – Violet Evans

The Midwest Mental Health and Community Alcohol and Drug Service (MMHS & CADS) acknowledge the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians of the many lands on which we meet today. We pay our respects to our ancestors and Elders, past, present and emerging. The MMHS & CADS is committed to honouring Australian Aboriginal and Torres Strait Islander peoples', unique culture and spiritual relationships to the lands, waters and seas and to their rich contribution to society.

Violet Evans, Aboriginal Mental Health Coordinator, MMHS & CADS, WA Country Health Service (WACHS)

Welcome - Dr Emma Crampin, Deputy Chief Psychiatrist

Thanks for your support for the Community of Practice. Today's presentation came out of a hostel review Emma Blackman and Juliette Stevens conducted in Geraldton with Loren McGowan from Wungen Kartup in November. Our team were really impressed with the grass-roots initiatives to grow the Aboriginal workforce, engage the community and transform their service to be culturally safe and connected to community. We wanted to hear more, so we invited them to present to you today.

Dr Emma Crampin, Deputy Chief Psychiatrist

Recognition of Lived Experience

I would like to recognise the contribution of Aboriginal people with lived experience of mental illness, alcohol and other drug issues and the contribution of the families and communities in building cultural strength in their recovery. Their cultural knowledge, their connections, their voices and their insights are essential to the development of safe, high-quality mental health services for Aboriginal people across WA.

Juliette Stevens, Principal Officer Reviews/ Facilitator

Key Messages

To build trust with the Aboriginal community the mental health service must have Aboriginal staff – Aboriginal Mental Health Workers and Aboriginal administrative staff welcoming people. It is vital that all community mental health teams have an Aboriginal Mental Health Workers (AMHWs) – Geraldton's experiences is that it all starts there.

The invisible problem. Not having Aboriginal staff, means no Aboriginal referrals so the unmet need in the Aboriginal community is not picked up and 'Closing the Gap' will be missed.

Face-to-face Cultural Awareness training is needed and must be relevant to local communities, culture and country. This also builds relationships. This training in mental health teams must be more than online mandatory training.

Gender must be considered when providing a service to an Aboriginal person. Seek support from other services to meet that need. Seek to understand any individual concerns from the person and family about the worker or service.

Making links to other Aboriginal health services relies on having an Aboriginal workforce. Connect with GPs, essential public health, non-government organisations, and Tier 2 mental health services (e.g. Headspace). A holistic and culturally safe approach needs links to other culturally safe services and supporting them to understand mental health needs. (e.g. Geraldton Aboriginal Regional Medical Service (GRAMS).

Do not discharge from metro to rural until you have had a conversation with the AMHW or Aboriginal Liaison Officers (ALOs). Metropolitan and rural/remote are not the same thing when it comes to admission and discharge. Too often no contact means no follow-up and results in readmission. Perth clinicians must contact AMHWs or hospital ALOs before admission and well before discharge.

Aboriginal connections and networks are there and are efficient - so use them.

How Geraldton Midwest CAMHS Aboriginal referrals went up over 40%?

'I have one important message - you have to build trust with you Aboriginal Community and you must have Aboriginal staff to do this. *Violet Evans, AMH Coordinator*

Violet Evans: I have put Aboriginal positions in admin, I've got Aboriginal positions in every region - male and female, in Carnarvon, Meekatharra and in Geraldton so that all areas are covered with AMHWs.

The statistics show the increase in Aboriginal referrals: Prior to the Aboriginal Mental Health Worker role being created in 2018, the data showed Aboriginal referrals were very low, as was engagement with Aboriginal consumers. Referrals grew significantly between 2018-19 and 2020-21 following employment of AMHW - Dianne Bellottie. Since employing a young male AMHW, Ky Ryan, from one of the local primary schools, male referrals also increased. All teams should have male and female AMHW as gender is entwined in culture. Referrals dropped significantly in 2021-2022 due to COVID-19 and the reluctance of the community to attend hospital.

The AMHW role in Geraldton CAMHS was a new role so needed to establish the role in the multidisciplinary team.

- Connecting with Aboriginal CAMHS workers in Perth and being present at the point of referral was important.

Aboriginal consumers must have a choice to have an Aboriginal worker. It's rare, but some people and families may be reluctant to engage due to an AMHW's surname because of family connections and kinship. But when they find out who the person is behind the name, that can make a big difference**.** Clinicians assessing can help by clarifying that the worker is an Aboriginal person, who they are and where they are from.

Question: How did you build connections with the other health services, GPs NGOs in Geraldton?

AMHWs keep up to date with community resources like food parcels, vouchers, NGOs, accommodation. Midwest AMHWs have MOUs between Headspace and CAMHS. They liaise with hospital ALOs when clients attend hospital for a medical issue to make their journey safe and culturally secure – otherwise the person or family won't come back.

- A remote participant reflected on previous difficulties liaising with a rural emergency department about consumers presenting in crisis and the receiving emergency department not acting on the referrer concerns and not admitting the person. Following complaints by staff, handover was established between services and this improved prompt liaison.

Question: When you join a service is the online Aboriginal Cultural training enough - what actually works?

Violet Evans: Training must be more than just online - it should be face-to-face with all employees and relevant to the local communities. We have a NAIDOC dinner for our staff annually. We also have an International Day where everyone brings a dish from their culture. It's getting together and getting to know each other – it's more than policies.

Aboriginal Leadership is essential - If there is no support from leaders it is not going to work for Aboriginal staff.

Cultural safety starts at the top and goes down through all levels of our organisation at WACHS.

'We have an Aboriginal Advisory Group within our service and that is all of the Aboriginal Coordinators… We sit down monthly and discuss different issues around the regions, and that itself is a massive support for all of our workers on the ground. Without that, we would not know where we are going. With leaders like Jo Gray and Glenda Humphries we know where to get information.'.
Violet Evans, AMH Coordinator

Aboriginal staff need to be supported and protected otherwise they burn-out. Often staff's work in their communities and family continues outside work hours – you can't just say no 'not today'. Be flexible and understand staff need time for cultural business - like Sorry Time. Non-Indigenous staff - support your Aboriginal staff.

'It would be good to get a network system going between metro, and rural and remote - we will build up trust amongst ourselves and we'll build up resources all over the country.'. Violet Evans

- Participants agreed it was useful to discuss bringing rural and metropolitan services together as previous attempts have not occurred. A regular AMHW Forum between rural and metro AMHWs with CAMHS AMHWs, would help to develop connections and leadership and to share ideas. An annual conference, biannual or quarterly was suggested.

Glenda Humphries: Aboriginal forums have already shown to be essential across WACHS regions. Getting all together and sharing the things that work is a must to get good outcomes. The simple things rural areas are doing could be a big benefit for metro areas, especially for smooth transitions between rural and metro.

A range of strategies from the AMHWs staff developed culturally secure services, and trust from the community:

1. Aboriginal administrative staff and a budget for Aboriginal designed uniforms so services are friendly, not daunting.
2. An art proposal was recently made for a memorial in the admin area.
3. Developed a WACHS Midwest Aboriginal Cultural Booklet for staff.
4. Cultural presentations in mental health services - now expanding to all hospital wards the emergency department.
5. High school students visited the hospital and were showed that working in mental health is a rewarding career.
6. An Elder, from our health service Elders group, is naming the clinical rooms in traditional language around healing.
7. WACHS has the Cultural Security Framework to support cultural initiatives at every level in the organisation.

Question: How did you 'make it happen' and overcome the red-tape when you have ideas you want to fund?

Violet Evans: I discuss the idea with the team leader within the team where I wanted to create the position – in this case it was the Admin Team Leader. Then we approached our Regional Manager to create the position and had support from the Business Support Officer. And it's a 50(d) position so only Aboriginal people can apply for the position. Supportive leadership gives AMHWs an unrestricted flexibility to decide what is best for our clients.

Question: Our service is family therapy driven so how is therapy delivered in a culturally secure way?

Dianne Bellottie: Often it's the clinicians who does the therapy with the client – sometimes the AMHW is involved. It's up to the clinician, the AMHW and the client. One positive tool we have is the Cultural Gathering Tool which is done by the AMHW following initial assessments, to help the clinician and the AMHW understand the family dynamics, their cultural beliefs, connections to country, and it can include the genogram.

Question: If having Aboriginal staff is key, how do you go about recruiting Aboriginal Mental Health Workers?

Geraldton used the 50(d) positions to advertise for specifically Aboriginal administrative and clinical staff and use fixed term contracts and direct appointments as a starting point. Local Aboriginal employment agencies can assist.

Resources:

- **Policies for the employment of Aboriginal Workforce:** WA Health Aboriginal Workforce Policy (2022)
- Encourage training for AMHW positions. Certificate IV Mental Health - MARR MOODITJ TRAINING
- **Strong Spirit Strong Mind Training:** Mental Health Commission**:** Ways of Working with Aboriginal People
- **Wungen Kartup i**s the State-wide Aboriginal Mental Health Services based in EMHS.

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