

Central Adelaide Local Health Network
Mental Health Directorate

Aboriginal Mental Health Clinical Practice Guideline and Pathways

A culturally appropriate guide for working with
Aboriginal mental health consumers



Government
of South Australia

SA Health

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Please note this *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* document will be subject to change as it is applied in practice and as new evidence becomes available. It is therefore to be considered a working document.

Your feedback is welcomed to enable a revision to further improve this document's value and relevance. Feedback will be gathered until 28 February 2018 with a revised document due for release mid-2018. Feedback can be provided at https://www.surveymonkey.com/r/Aboriginal_Mental_Health.

Throughout this document the term Aboriginal is used to include all people of Aboriginal and/or Torres Strait Islander descent in South Australia. It is also used interchangeably with the term *Aboriginal and/or Torres Strait Islander*.

This document is written with respect of Aboriginal people's experience. It aims to articulate Aboriginal perspectives so they can be understood by people from diverse cultural backgrounds, service providers and policy makers.

Acknowledgments

We would like to acknowledge that this document was developed on the traditional lands of the Kurna people and that we respect their spiritual relationship with the Country. We also acknowledge the Kurna people as the traditional custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.

We offer sincere thanks to the project coordinator's Karen Bates and Simone Hurley and to the many contributors who generously provided their wisdom, advice, time and feedback.

We recognize the *Summary Report: Statewide Aboriginal Mental Health Consultation July 2010* arising from community consultations on mental health, which identifies a comprehensive action plan that needs to be implemented across the South Australia.

The project to develop this document was funded by the Australian Government, Department of Health, through Central Adelaide and Hills (CAH) Partners in Recovery (PIR).

Appreciation is extended to the Department of Health in Queensland for allowing us to build on the good work that they have led in developing Aboriginal and Torres Strait Islander patient care guidelines.

Foreword

Health services have been striving towards building access to culturally competent services that will improve health outcomes for Aboriginal and Torres Strait Islander peoples. Of the multiplicity of changes advocated, key is a belief of the importance of the leadership and core workforce of Aboriginal and Torres Strait Islander peoples in driving future directions. Yet the opportunities are limited, and in mental health as in other areas of health, non-Aboriginal health workers continue to be the primary service coordination staff. This underpins the need for appropriate cultural awareness training and effective partnerships with Aboriginal and Torres Strait Islander colleagues who can provide culturally sensitive advice and direction. A gap for non-Aboriginal mental health workers has been the lack of a step-by-step guide as a tool to build understanding of considerations for culturally competent practice. Despite goodwill by non-Aboriginal mental health workers, they frequently express confusion about what they can do to improve practice.

Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers is a first in the sense of providing a resource to guide non-Aboriginal clinicians in their work with Aboriginal and Torres Strait Islander peoples. This document builds an understanding of social and emotional wellbeing, the Aboriginal holistic view of health and understanding that if one thing is out of balance for an Aboriginal or Torres Strait Islander person, then all is out of balance. Culturally competent practice will involve families, carers, Aboriginal and other community workers to help and guide practice.

Aboriginal and Torres Strait Islander communities are diverse and consist of different cultural groups and languages. *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* has been kept deliberately broad to address common factors influencing health care whilst opening the door to building on information to be sensitive to the uniqueness of individual communities. It is important to work with Aboriginal workers as this document cannot provide all answers.


The Central Adelaide and Hills Partners in Recovery Program is funded by the Australian Government with NEAMI as the Lead Agency, overseeing the provision of services. This program provided the grant that enabled the Mental Health Directorate to realise an aspiration to provide a straightforward and useful tool to support non-Aboriginal workers to work well with Aboriginal and Torres Strait Islander peoples, families and colleagues.

This is a first version of *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* and we anticipate there will be gaps. We are approaching this as a living document that can grow and be improved as it is applied over time. It is available on the internet to facilitate access to other mental health and other human services workers who can apply the resource as they strive to support better care for Aboriginal and Torres Strait Islander peoples. Feedback and comments can be provided at https://www.surveymonkey.com/r/Aboriginal_Mental_Health.

Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers has received overwhelming goodwill, support and input from a long list of contributors: Aboriginal people, community workers and agencies in public, community controlled and non-government services. Of the many who have contributed, we would especially acknowledge:

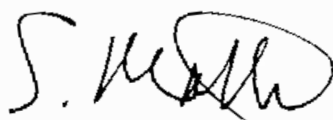
- > Karen Bates and Simone Hurley, two extraordinary Aboriginal women who generously shared their experience, their culture and their wisdom.
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- > Members of the Mental Health Service for Aboriginal and Torres Strait Islander People's meeting, the Central Adelaide Local Health Network (CALHN) Mental Health Directorate's Advisory Committee, who conceptualised this project and have overseen its implementation.
- > Our partner agencies – Nunkuwarrin Yunti, the Aboriginal Sobriety Group, Watto Purrinna Aboriginal Primary Health Care Service and Country Health SA.
- > SA Health's Office of the Chief Psychiatrist and the Aboriginal Mental Health Reference Group.
- > Staff of the CALHN Mental Health Directorate for their commitment to this project as a way of assisting them to work well with Aboriginal and Torres Strait Islander People.



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Executive Summary

This *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* is designed as a quick reference tool to be used in conjunction with the Metropolitan Adelaide Adult Integrated Community Mental Health Clinical Business Rules 2013 (which underpin the successful implementation of the Adult Community Mental Health Services Model of Care) and the Glenside Integrated Model of Care document to ensure best practice, the delivery of clinically and culturally capable care to all Aboriginal consumers, their families and communities of the CALHN. The guideline provides general advice only and does not address the diverse cultural differences across Australia.

Aboriginal people's views of mental health and social and emotional wellbeing are very different to those of non-Aboriginal people. This affects the way in which policies, programs, early prevention and intervention initiatives need to be framed, formulated, implemented, measured and evaluated.

Summary Report: State-wide Aboriginal Mental Health Consultation July 2010 Action Plan

The report clearly identifies a comprehensive action plan and seven core elements were identified:

- > Engaging people in care to receive assertive and culturally responsive services at first presentation.
- > People remaining in care through choice, advocacy, cultural and family support.
- > Acknowledging the itinerant nature of Aboriginal people through flexibility of service boundary and care plans that follow the individual.
- > Where possible, provide care in the community to reduce anxiety related to institutional care.
- > Re-orienting services to understand the centrality and importance of family and community in recovery and access to traditional cultural healing and care.
- > Connecting people with family, community, culture and country to promote a sense of self and community value.
- > Improving the collaborative partnerships, communication and working relationships between the parties involved, e.g. the various health workers.

Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers aims to build on these recommendations to advance a culturally capable workforce for improved mental health outcomes for Aboriginal consumers, their families and communities of the CALHN.

Factors influencing access to mental health care include cultural, social and historical factors. The social determinant of health, the Aboriginal country and language group of a person also require consideration. Health is a holistic concept for Aboriginal people encompassing the physical, social, emotional, spiritual and cultural wellbeing of the individual and of the whole community, known as social and emotional wellbeing. This is a whole-of-life view and includes the concept of life-death-life. Many Aboriginal people still retain this belief system, however, traditional cultures and beliefs have been challenged and influenced by many factors including Christianity and lawful and unlawful government policies.

All aspects of Aboriginal culture must be considered in the consumer's clinical care to ensure their holistic health and individual needs are met. It is important to recognise that urban, rural and remote Aboriginal communities will each have differing needs. These differences extend to certain cultural practices and beliefs between Aboriginal language groups as every Aboriginal group will have differing cultural practices and beliefs.

To establish a culturally safe environment, health services need to give consideration to past historical issues. All Aboriginal people have been either directly or indirectly affected by the government policy that led to the Stolen Generation. Past government policies have left Aboriginal people with a genuine fear and resistance to accessing mainstream mental health services and a deep-seated mistrust of government services. Significant cultural, social, health, spiritual and economic disadvantages are the outcome.

Social determinants of health are identified by our general social, cultural, economic environmental conditions, community networks, work and living conditions, financial, life style and religious factors, age and gender. Aboriginal people experience high numbers of disadvantage such as unemployment, family breakdowns, violence, income or housing insecurity, and overcrowded housing which makes them more vulnerable to mental ill health. Issues such as loss and grief also exacerbate a consumer's mental health.

The use of accurate and non-offensive language is an essential component of Aboriginal cultural respect and culturally capable consumer care. The choice of term is largely determined by context. In South Australia it is preferable to make reference to both Aboriginal and Torres Strait Islander peoples. However, in some instances only mentioning 'Aboriginal people' is common. It is culturally inclusive to include a disclaimer at the beginning of written documents.

Nunga / Nyunga are terms used to refer to a South Australian Aboriginal person and are used mostly by Aboriginal people in coastal or metropolitan regions of South Australia. In remote communities that are north-west of South Australia, the word *Anangu* is used.

SA Health's *Recognition of Aboriginal Country Policy* is a directive that applies to SA Health staff.

Within CALHN's area, the traditional custodians of the land are the Kaurna people (pronounced "Gah-na").

The Aboriginal traditional custodianship of land is required to be recognised at the commencement of every significant meeting, conference, forum, workshop, function or event that is convened / hosted by SA Health. Forms of the *Welcome to Country* and *Acknowledgement of Country* are discussed.

The provision of culturally capable consumer care is a prerequisite to improving mental health care and outcomes for consumers from diverse cultures. Mental health staff who work with the consumer's belief system, rather than against it or ignoring it, will have greater success in providing culturally responsive care and improved outcomes. This also involves staff being aware of their own cultural filters as we tend to interpret behaviours and decisions according to what makes sense in one's own culture.

Mental health and wellbeing of Aboriginal people can only be understood within the holistic *social and emotional wellbeing* context of the Aboriginal concept of health. Social and emotional wellbeing (SEWB) is used by many Aboriginal people to describe the social, emotional, spiritual and cultural wellbeing of a person. It recognises that connection to culture, land, family, spirituality and community are important to people and can impact on their wellbeing. A person's SEWB is also influenced by government and organisational policies and past events.

Mental health is a term has been commonly used mainly by non-Aboriginal people to describe how people think, feel, cope with and take part in everyday life. People are often thought of as being mentally healthy when they do not have a mental illness (when people become unwell in the mind it affects their thinking, feelings and behaviour).

SEWB problems are distinct from mental illness, although the two interact and influence each other. Even with good SEWB people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.

The best way to understand these different terms is to think of mental health and mental illness as part of a person's SEWB.

Culturally appropriate communication, information gathering and the experience of mental health services are discussed.

Aspects of **mental health clinical care** are outlined. *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* provides a framework for the culturally capable application of overarching documents for the delivery of mental health care services in South Australia, including the clinical business rules and care coordination process.

Advanced cultural capability when working with Aboriginal consumers can be developed by application of the following:

- > Social and Emotional Wellbeing Framework - A National Strategic Framework for Aboriginal and Torres Strait Island Peoples' Mental Health & Social Emotional Wellbeing.
- > Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 1st & 2nd Edition.
- > Protocols for the Delivery of Social and Emotional Wellbeing and Mental Health Services in Indigenous Communities: Guidelines for health workers, clinicians, consumers and carers.

Consultation has highlighted the need to further develop partnerships and pathways to ensure clear communication to better meet the needs of Aboriginal consumers and families. A strategy for this is to determine pathways and to have an identified contact within each community mental health team.

Care coordination, assessment and mental health care plans are enhanced when culturally respectful communication is used to accurately determine the consumer's history and what the consumer understands about their mental health condition. A range of culturally capable mental health and social and emotional wellbeing resources and tools including assessment forms, care plans, flip charts are available and are listed.

When considering the need to apply for mental health orders consumers, family, carers and community should be actively consulted to ensure assumptions are not made and that cultural considerations have been taken into account. This process should be supported and implemented in consultation with the Aboriginal identified position.

Throughout the process it is vital that consumers, family and carers are fully informed of their rights, processes and are supported to access supportive and legal services.

Actions that can be taken before proceeding to a physical examination are suggested to address cultural sensitivities.

Diagnosis and treatment considerations and related strategies are outlined. Traditional treatments and medication issues are discussed. In relation to consumer discharge and transfer of care, continuity of care may be a more significant challenge for Aboriginal consumers. When consumers return to their communities, provision of care may become the responsibility of Aboriginal health workers, Aboriginal primary healthcare services, or other support services. It is pivotal that discharge planning actively involve the consumer, family and carer to facilitate transfer of care. Strategies to facilitate consumer discharge and transfer of care are outlined.

During transfer of care to another service, an agreed shared care period will ensure services are able to engage and appropriately work with the consumer. This will need to be negotiated as part of the discharge planning process. It provides opportunities for co-working, inreach and reciprocal learning in relation to Aboriginal health and mental health.

Decision-making and informed consent can be affected by the consumer's capacity, communication abilities, culture or other reasons; consumers may wish to involve a third party in the decision-making process. This option allows the consumer more time for consultation, reflection and support to reach an informed decision and for the mental health worker to ensure cultural considerations are taken into account.

The use of accredited interpreters is recommended.

Other important cultural practices relating to death, dying and funerals are discussed. For many Aboriginal people, it is important that they pass away close to their family and community, and/or on their traditional homeland. There is an obligation to attend family and community funerals. Not attending a funeral can have significant cultural consequences that will affect the consumer's mental health and social and emotional wellbeing. Funerals are also known as sorry business which can last for several weeks.

The importance of building and maintaining partnerships to enable the development of **pathways** between services was highlighted throughout the consultation process. Pathways in and out of mental health services within CALHN for Aboriginal consumers can be challenging. It is essential that services take into account the diversity of Aboriginal culture and the significant importance of Aboriginal workers who work with the consumer, or who are referring the consumer. Aboriginal workers hold valuable knowledge in working with and engaging Aboriginal communities. Embracing this will allow for building positive partnerships and pathways.

Effective partnerships promote seamless care to support and sustain Aboriginal consumers' return to their communities. They allow for open communication between organisations, for complimentary cultural input from the Aboriginal workers and mental health input from mental health clinicians.

A commitment to the philosophy of *Closing the Gap* should be evidenced by ensuring that all pathways are the "right" pathways to aid in closing the health gap of Aboriginal people. Care coordinators can lead by linking and following through with identified mental health needs and promote seamless, coordinated services between partner agencies.

Purpose

This guideline is designed as a quick reference tool to support best practice through the delivery of culturally capable care to all Aboriginal consumers, their families and communities who may access services through CALHN Mental Health Services. It has been developed with the intent that it be used in conjunction with the Metropolitan Adelaide Adult Integrated Community Mental Health Clinical Business Rules 2013 (which underpin the successful implementation of the Adult Community Mental Health Services Model of Care) and the Glenside Integrated Model of Care. The guideline provides general advice only and does not address the diverse cultural differences across Australia.

Background

In comparison to non-Aboriginal people, Aboriginal people experience far worse health outcomes for almost every major cause of mortality and morbidity, continue to be hospitalised at much higher rates for most health conditions, have poorer outcomes of care and have lower access to health interventions.

Access to healthcare continues to remain a significant problem for Aboriginal people. Before accessing the health care system, the health of many individuals, families and communities are compromised on a daily basis. This is due to a number of structural and social factors including:

- > living in major cities/urban communities in areas of greatest disadvantage
- > low socio-economic status and environmental and socio-political factors
- > a high prevalence of health risk factors
- > living in regional and remote communities which are areas of most socioeconomic disadvantage and where the greatest burden of disease exists due to lack of access to preventative or illness management services.

From a service provision perspective, the quality of health care provision can be influenced by:

- > performance gaps of the health system, including access, in addressing health needs
- > cultural incompetence which research demonstrates is linked to risks and poor quality health outcomes
- > communication barriers which research demonstrates may lead to adverse events and poor quality of care.

Aboriginal people experience poorer mental health and social and emotional wellbeing outcomes than non-Aboriginal people. This is evidenced by the following data:

- > Aboriginal adults have high or very high levels of psychological distress that are nearly three times the rate of non-Aboriginal adults.
- > Rates of intentional self-harm among young Aboriginal people aged 15 - 24 years are 5.2 times the rate of non-Aboriginal young people.
- > 10% of the health gap between Aboriginal and non-Aboriginal people in 2003 has been linked to mental health conditions and a further 4% of the gap is attributable to recorded death by suicide.

Aboriginal people's views of mental health and social and emotional wellbeing are very different to those of non-Aboriginal people. This affects the way in which policies, programs, early prevention and intervention initiatives need to be framed, formulated, implemented, measured and evaluated.

"The provision of mental health services for Aboriginal people is both inadequate and inappropriate, and changes need to be implemented immediately" (NMHC 2012).

Summary Report: Statewide Aboriginal Mental Health Consultation July 2010 Action Plan

The Statewide Aboriginal Mental Health Consultation (2010) based upon community consultations regarding mental health recognised ... *'the establishment of strong, integrated and co-ordinated governance structures across jurisdictional, funding and service boundaries will assist the process of change towards a culturally competent and responsive mental health service for Aboriginal people.'*

Our-way, New-way, Aboriginal-way was a phrase captured throughout South Australia during these consultations, suggesting that governments and services need to listen to local people and develop local solutions for local problems.

The report clearly identified a comprehensive action plan that needs to be implemented across South Australian mental health services and systems of care. Of particular note in the action plan are the recommendations directly related to the development of a Model of Care. Seven core elements were identified:

1. Engaging people in care to receive assertive and culturally responsive services at first presentation.
2. People remaining in care through choice, advocacy, cultural and family support.
3. Acknowledging the itinerant nature of Aboriginal people through flexibility of service boundary and care plans that follow the individual.
4. Where possible, provide care in the community to reduce anxiety related to institutional care.
5. Re-orienting services to understand the centrality and importance of family and community in recovery and access to traditional cultural healing and care.
6. Connecting people with family, community, culture and country to promote a sense of self and community value.
7. Improving the collaborative partnerships, communication and working relationships between the parties involved, e.g. the various health workers.

Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers aims to build on these recommendations to advance a culturally capable workforce for improved mental health outcomes for Aboriginal consumers, their families and communities within CALHN.

Section 1

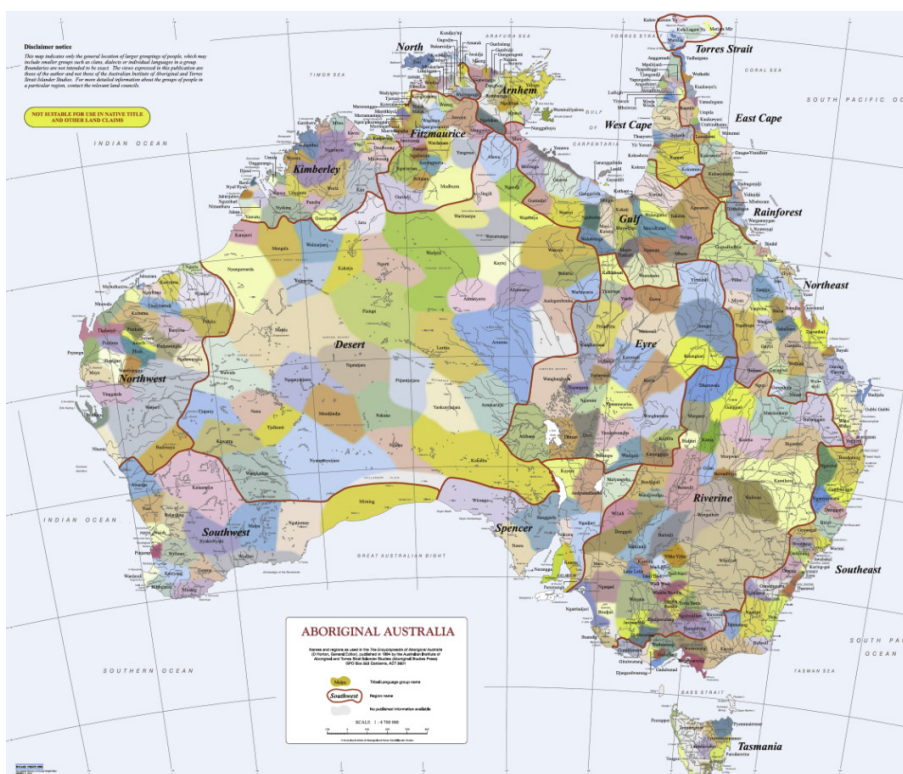
Factors influencing access to mental health care

There is a common theme seen throughout mental health services that Aboriginal people rarely voluntarily access mainstream primary mental health care services and are more likely to use emergency mental health services and hence to be hospitalised for severe mental illness, and during times of crisis. Appropriately provided mental health care services that allow for flexibility and adaptability will have the potential to have higher numbers of Aboriginal people accessing their service.

Cultural Factors

Health is traditionally a holistic concept for Aboriginal people. It encompasses the physical, social, emotional, spiritual and cultural wellbeing of the individual and of the whole community, known as “social and emotional wellbeing”. This is a whole-of-life view and includes the cyclical concept of life-death-life. Many Aboriginal people still retain this belief system, however, traditional cultures and beliefs have been challenged and influenced by many factors including Christianity and lawful and unlawful government policies.

Aboriginal culture must be considered in the consumer’s clinical care to ensure their holistic health and individual needs are met. Each consumer will have their own beliefs and individual needs, so a ‘one size fits all’ approach will not work. It is important to recognise that urban, rural and remote Aboriginal communities will each have differing needs. These differences extend to certain cultural practices and beliefs between Aboriginal language groups. Kinship, family obligations and responsibilities tend to be of greater importance than personal health needs.



This map of Aboriginal Australia is a good representation of the diverse Aboriginal language groups within Australia. Groups differ and are dynamic. Working with different Aboriginal groups requires understanding and awareness. By consulting and working in true partnership with Aboriginal community and/or Aboriginal workers, non-Aboriginal workers can build this understanding into their practice.

Aboriginal Australia Map ©
Aboriginal Studies Press, AIATSIS

Specific information related to the South Australian Aboriginal culture and history is available on the SA Health website. These documents are:

- > SA Health Aboriginal Culture and History Handbook, Department for Health and Ageing, October 2013
- > South Australian Aboriginal History Timeline.

Social and Historical Factors

There are many historical factors, which have affected and continue to affect the social and emotional wellbeing (including physical and mental health) of Aboriginal people. Past government policies have left Aboriginal people with a genuine fear and resistance to accessing mainstream mental health services. The effects of the 'Stolen Generation' remain current today. All Aboriginal people have been either directly or indirectly affected by this government policy. Mental health outcomes include depression, anxiety, complex post-traumatic stress disorder and suicide. Issues such as grief, loss and trauma have an enormous detrimental impact on a consumer's mental health.

Services need to give consideration to past historical issues. For example, many Aboriginal people relate sterile hospital environments to past mistreatments, and hospitals for many symbolise a place for dying rather than healing. This level of mistrust is still held towards health systems by some individuals and families today.

Aboriginal families may experience the following:

- > Fear and distrust of mainstream health staff, services and buildings, which can be threatening and alienating.
- > Extreme imbalance of power due to history and disadvantage.
- > Feelings of vulnerability, isolation, shame and disempowerment.
- > Cultural misunderstanding, stereotyping and racism.
- > Language barriers and misunderstandings leading to fear, confusion and disadvantage to appropriate health care treatment.
- > Inadequate time for effective healthcare.
- > Financial burden.
- > Accommodation difficulties.
- > Urban environments: many Aboriginal people from remote and some rural regions may find it difficult to adjust to the urban environment. For example trying to navigate public transport to access treatment is foreign and can be stressful and anxiety provoking.
- > Stress and fear of not understanding the process of mental health services in comparison to traditional healings, eg medication.
- > Fear of being away from country, family and community.

Social Determinants of Health

Social determinants of health are key factors in Aboriginal mental health. Social determinants of health are identified by our general social, cultural, economic, environmental conditions, community networks, work and living conditions, financial, life style and religious factors, age and gender. For a person's mental health to be stable the social determinants need to be met. Aboriginal people are at high risk of these needs not being met. Statistics show that:

- > in 2008, 34% of Aboriginal people over the age of 18 in South Australia reported high to very high levels of psychological distress

- > in 2008 and 2010 Aboriginal males were 4.6 times and Aboriginal females 4 times more likely to be hospitalised in South Australia for mental health conditions compared to non-Aboriginal people.

Aboriginal people experience high levels of disadvantage such as unemployment, family breakdowns, violence, income or housing insecurity, and this makes Aboriginal people more vulnerable to mental ill health.

Overcrowding is one of the main contributing factors to housing issues for Aboriginal people, and overcrowding can increase the occurrence of mental health issues. Statistics indicate that in 2008, 20% of Aboriginal people 15 and over were living in overcrowded houses compared to non-Aboriginal people at 4%.

Consumers from Rural and Remote Locations

Many Aboriginal consumers accessing or admitted to metropolitan hospitals come from rural and remote communities. During this time the consumer will most likely come with family members and/or an escort to support them.

Consumers often must travel long distances to unfamiliar areas where language and cultural differences will be likely barriers. Concerns or anxiety over family welfare, community and cultural obligations, financial responsibilities or other personal issues can be overwhelming at this time and can negatively impact on the consumer's mental health.

Emotional distress can be further heightened by other stressors such as cultural shock, fear of judgement, lack of understanding of clinical procedures, the isolation and disconnection from family and their usual social networks, and the feeling of not being listened to or heard.

Things that are considered everyday practice to people in metropolitan areas can create barriers for Aboriginal consumers from remote areas. For example:

- > Not having a Medicare card can create a barrier to the simple act of accessing a health service.
- > Lack of proof of identity can lead to not being able to access Centrelink benefits, creating a barrier to appropriate income and health supports.
- > Not knowing how to access or navigate transport systems.

It is vital that if English is not a consumer's first language that an interpreter is engaged and time is taken to go through paperwork. Complex ideas and documents should be explained in terms understood by the consumer, to reduce their sense of feeling overwhelmed.

Transport is a significant issue for Aboriginal people coming to metropolitan Adelaide from rural and remote areas. Many consumers are transported to urban areas by services such as the South Australian Ambulance Service (SAAS) and Royal Flying Doctor's Service (RFDS) and they may have difficulty going home after receiving their treatment and / or an admission to hospital. Liaison with the rural and remote services to facilitate a safe and seamless journey home is an integral aspect of good care.

Terminology

The use of accurate and non-offensive language is an essential component of Aboriginal cultural respect and culturally capable consumer care.

As stated in the *SA Health Aboriginal Culture and History Handbook*, Department for Health and Ageing, October 2013:

Documents relating to Aboriginal health make varying and sometimes confusing use of the terms 'Indigenous', 'Aboriginal' and 'Aboriginal and Torres Strait Islander'.

The choice of term is largely determined by context.

Aboriginal people are those who belong to country within mainland Australia whilst Torres Strait Islander people belong to the islands of Torres Strait just north of Australia.

'Indigenous' or 'Indigenous peoples' is sometimes used, particularly in a national context and in academia, to make reference to both Aboriginal and Torres Strait Islander peoples. However, in South Australia these are generally not the preferred terms. It is preferable to make reference to both Aboriginal and Torres Strait Islander peoples. However, in some instances only mentioning 'Aboriginal people' is common. In this case it may be culturally inclusive to include a disclaimer at the beginning of written documents, similar to the one that appears at the beginning of this resource.

Some terms are inappropriate and can have negative connotations. The following terms are not widely accepted as appropriate:

- > Aborigines
- > Aboriginals (use Aboriginal people instead)
- > Natives
- > Tribal
- > Acronyms such as ATSI (Aboriginal and Torres Strait Islander)
- > Any abbreviations or nicknames.

The acronym ATSI is often used in written documents but is generally not a preferred term. Verbally describing someone or something as ATSI is particularly inappropriate.

'Aboriginal' should be capitalised, just as 'Australian' would be. The term 'aboriginal' in lower case refers to an aboriginal person from any part of the world, and not specifically to the first peoples of Australia. Similarly, it is widely agreed to be inappropriate to quantify the amount of Aboriginal and Torres Strait Islander heritage somebody has. Terms such as half-Aboriginal are considered offensive.

Nunga / Nyunga are terms used to refer to a South Australian Aboriginal person and are used mostly by Aboriginal people in coastal or metropolitan regions of South Australia. In remote communities that are north-west of South Australia, the word *Anangu* is used.

Similar identified terms are used in some areas of Australia:

- > Koori / Koorie for New South Wales, Victoria and Tasmania.
- > Murri for some areas of Queensland.
- > Noongar for some areas of Western Australia.

The most important message when considering this terminology is to simply ask an individual how they would like to be referred to. Aboriginal and Torres Strait Islander people and communities are diverse so confirming with each individual is the best course of action.

Aboriginal and Torres Strait Islander Flags

Aboriginal flag meaning

The symbolic meaning of the flag colours (as stated by the creator Harold Thomas) are:

Black: represents the Aboriginal people of Australia.

Red: represents the red earth, the red ochre and a spiritual relation to the land.

Yellow: represents the sun, the giver of life and protector.

When using the Aboriginal flag it is essential to ensure that the flag is displayed in the correct manner; see image to the right.



Torres Strait Islander flag meaning

Each part of the flag is designed to represent something about Torres Strait Islander culture:

Green: represents the land.

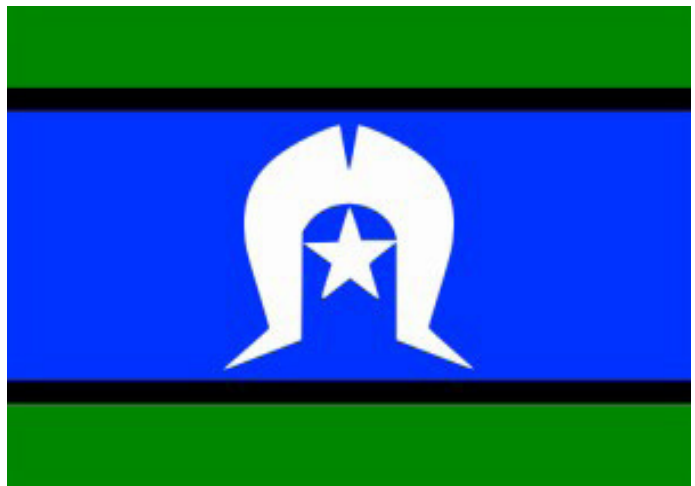
Blue: represents the sea.

White: represents peace.

Black: represents the Indigenous peoples.

The Dhari (headdress) represents Torres Strait Island people and the five pointed star represents the five major island groups. The star also represents navigation, as a symbol of the seafaring culture of the Torres Strait.

When using the Torres Strait Islander flag it is essential to ensure that the flag is displayed in the correct manner; see image to the right.



Reference: Aboriginal & Torres Strait Islander Peoples' Engagement Toolkit, 2012.

SA Health's Recognition of Aboriginal Country Policy

Within the CALHN's area, the traditional custodians of the land are the Kurna people. "Kurna" is pronounced "Gah-na".

SA Health's *Recognition of Aboriginal Country Policy* is a directive that applies to SA Health staff.

The Aboriginal traditional custodianship of land is required to be recognised at the commencement of every significant meeting, conference, forum, workshop, function and event (hereinafter referred to as "meeting") that is convened / hosted by SA Health.

There are two kinds of recognition of Aboriginal country; a 'Welcome to Country' and an 'Acknowledgement of Country'.

'Welcome to Country' is for use within and outside of Kurna land by Aboriginal traditional custodians. A 'Welcome to Country' can be conducted only by an Aboriginal traditional custodian of the land on which the meeting is taking place. For instance, a 'Welcome to Country' in the Adelaide area can be conducted only by a person of Kurna heritage.

The form of a 'Welcome to Country' is to be negotiated between the Aboriginal representatives and the meeting organisers, and may include a cultural ceremony or performance involving song, dance, traditional musical instruments, or a smoking or cleansing ceremony.

'Acknowledgement of Country' for use within Kurna land

An 'Acknowledgement of Country' can be conducted by any person in recognition of Aboriginal country. You are encouraged to read out the 'Acknowledgement' in addition to printing it on agendas, programs or other meeting papers. The suggested wording for an *'Acknowledgement of Country'* follows:

We would like to acknowledge that this land we meet on today is the traditional land of the Kurna people, and that we respect their spiritual relationship with their country. We also acknowledge that the Kurna people are the custodians of the Kurna land, and that their cultural and heritage beliefs are still important to the living Kurna people today.

The wording may be personalised or localised to make the 'Acknowledgement' more meaningful.

'Acknowledgement of Country' for use outside of Kurna land

An 'Acknowledgement of Country' can be conducted by any person in recognition of Aboriginal country. You are encouraged to read out the 'Acknowledgement' in addition to printing it on agendas, programs or other meeting papers:

We acknowledge and respect the traditional custodians whose ancestral land we are meeting on here today. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. We also pay respects to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia/Australia present here.

The wording may be personalised or localised to make the 'Acknowledgement' more meaningful, for example by direct naming and acknowledgement of the traditional owners where this is specifically known.

If the traditional custodianship of a location is not known or is in dispute and/or you require information about the traditional custodians and names, please contact SA Native Title Services on phone 8110 2800.

Section 2

Providing culturally capable consumer care

In order to improve mental health care and outcomes for consumers from diverse cultures, mental health services and its staff must be culturally capable. Mental health staff who work with the consumer's belief system, rather than against it or ignoring it, will have greater success in providing culturally responsive care and improved outcomes. This also involves staff being aware of their own cultural filters as we tend to interpret behaviours and decisions according to what makes sense in one's own culture.

Aboriginal View of Health and Social and Emotional Wellbeing

Western culture takes a biomedical approach to mental health care. Aboriginal people, however, take a more holistic approach that includes the mind, body and spirit. Mental health and wellbeing of Aboriginal people can only be understood within the context of the Aboriginal concept of health which has been defined as:

“Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.”

As defined in NACCHO's Constitution as amended 9 March 2006 and also from the National Aboriginal Health Strategy, 1989

This broader understanding of health is also outlined in the *Ways Forward*, Swan and Raphael, 1995:

“Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the “whole body” but in fact is steeped in the harmonised interrelations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist”

Swan and Raphael, 1995

Crucial to holistic health is *Social and Emotional Wellbeing*.

The term *Social and Emotional Wellbeing* is used by many Aboriginal people to describe the social, emotional, spiritual, and cultural wellbeing of a person. It recognises that connection to culture, land, family, spirituality and community are important to people and can impact on their wellbeing. A person's social and emotional wellbeing is also influenced by government and organisational policies and past events.

Another term that is often used when discussing wellbeing is *mental health*. This term has been commonly used mainly by non-Aboriginal people, to describe how people think and feel, and how they cope with and take part in everyday life. People are often thought of as being mentally healthy when they do not have a mental illness (when people become unwell in the mind it affects their thinking, feelings and behaviour).

Many Aboriginal people believe that the terms 'mental health' and 'mental illness' focus too much on problems and do not properly describe all the factors that make up and influence wellbeing. Because of this, most Aboriginal people prefer the term *social and emotional wellbeing* as it fits well with a holistic view of health. The best way to understand these different terms is to think of mental health and mental illness as part of a person's social and emotional wellbeing.

Social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional wellbeing people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.

Aboriginal and Torres Strait Islander people experience higher rates of both social and emotional wellbeing problems and mental health issues than non-Aboriginal people. The two have been defined in the *Social & Emotional Wellbeing Framework* as:

Social and emotional well-being problems can result from: grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage. Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, and where necessary, support during family reunification.

Mental health problems may include crisis reactions, anxiety states, depression, post-traumatic stress, self-harm, and psychosis. Treating mental ill health can occur in primary health care or mental health settings and includes early intervention, treatment and monitoring, relapse prevention and access to specialist services, including rehabilitation and long term support. Services must be culturally appropriate and safe, and provide continuity of care across the life span. Mental health clinicians must recognise the impact of cultural and spiritual factors on the way mental health problems develop and present, in order to provide accurate diagnosis and effective treatment.

Social and Emotional Wellbeing Framework, A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004 – 2009.

Culturally Appropriate Communication

Initial Contact – Building Rapport

The first few minutes of your initial interaction with consumers and their families are critical to the quality of engagement that will be developed, which will have a significant impact on the therapeutic process and health outcomes. Efforts to build an effective rapport may help overcome individual barriers, including any fears or perceptions consumers and their families may have. Most of all, it will help build trust and respect in you as a professional and trust in the mental health system.

If a consumer presents with a support person (escort and / or family), acknowledge and identify this person, get confirmation from the consumer that it is 'OK' to speak with the support person there. Take your cues from the person that is doing most of the talking as often, the consumer may not yet trust you, may feel more comfortable watching to see how you interact with their support person and may want the support person to start talking on their behalf.

When possible, taking into account personal and workplace safety, give the consumer the choice of where to meet, for example outside.

To build rapport:

- > greet people with warmth and friendliness
- > adopt non-threatening body language and tone of voice
- > ask the person where they come from; perhaps if they or their family have been to that service before as a consumer or visitor
- > identify a common view or topic, such as places you have visited, any association with the Aboriginal community
- > tell the consumer some things about yourself (something you are comfortable sharing, eg area you and / or family are originally from, if you have brothers or sisters, your place in the family)
- > explain processes: why you are involved in care, what will happen from here, timeframes (where possible, but do not give a timeframe if you are not certain) and provide general information (housekeeping, meals etc.)
- > show personal interest in the consumer and family by asking how they feel
- > provide clarity or information if concerns are raised
- > do not make a promise you cannot keep
- > consult with Aboriginal workers within the service or other government departments or non-government services if necessary and where appropriate, co-interview if possible
- > ensure that you provide follow-up and feedback to the consumer regarding where to from here
- > get permission from the consumer to advise family of the outcome of assessments and plans for care.

Language

Many Aboriginal people do not speak the Standard Australian English as their first language. It can be the second or third preferred language/dialect.

When spoken, English may differ in dialect and the meaning of words can vary with family and community influences. Tonal differences, colloquialisms and other elements may obscure meanings, and in the process may prevent mental health staff from recognising cues to respond appropriately. Additionally, although a consumer and their support person may converse in English, this does not necessarily indicate the person comprehends the English language in its entirety. If proficiency is low, do not assume the consumer is illiterate, poorly educated or of low intelligence.

Aboriginal people tend to speak in narrative/conversational styles, using stories, or by talking around the topic to illustrate a point. Direct communication can be confronting for some people and may not encourage the consumer to participate.

Aboriginal people are very astute with the use of non-verbal communication and reading body language. Be conscious of non-verbal communication, through hand signs, facial expressions and body language.

Use of Interpreters and Translators

All Australians have the right to access these services. The facilitation of communication through interpreters is important for ensuring equitable and effective mental health care delivery.

People often use the terms *interpreter* and *translator* interchangeably, however, there is a clear difference.

- > An *interpreter* interprets oral communication between the consumer and non-English speaking person.
- > A *translator* provides language translations in written form.

In mental health settings, consumers are required to communicate about difficult experiences often during times of crisis or stress, which can be difficult to do effectively when using a language in which they are not fluent. Particularly in the presence of a thought disorder, delirium, dementia, anxiety or depression, the capacity to communicate in a second language is further impaired.

It is important that interpreter and/or translation services are provided where informed consent is required or where there is the potential for a decision or action to have a critical impact upon a person's life. If in doubt, it is always best to ask the consumer and family directly if they require the provision of interpreting or translating services.

Without effective communication, there will be limitations in the mental health professional's capacity to:

- > develop a therapeutic relationship
- > understand the point of view of the consumer
- > understand the cultural context of the consumer
- > conduct an assessment
- > formulate a diagnosis.

Communication between the consumer and mental health professional can be assisted greatly by working with a qualified interpreter to translate information from one language to another in a precise, effective and timely manner.

When accessing Aboriginal interpreters and translators, be aware of the specific Aboriginal language spoken by the consumer and book interpreters and translators in advance as services often have limited languages available.



See Appendix 1 - *A South Australian Aboriginal Languages Interpreters and Translators Guide*

'Doctor Knows Best' View

Imbalance of power: Health professionals are in positions of power within any health care relationship. In many cultures, a health professional is highly trusted and esteemed, and the concept of 'doctor knows best' may act as an impediment to consumers making informed decisions.

The consumer may:

- > be polite by smiling and nodding to show they are listening
- > behave as a 'good' consumer to show respect for the staff member's authority and position
- > nod to agree or say yes for the purpose of wanting the consultation to be over, or so that they are perceived as understanding what has been said
- > be reluctant to openly disagree with someone in authority and to ask questions, for example about side effects, for fear of giving insult.

Where a mental health professional has doubts about the validity of a health care decision, they would firstly go over things with the consumer again, and if this does not allay their concerns, then escalate their concerns and seek advice from the senior mental health professional involved in the consumer's care. They might then consider obtaining legal advice.

Feeling Shame (feeling ashamed or embarrassed)

For Aboriginal communities, the shame factor is not only connected with sensitivities and attitudes but cultural beliefs. Consumers may feel shame:

- > to share personal and private issues, particularly with a member of the opposite gender
- > that they do not understand the medical matters being discussed and the shame may prevent them from communicating that they do not understand.

The issue of confidentiality is also linked with shame. If a person believes there has been a breach, it will be difficult for the consumer to regain trust and continue using the service.

Gaps of Silence

Silence is used by many Aboriginal people and is common in conversations.

Its meaning may vary amongst individuals, communities and settings. Some examples include being respectful, contemplating what has been said and translating its meaning into the person's own language, reflecting, showing disagreement, mistrust or discomfort in an unfamiliar environment.

The positive use of silence should not be interpreted as lack of understanding, agreement or that concerns are not urgent.

In Western culture, gaps of silence must be immediately filled; however, when engaging with Aboriginal people, be respectful of silence, learn to relax, observe the cues, tune into speech patterns and local idioms, and take your time before responding.

Eye Contact

In Western culture, direct eye contact is perceived as a form of respect and trust. However, in Aboriginal culture, direct eye contact from others may be viewed as a sign of rudeness, disrespect or even aggression.

For Aboriginal people avoidance of eye contact can also be associated with a number of factors including gender, age, shame, mistrust, being in a hospital environment and past negative experiences (personally / family / community experiences). This will vary significantly between different Aboriginal groups and individuals.

Mental health staff should observe body language and the level of eye contact being used by the consumer. Follow the lead of the consumer and modify your level of eye contact accordingly. Where possible do not sit directly across from the consumer but rather alongside the consumer, as this will support a more comfortable conversation and will also help you give appropriate eye contact.

Gathering Information

Consumers may not be open to disclosing or sharing personal and private information unless a sense of trust has first been established.

Building rapport and trust will help to minimise misunderstandings and anxieties and optimise the accuracy of information.

When asked multiple questions, Aboriginal people may not feel obligated to reply, giving the impression that the consumer is uncooperative or unresponsive. Explain firstly why the questions are being asked and ask each question one at a time. Avoid asking compound questions (eg *How often do you visit your health service?* and *What are the reasons that you don't?*) Where possible engage the consumer, family and carer and/or Aboriginal professional to help obtain information.

Gathering information and involving family in care is vital. Family will be able to share critical information that the consumer may not disclose, share any concerns they have and importantly what the cultural norm is for the consumer which will support you with appropriate assessment. The family will also have key information about services that the consumer will and will not engage with once home.

Another crucial source to gather information from and involve in care and discharge planning, only where permission is received from the consumer, is the Aboriginal Health Services and where appropriate remote area clinics.

Identification

Asking the question '*Are you of Aboriginal and/or Torres Strait Island origin?*' is a standard and important question that must be asked at admissions / registrations / assessment points. Correct identification of Aboriginal and/or Torres Strait Island origin underpins the ability to be culturally capable and is critical to minimising risks, providing relevant services such as the Aboriginal hospital liaison service, Aboriginal health services, Aboriginal mental health professionals and for monitoring quality, safety and effectiveness. Further information is available at the end of this section.

It is essential that this information is clearly and accurately recorded, particularly on the Community Based Information System (CBIS) to ensure accurate real-time accessible documentation for SA mental health services. The information to be recorded should include:

- > Aboriginal and/or Torres Strait Islander origin
- > language group

- > interpreter requirements
- > links to Aboriginal services and key service providers.



See Appendix 2 - Fact sheet: 'Are you of Aboriginal or Torres Strait Islander Origin?'

Communication tips

- > Allow time to build rapport - allocate more interview time.
- > Listen and be patient, allowing time for silence.
- > Adopt a consistent non-threatening body language and tone of voice.
- > Adopt non-judgemental attitude and approach.
- > Speak in plain English and take the time to explain.
- > Avoid technical language and medical jargon.
- > Do not mimic Aboriginal ways of speaking, ie words, slang, speech or accent.
- > Use open-ended probing questions where appropriate.
- > Use active listening skills.
- > Speak quietly if other people are around.
- > Simplify forms and written information as much as possible, sensitively offer assistance with reading and writing if required.
- > Use visual aids to assist with explanations.
- > Always check to ensure that consumer has understood what is being said.
- > Do not make assumptions and clarify throughout the process.
- > Use caution when discussing areas of sensitivity.
- > Do not ask hypothetical questions.
- > Emphasise confidentiality, but also be upfront about the limits of this confidentiality.
- > Consult with Aboriginal staff within the service, other government departments or non-government services where appropriate.

Aboriginal Leadership and Aboriginal Identified Professionals in Mental Health

“...On Aboriginal and Torres Strait Islander Leadership Across All Parts Of The Australian Mental Health System To Achieve The Highest Attainable Standard of Mental Health And Suicide Prevention Outcomes For Aboriginal and Torres Strait Islander Peoples”

National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)

Aboriginal leadership and Aboriginal identified positions embedded within all parts of the mental health system are central to address the common mental health challenges faced by Aboriginal people. The value and benefit of these positions, which hold vital culturally sound clinical skills and knowledge, cannot be substituted; these positions are significant contributors to long term improved service outcomes.

Aboriginal identified professionals play a pivotal role in providing support and assistance to consumers and families, including practical and emotional support, informing appropriate assessment by incorporating cultural elements, advocacy, referrals and discharge planning.

From a cultural point of view, they provide cultural safety and connection (including externally with communities) and can help consumers understand information relating to the service and treatment, particularly if language is a barrier.

Throughout SA there are many different roles that Aboriginal professionals fulfil. It is essential that you identify what positions and services are available to work together in partnership to ensure best care of consumers. Consistently throughout community consultation it was emphasized the need for such positions to be embedded within all the mental health teams. The development of a *Mental Health Aboriginal Workforce Strategy* including urgent implementation has to be a priority in South Australia.

The Acute and Community Mental Health Team Experience

The consumer and family's first perception of the service will impact on their feelings of safety in accessing the service. Services that are culturally inclusive and respectful are more likely to be accessed by Aboriginal people and contribute towards positive mental health outcome experiences.

Environment

Tips to create a culturally safe environment include the following:

- > Promote Aboriginal cultures via artwork, displaying the Aboriginal Australia Map, signage and erecting Aboriginal and Torres Strait Island flags.
- > Promote and participate in events of cultural significance, such as NAIDOC Week, Reconciliation Week.
- > Consultatively develop a Reconciliation Action Plan.
- > Use Aboriginal specific resources, for example brochures, booklets, posters, educational materials.
- > Seek advice from appropriate Aboriginal workers, cultural consultants, Aboriginal mental health professionals, Aboriginal community and Aboriginal services.
- > Conduct a cultural audit of services.

It is always important to remember that Aboriginal communities within South Australia are diverse and the following will apply in different ways.

Men's and Women's Business

Men's and women's business must be respected. Traditionally there are subjects about which men and women do not talk about together, as well as specific gender-related and sometimes discrete practices that occur. Female consumers for example, may be uncomfortable discussing sexual or reproductive health issues with male staff and vice versa for male consumers and female staff. Where same-gender staff are not available, explain this to the consumer from the outset and ask the consumer if they prefer their carer, family and/or Aboriginal identified staff present during particular times.

Due to gender protocols, it is inappropriate to place female consumers admitted to inpatient care in the same room as male consumers.

In environments where private or gender-specific care is not available such as emergency departments, ask the consumer and family if there is anything that can be done to make them feel more comfortable, for example, keeping the curtain closed at all times in open areas.

Consumers should be moved to gender-specific rooms as soon as possible as a matter of priority.

Explain the acute system, for example:

- > Visiting hours, meal times, places for family to sit and visit and how they can access other services such as transport, phones, banks and food outlets.
- > Medicines and treatment times, information about the doctor/s and other staff (eg Social Workers, Aboriginal Workers, Peer Support Workers) when they will visit.
- > Why medical and personal history is requested several times.
- > Role of the Transfer of Care Coordinator (TOCC).

Explain the Integrated Community Mental Health Team system, for example:

- > The care coordination role.
- > How best to make contact with you or the service: during business hours, after hours, in emergency situations and explain what the process will be.
- > Information about other multidisciplinary staff, including Psychiatrists, Aboriginal Workers, Social Workers, Peer Specialists, Carer Consultants, Nurses, Occupational Therapists, Psychologists.

Acute Visiting Arrangements

Due to Aboriginal family/kinship relationships and cultural beliefs, a consumer may be visited by large groups of immediate and extended family.

Where possible, engage an Aboriginal Liaison Officer when talking with the consumer, family or carer about:

- > who the nominated person(s) is to share information with and what information can be shared.
- > negotiating options to accommodate the presence of visitors, for example, if the consumer is in the ward, you may want to consider a nearby lounge area as a waiting area or a place to meet the consumer.
- > the impact (if any) this may have on the consumer's care requirements or that of other consumers in the ward.

Ensure visiting arrangements are also communicated to staff between shifts to minimise any confusion.

Services within CALHN

Aboriginal and Torres Strait Islander Liaison Unit

The Aboriginal Health Team is based in the Aboriginal and Torres Strait Islander Liaison Unit at the Royal Adelaide Hospital (RAH) and assists and supports Aboriginal and Torres Strait Islander consumers, their escort and family during their stay. The Aboriginal Health Team can also help consumers and their family to understand hospital processes and procedures. The team works across the RAH, the Queen Elizabeth Hospital and St Margaret's Rehabilitation Hospital.

The Aboriginal Health Team includes the:

- > Manager
- > Aboriginal Hospital Liaison Worker, Female
- > Aboriginal Hospital Liaison Worker, Male
- > Aboriginal Health Nurse
- > Administrative Support Officer.

The Aboriginal Health Team can book interpreters to interpret medical information as needed. The Aboriginal Health Team is available Monday to Friday 8.30am to 4.30pm.

Aboriginal health services and resources are available on the CAHLN intranet (under Aboriginal Health) and are updated regularly by the Unit.



See Appendix 3 - The Royal Adelaide Hospital Aboriginal and Torres Strait Islander Unit brochure.

Families, Carers and Support Person

Family is of central importance to Aboriginal people. A carer, family member or another nominated person from the community will often accompany a consumer for support. It should not be assumed that the support person is the next of kin or can legally provide informed consent.

The service experience may also be stressful for the support person, who may feel isolated and may have other responsibilities including caring for other family members.

While the support person can assist with communication, they should not be officially used as an interpreter as this can have implications for the consumer and support person as they may be family or connected culturally. It is strongly recommended that an accredited interpreter is engaged where possible, through an Aboriginal identified staff member such as an Aboriginal Liaison Officer, who will be able to assist with arranging, supporting and facilitating the conversation. This person will also be able to assist with translating medical terminology and general health and medical literacy.

It is important in many cases when working with consumers to actively involve family and carers. Family and carers are the people that have important knowledge of the consumer's mental health. They are frequently the consumer's key support to live in the community, which enables the consumer to maintain cultural links with land, family and community. Without this support, many consumers with complex needs would not be able to live in community and would be required to look at alternative care options, which due to the extremely limited culturally appropriate options, have devastating consequences for consumers and families. When working with families and carers it is important to provide emotional and social support and to advise of services for support, assistance and respite.

Section 3

Aspects of mental health clinical care

The *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* document should be read in conjunction with the following key documents which outline the overarching objectives and principles for the delivery of mental health care services in South Australia:

- > Metropolitan Adelaide Adult Integrated Community Mental Health Teams Clinical Business Rules.
- > Care Coordination Integrated Community Mental Health Services.

It is recommended to further advance your cultural capability when working with Aboriginal consumers that the following documents are applied:

- > National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023.
- > Social & Emotional Wellbeing Framework - A National Strategic Framework for Aboriginal and Torres Strait Island Peoples' Mental Health & Social Emotional Well Being.
- > Working Together: Aboriginal and Torres Strait Islander MH and Wellbeing Principles and Practice, 1st & 2nd Editions.
- > Protocols for the Delivery of Social and Emotional Wellbeing and Mental Health Services in Indigenous Communities: Guidelines for health workers, clinicians, consumers and carers.

While these resources are not specific to South Australia they are a great resource and should be applied to your practice. To facilitate improved access and responsiveness of mainstream mental health services to Aboriginal people further South Australian specific resources need to be developed as a priority.

Consumer Pathway and Service Delivery

Consultation with consumers, families, carers, Aboriginal and non-Aboriginal service providers has highlighted the need to further develop partnerships and pathways to ensure clear communication to better meet the needs of Aboriginal consumers and families. A strategy for this is to determine pathways (see Section 4) and to have an identified central contact person within each mental health team. Allocation should be to a Care Coordinator with skills and an interest in working with Aboriginal people and the associated network. In the long term, it is hoped Aboriginal identified positions will become part of the multidisciplinary mental health team.

Central Contact Person with Aboriginal Mental Health Portfolio

Within each mental health team a central contact will be required to be identified (within some teams this has already naturally happened) and supported by the service. This clinician will have leadership and coordination responsibilities for Aboriginal mental health. It will be required as part of their role to:

- > be a central contact for all Aboriginal mental health enquiries and referrals, to support transition between services seamlessly in a timely manner
- > develop and sustain contacts and partnerships with Aboriginal services across South Australia
- > as part of professional development, continuously seek to improve practice to further develop cultural competence in working with Aboriginal consumers to deliver high quality culturally capable mental health practice, including attending training and workshops to enhance knowledge and skills, for example Aboriginal Cultural Respect Training

- > advocate that mental health services and staff are delivering culturally capable care
- > seek out and be supported by the service to access cultural supervision / mentoring, to ensure practice is culturally accountable and safe.

Care Coordination, Assessment and Mental Health Care Plans

Culturally respectful communication is needed to accurately determine the consumer's history and what the consumer understands about their mental health condition. Best practice when assessing and developing care plans is to involve an Aboriginal identified professional like an Aboriginal Mental Health Worker, Cultural Consultant or an Aboriginal Liaison Officer as they will be in a position to lead culturally capable care.

Be mindful and respectful when asking consumers what they believed caused their illness or injury, as in Aboriginal culture, ill health can be based on a belief that it was a natural physical cause, a result of external cultural influences or harm caused by spirits. Please note that this is not necessarily a sign of mental illness but is a legitimate part of cultural and spiritual beliefs.

Staff should know and document any of their consumer's cultural view:

- > Their concept of health and particularly mental health.
- > Their health beliefs related to:
 - > wellness and cause of illness and injury
 - > treatment of illness including bush medicines and traditional healers
 - > food beliefs and diet including taboos
 - > family/ kinship structures, roles and responsibilities
 - > death and dying (as relevant)
 - > cultural and gender-specific protocols and practices
 - > family and community obligations.

When assessing and developing mental health care plans with Aboriginal consumers, it is vital not to make assumptions. Significant cultural understandings need to be considered:

- > Spiritual beliefs - what is considered to be the cultural norm in the consumer's community – so not to make assumptions about hallucinations, delusions, pathological thinking or sign of emotional imbalance.
- > Appearance - what is considered to be the individual and cultural norm in the consumer's community?
- > Be open-minded and observant when assessing behaviour and emotion.
- > Do not confuse shyness or shame with sadness, or a reserved response as evidence of flat affect.
- > Education - determine level of education.
- > English – establish how confident consumers are with English and if it is a first language.
- > Delayed answers or minimal speech should not automatically be considered as a sign of slow or impaired functioning.
- > Make sure that general knowledge questions are appropriate - Aboriginal consumers might have a very different notion of what is considered general knowledge by the general population.
- > Be aware that the skills mainstream society values are not necessarily the same as what Aboriginal peoples consider important to survival, irrespective of how much schooling they have completed.
- > Actively involve Aboriginal staff, families and carers for background information and assistance in the assessment, care planning and treatment processes and when preparing for transfer of care.

Culturally capable mental health and social and emotional wellbeing resources and tools including assessment forms, care plans and flip charts are available, for example:

- > Australian Indigenous HealthInfonet <http://www.healthinfonet.ecu.edu.au/>
- > Menzies School of Health research www.menzies.edu.au
- > Strong Spirit Strong Mind, Aboriginal Alcohol and Other Drugs Worker Resource: A guide to working with our people, families and communities
- > Our Healing Ways: Putting wisdom into practice, working with co-existing mental health and drug and alcohol issues, Aboriginal way.

South Australian Civil and Administrative Tribunal (SACAT)

When considering the need to apply for mental health orders, consumers, family, carers and community should be actively consulted to ensure assumptions are not made and that critical cultural considerations have been taken into account. This process should be supported and implemented in consultation with an Aboriginal identified position.

Consider individual and cultural considerations are that they are articulated to promote a culturally competent process and consideration by SACAT.

Throughout the process it is vital that consumers, family and carers are fully informed of:

- > the process
- > their rights
- > short and long term impact to the consumer, family and community
- > access to an appropriate interpreter and translator is arranged early (before, during and after the hearing)
- > access to a professional support person who is separate to the mental health service and is aware of the SACAT process eg. an advocate
- > access to appropriate information in the consumer's first language
- > access to appropriate legal services, including Aboriginal Legal Rights.

Physical Health

Before proceeding to physical examination, it is advised that you explain the need to touch the person, why, how and where. Ask if you have their permission to continue with the physical examination. Ensure the consumer is comfortable before commencing. If appropriate, ask the consumer if they would like a support person present or an Aboriginal identified position, for example an Aboriginal Liaison Officer.

When undertaking the examination or any invasive procedure, it is important to consider Men's and Women's Business, as well as the shame, confidentiality and privacy factors as previously discussed (in the communication section).

Diagnosis and Treatment

Cultural explanations for causation must also be fairly and thoroughly assessed before diagnosis can be successful.

Prior to discussing a diagnosis with a consumer, ask if they would like their carer, support person or family member to be present. When explaining the diagnosis, use jargon-free language and provide further explanation of the potential cause of illness.

Visual aids such as diagrams, models and film clips may be useful (example listed above at the end of *Care Coordination, Assessment and Mental Health Care Plans* section). Seek assistance from an Aboriginal identified position if required.

When discussing treatment, be mindful of the consumer's cultural or other beliefs. Discuss options for treatment, ask the consumer about what type of treatment they believe they should receive, what their main concerns and fears are and what may prevent them from implementing the treatment. Some consumers may request the assistance of a Traditional Healer, see below information. Some consumers will think of the impact on family/extended family and community. In these instances, the consumer's kinship relationships and community responsibilities and obligations may take precedence over their health.

When available, offer consumers treatment options, for example, consumers may prefer to take medication orally or by injection. Psychiatric care may be enhanced by complementary traditional treatments, as discussed in the following section.

Traditional Treatment as a Complement

Many Aboriginal people still use traditional medicine, food and remedies, and consult with Traditional Healers. Making connection to 'country' or traditional homelands and seas is also central to positive wellbeing and healing. This may be one of the key reasons why consumers discharge against medical advice, if traditional medicine/food is used, assess any adverse effects it may have with prescribed medications.

Traditional Healers

Traditional Healers have been practising for thousands of years. These practices are still an important part of contemporary Aboriginal society and are a core component of the healing process for Aboriginal people. Traditional Healers often work hand-in-hand with western medical practitioners and health professionals to provide holistic two-way care to consumers. Traditional Healers regularly used within the mental health system considerably influence and support the positive management and nurturing of the physical, social, emotional and cultural health and wellbeing of Aboriginal people.

Aboriginal language groups have different names for Traditional Healers; one of the well-known in SA is the Ngangkari of the Central Desert. One of the places that Ngangkari are employed is by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council to deliver treatments to people across a region of about 350,000km², in more than 25 communities in SA, WA and NT.

SA Health recognises that Traditional Healers have an important role in contributing towards improved health outcomes for Aboriginal South Australians. To support the South Australian health system to be responsive to the needs of Aboriginal people The SA Health Traditional Healer Brokerage Program was developed.



See Appendix 4 - *The SA Health Traditional Healer Brokerage Program*, including guidelines and how to access Traditional Healers. This also includes a list of appropriate service providers.

Decision-making and Informed Consent

For reasons relating to the consumer's capacity, communication abilities, culture or other reasons, it may be appropriate to involve a third party in the decision-making process. This option allows the consumer more time for consultation, reflection and additional support needed before coming to an informed decision and for the mental health worker to ensure cultural considerations are taken into account.

It is acknowledged that cultural influences and language differences play a significant role in determining if consent has been obtained from an Aboriginal or Torres Strait Islander service user. Language barriers for Aboriginal people may result in requests for consent being misinterpreted. It is therefore suggested that where possible, the assistance of an Aboriginal Health Professional and/or Aboriginal Interpreter be sought in obtaining consent. Further information on obtaining consent for Aboriginal and Torres Strait Islander people can be obtained from Aboriginal Health Teams, Aboriginal Liaison Officers/Health Workers in Local Health Networks, and the Aboriginal Health Branch, Department for Health and Ageing phone 8226 6023.

For more information on consent please see:

http://www.sahealth.sa.gov.au/wps/wcm/connect/f0ee918046d8588f8b8ffb22d29d99f6/Guideline_Consent+to+Medical+Treatment+and+Health+Care_June2015.pdf?MOD=AJPERES&CACHEID=f0ee918046d8588f8b8ffb22d29d99f6

Decision-making and Informed Consent for Children

Further specialist care information may be required such as whether the child is under the Guardianship of the Minister. For particular information about children see the Women's and Children's Health Network website.

Further information on information sharing can be found on the South Australian Ombudsman's website under *Information sharing guidelines for promoting safety and wellbeing of children, young people and their families* www.ombudsman.sa.gov.au

Administration of Medication

Many Aboriginal consumers face a number of challenges managing or adhering to prescribed medication. Factors may include:

Financial Issues

- > Consumers may prioritise giving money to family members due to family obligations, as within Aboriginal culture, family comes first and it is disrespectful to say 'no' to another family member, especially if this person is an elder.
- > Unemployment or situations when a consumer may have financial difficulties and may not be able to afford the medication.

Access Issues

- > The consumer may not have a means of transport to get to their medication.
- > The consumer may not be from the city and may not know the process to obtain the medication.
- > There may be no local pharmacy and access to a pharmacist could be several hours' travel away.

Staff Interactions with Consumers

- > The staff member may be disrespectful, eg stigmatising in their approach with the consumer.
- > The staff member may not effectively explain the process of medication to the consumer, for example:
 - > What the medication is.
 - > What it is used for.
 - > What the side effects can be.
 - > How often the consumer needs to take it.
 - > Why the consumer is taking this medication.

The Impact of Other Organisational Aspects of Consumer Care Practices

- > Consumer feeling culturally unsafe.

When consulting about medication:

- > be aware from the outset if there will be any communication difficulties and take appropriate measures such as engaging an Aboriginal Liaison Officer and/or Interpreter
- > ensure the support person or family members are present with the consumer as it is common for certain family members to take responsibility to ensure the consumer is taking their medication and it is important they are fully informed
- > explain in plain English and clear details about why the medication has been prescribed, when and how to take it, the duration, and how to deal with any side effects, adverse reactions or associated risks eg sharing medication with others, storage (temperatures, safe locations and not accessible to children)
- > use visual aid methods where possible.

At the end of the consultation, check that the consumer, support person and/or family members understood all that was discussed. Encourage the consumer to talk to their local GP, pharmacist or Aboriginal Health Worker about their medication and for any reassurance about safety, appropriateness and access.

Ensure medication information is provided in language that the consumer can understand, discussed with the consumer's family and communicated to treating staff, including those from primary health care services.

Closing the Gap

General Practices who participate in the Indigenous Health Incentive under the Practice Incentives Program (PIP) Indigenous Health Services (IHS) in urban and rural settings have Closing the Gap scripts available to Aboriginal consumers for use with payment of their medications. Not all GP services have Closing The Gap scripts and for Aboriginal people it can be shame to ask for help in any form. Workers should assist if they see the consumer is uneasy with asking whether their doctor's surgery has Closing the Gap scripts available. Not taking medication can be due to not having funds available to pay for it.

More information on Closing the Gap scripts can be found at the Pharmaceutical Benefits Scheme website, under Closing the Gap at <http://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>

Consumer Discharge and Transfer of Care

Continuity of care may be a more significant challenge for Aboriginal consumers. When consumers return to their communities, provision of care may become the responsibility of Aboriginal health workers, Aboriginal primary health care services, or other support services.

It is pivotal that discharge planning actively involve the consumer's family and carer in all aspects of discharge/ transfer of care planning and it is important that discharge/transfer of care planning includes strategies for:

- > case conferencing prior to discharge/transfer of care with relevant service provider and /or family
- > transfer of treatment information
- > information on potential progression of illness and what to expect
- > all appropriate plans (care, safety), assessments (including risk assessments), orders
- > transfer of cultural information including cultural handover where possible between Aboriginal staff
- > medication management
- > changes to housing/accommodation
- > access to community services such as personal care support/respite services
- > support for families eg grief and loss support, financial support
- > referral to Community Mental Health Team as well as Aboriginal Health services
- > re-access to services
- > after hours support services.

To minimise stress for the consumer and their family, communication between the hospital, community mental health team, Aboriginal Health services and other support services must be effective. Referrals must be communicated and recorded by all staff.

Consistent with the Clinical Business Rules, discharge and transfer of care planning should be completed in consultation by meeting with the consumer, their family and carer. This is to commence on admission of the consumer to the mental health service. It is vital that this process involves the consumer's family and carer and space should be allowed for input from family and carers as they are the people that will be supporting the consumer to maintain a healthy mental state when they are discharged.

Shared Care

During transfer of care to another service, an agreed shared care period will ensure services are able to engage and appropriately work with the consumer. This will need to be negotiated as part of the discharge planning process. Best practice is an approach of shared care plans being co-designed and agreed prior to the transfer of care. Shared care plans provide opportunities for co-working, inreach and reciprocal learning in relation to Aboriginal health and mental health. They should articulate clear responsibilities, for example, responsibilities in relation to wellbeing and therapeutic interventions in addition to culturally safe case management.

Due to mobility of some consumers it may be necessary to have a shared care approach. This may mean that a consumer's file will remain open in both the community mental health team and the Aboriginal service. Regular communication and sharing of information between the teams is essential to ensure the consumer is appropriately and safely supported. This will include consistent plans and medication management.

Shared care plans should incorporate the pathway for referral back to mental health services if there is deterioration in mental state or a need for clinical review to inform ongoing care planning. This may be in addition to support provided by the central contact person (see *Central Contact Person with Aboriginal Mental Health Portfolio* in Section 3).

Where clinical differences cannot be resolved, the escalation pathway will be through the local Team Manager.

Discharge Against Medical Advice

Aboriginal consumer discharge without medical advice is at much higher rates than non-Aboriginal consumers. Underlying reasons may relate to what the person is experiencing during admission. This may include feeling that they are not being listened to and respected, fear of procedures, sense of isolation or associating their experience with past traumatic experiences in institutions. These may be some of the key reasons why consumers discharge against medical advice. Other common reasons are the need to respect or fulfil family and community obligations.

Preventing discharge against medical advice requires an understanding of the consumer's perception of their treatment. Building rapport, communicating effectively, forming a trusting relationship and making consumers feel safe at the very beginning is important to this process. Building a relationship with their support person is just as important as with the consumer, as the family/carer can play a pivotal role in encouraging the consumer to remain in care.

To prevent consumers from leaving:

- > communicate clearly, particularly about procedures and processes
- > gain an understanding of what the consumer understands about their treatment
- > include family/support person in discussions
- > ask why the consumer would like to leave
- > ask the consumer for potential solutions
- > problem solve identified issues with assistance from an Aboriginal worker
- > listen and acknowledge what the consumers says and feels as they are the expert in their mental health.

If a consumer decides to leave while voluntary:

- > provide all relevant information
- > consider the consumer's medical and non-medical needs (eg family, social and economic needs)
- > make appropriate referrals, including to Aboriginal services
- > follow up, include Aboriginal services in this process. Due to community connections Aboriginal workers may have insight into the consumer's actions
- > advise the consumer and family about re-referral processes if they require care again in the future
- > advise family and carers of the consumer's decision to leave care and what supports they are needing for care and treatment in the community.

If a consumer leaves while under orders (to be included with the above voluntary information):

- > involve and inform the family and consumer from the beginning of all orders and include their rights and responsibilities. Ensure they are aware of what this means and the consequences to absconding

- > develop a plan of action with the family and carer should the consumer return to them. Where possible involve the Aboriginal identified workers in these conversations as they will be able develop a plan that is culturally responsive.

Funerals

Cultural practices relating to death and dying vary across all cultural groups. Providing care in a culturally safe environment recognises the spiritual, emotional and psychological importance and reality of where a consumer may wish to be. For many Aboriginal people, it is important that they pass away close to their family and community, and/or on their traditional homeland.

For Aboriginal people, certain cultural practices will need to be considered, such as the role of the family and the community. Consult with the Aboriginal identified worker to gain knowledge and understanding of cultural protocols before discussing any related matters with the consumer and their support person and/or family members.

If you have established a meaningful relationship with the consumer and their family, it is considered respectful to attend the funeral.

Within Aboriginal culture, there is an obligation to attend family and community funerals, within their community. Funerals also known as *sorry business* can last for several weeks. Aboriginal services can cease for a period of time as a sign of respect. Not attending the funeral can have a detrimental effect on the consumer's mental state as culturally it is disrespectful not to attend.

It is important for mental health workers to support the consumer to attend funerals as not attending can have significant cultural consequences that will affect the consumer's mental health and social and emotional wellbeing.

Other Healthcare Support

Increase consumer's awareness by providing information about their rights. For example, the process for appealing legal orders, making complaints and providing feedback. This process can be difficult for some Aboriginal consumers especially if English is not their first language. It is common for the consumer and their family to express their feedback and complaints to an Aboriginal worker as they feel more comfortable with them.

Aboriginal consumers frequently present with a number of health issues. Giving consumers and their family information on services that provide financial supports, informing consumers of Closing the Gap scripts, where they can access health checks and vaccinations, diabetes support, and importantly informing them of the Aboriginal services available to them. This will allow for culturally appropriate care to the consumer.

All Aboriginal consumers should be asked if they require further information about their rights and health care needs and should be able to have these resources in their own language if they desire.

There is information available to all workers located on the intranet in the CALHN site entitled *Aboriginal Resources*, which is useful when working with and referring Aboriginal consumers into Aboriginal services. This resource is regularly updated by the CALHN Aboriginal and Torres Strait Islander Unit and consists of contacts in Aboriginal services including Rural Community Services, Aboriginal Legal Rights and Metropolitan Aboriginal Services.

Section 4

Pathways

This section will provide some examples of pathways between services and the formal agreements that have been established to support optimal care for Aboriginal people accessing health services. These examples provide some useful learnings as mental health services establish their own pathways to support Aboriginal people who are consumers of mental health services. The importance of building and maintaining partnerships to enable the development of pathways between mental health and related services was highlighted throughout the consultation process which involved community members, Aboriginal, mental health and other health services. Pathways in and out of mental health services within CALHN for Aboriginal consumers can be challenging. It is essential that all services take into account the diversity of Aboriginal culture and the significant importance of Aboriginal workers who work with the consumer, or who are referring the consumer. Aboriginal workers hold valuable knowledge in working with and engaging Aboriginal community, this fact needs to be acknowledged and recognised in practise. Embracing this will allow for positive building of partnerships and pathways.

Partnerships

There are many things that constitute a good working partnership. As stated in the mental health services *Pathways to Care Policy Guidelines*:

“A formal working partnership is a verbal or written agreement between two or more parties. It specifies the roles and responsibilities of each party, including the expected outcomes, timelines and the review/monitoring requirements of the agreement.

Key elements of a formal working partnership are that it is organised, collaborative, and systematic. It excludes ad hoc arrangements. Examples of formal working partnerships include the existence of service charters, memoranda of agreement, written service agreements, formal liaison, referral and discharge planning processes, formal and routine consultation, protocols, partnership working groups and case conferencing.” (Page 35)

When working in partnership, barriers can occur between services when there is:

- > a misunderstanding of the reasons for the partnership
- > a lack of leadership commitment to the partnership
- > no clear boundary between partners' responsibilities
- > reluctance to share information and data with other parties
- > lack of time available to commit to the partnership
- > a history of misconception or previous negative experiences for some partners
- > potential conflict in philosophies of the partners
- > lack of training/experience among service staff on substantive issues and partnership working models.

Services need to remain mindful of the reasons for partnerships, the aims, objectives and the intended outcomes for the partnerships.

The preparation of these *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* has been an opportunity to consolidate existing partnerships and to establish new partnerships that will support positive mental health outcomes for consumers.

Partnerships in scope are between CALHN Mental Health Services and:

- > Watto Purrinna Aboriginal Primary Health Care Service
- > Aboriginal and Torres Strait Islander Unit, CALHN
- > Nunkuwarrin Yunti
- > Aboriginal Sobriety Group
- > Country Health SA.

When referring consumers into or out of a service there needs to be clear clarification around a transfer of seamless care for the consumer, involving open communication by both organisations. Quality care is enhanced by identification and implementation of appropriate cultural considerations for the consumer, such as traditional beliefs and what the consumer believes is affecting their mental health.

Referrals into either service can occur at any stage of the consumer's journey. This can involve a shared care arrangement or occur during the planning for transfer of care. Transfer of care must not be finalised until agreed upon by both organisations.

Consumer files must be kept open by the referring organisation until reviewed by the organisation being referred into. A joint shared care arrangement highlighting roles and responsibilities is to be led by the referring organisation until both parties agree on a transfer of care from the referring organisation or a transfer of lead responsibility in that shared care arrangement.

This model allows for open communication between both organisations and for cultural input from the Aboriginal workers to be heard and implemented.



See Appendix 5 and 6 - *Flow charts developed to articulate pathways for consumers*; referred to CALHN Mental Health Services; referred to the Aboriginal Sobriety Group, Nunkuwarrin Yunti and Watto Purrinna Aboriginal Primary Health Care Service.

Principles for Effective Partnerships between Aboriginal Services and Mental Health Services

The following principles apply for effecting partnerships between Aboriginal Services and Mental Health Services:

- > A commitment to the philosophy of *Closing the Gap* by ensuring that all pathways are the “right” pathways to aid in closing the health gap of Aboriginal people. Care coordinators can lead by linking and following through with identified mental health needs, and promote seamless, coordinated services between partner agencies.
- > Ensure clear clarification around a transfer of seamless care for the consumer.
- > Value the complementarity of cultural input from the Aboriginal workers and mental health input from mental health clinicians.
- > Draw on the specialist cultural knowledge and skills of Aboriginal health workers and recognise that Aboriginal Health Workers may act as cultural brokers between Aboriginal consumers and clinical staff to ensure a two-way understanding of their needs to balance cultural needs and health care.
- > Recognise comorbidities including between mental health and substance use. These can be difficult to address: building partnerships can assist in identifying collaborative and complimentary approaches to holistic care.
- > Promote open communication by both organisations incorporating conversations and implementation of appropriate cultural considerations for the consumer, such as traditional beliefs and what the consumer believes is affecting their mental health.

- > Referrals into either service can occur at any stage of the consumer's journey. This can involve a shared care arrangement or occur during the planning for transfer of care. Transfer of care must not be finalised until agreed upon by both organisations.
- > Consumer files must be kept open by the referring organisation until reviewed by the organisation being referred into. A joint shared care arrangement highlighting roles and responsibilities is to be led by the referring organisation until both parties agree on a transfer of care from the referring organisation or a transfer of lead responsibility in that shared care arrangement.
- > Use appropriate technologies, eg. telepsychiatry services use video conferencing to enable a person to remain in or close to their own community while receiving psychiatric consultations for initial assessment, discharge planning and ongoing treatment.

Watto Purrinna Aboriginal Primary Health Care Service, Northern Adelaide Local Health Network (NALHN)

Watto Purrinna Aboriginal Primary Health Care Service is committed to providing a culturally appropriate and comprehensive primary health care service for the Aboriginal community. They provide services to Aboriginal consumers in the CALHN and NALHN areas of Adelaide.

Watto Purrinna consists of Kokotina Tappangga (Clinical Service) and Purrinna Waiingga (Well Being Service). Together they deliver a medical clinic, allied health services, family support and health promotion programs to the community.

Watto Purrinna has four clinical sites:

- > Muna Paiendi – Elizabeth Vale
- > Wongganga Turtpandi – Port Adelaide
- > Maringga Turtpandi – Hillcrest
- > Kanggawodli – Dudley Park.

Watto Purrinna has an established pathway for transition into and out of mental health services. Watto Purrinna focus on the general health care needs of the Aboriginal community. Through chronic disease management planning for mental health conditions, Kokotina Tappangga partners with NALHN and CALHN community mental health care services.

Watto Purrinna uses three entry points (pathways) into mental health services:

- > Phoning Mental Health Triage on 13 14 65. This service is available 24 hours a day, 7 days a week.
- > Referral via fax, letter or phone call to the local Integrated Community Mental Health Service (for those aged 16 years and over).
- > Referral via fax on 7425 8950, letter, phone call or presentation to the local Older Persons Community Mental Health Service (for those aged 50 years and over).

When referrals are accepted by the Integrated Community Mental Health Team, a mental health assessment will be completed within a certain time period depending of risk level of the consumer.

Consumers with general health care needs may be referred to Kokotina Tappangga clinics via the referral process and referral forms, accompanied by the consumer's care plan, incorporating information regarding the consumer's mental health including a complete diagnosis. Referrals to Purrinna Waiingga are via Kokotina Tappangga.

Nunkuwarnin Yunti

Nunkuwarnin Yunti is a Non-Government Aboriginal controlled organisation that delivers a culturally based health and social and emotional wellbeing service for Aboriginal people throughout South Australia. Nunkuwarnin Yunti is located at 182 - 190 Wakefield Street in Adelaide, 8406 1600. Services with Nunkuwarnin Yunti include support for physical wellbeing (eg GP, dental) and social and emotional wellbeing. The social and emotional wellbeing team is available 9am-5pm Monday-Friday. Their services include:

- > psychology and counselling
- > social health casework
- > link-up
- > institutional abuse support services
- > drug and alcohol services
- > healthy lifestyles
- > emergency relief.

Nunukuwarrin Yunti has a 'no wrong door' policy. Consumers may come in for an ongoing service or may just want a bus ticket.

The Social and Emotional Wellbeing team accepts referrals through the following pathways:

- > walk-in
- > internal referral
- > external referral eg GP, CALHN
- > self-referral
- > community referral.

On presenting to the Nunukuwarrin Yunti Social and Emotional Wellbeing Team, the consumer will be seen by the duty worker and the duty worker will refer to appropriate internal and external services.

For more information on further services offered by Nunukuwarrin Yunti please see their website www.nunku.org.au

Aboriginal Sobriety Group

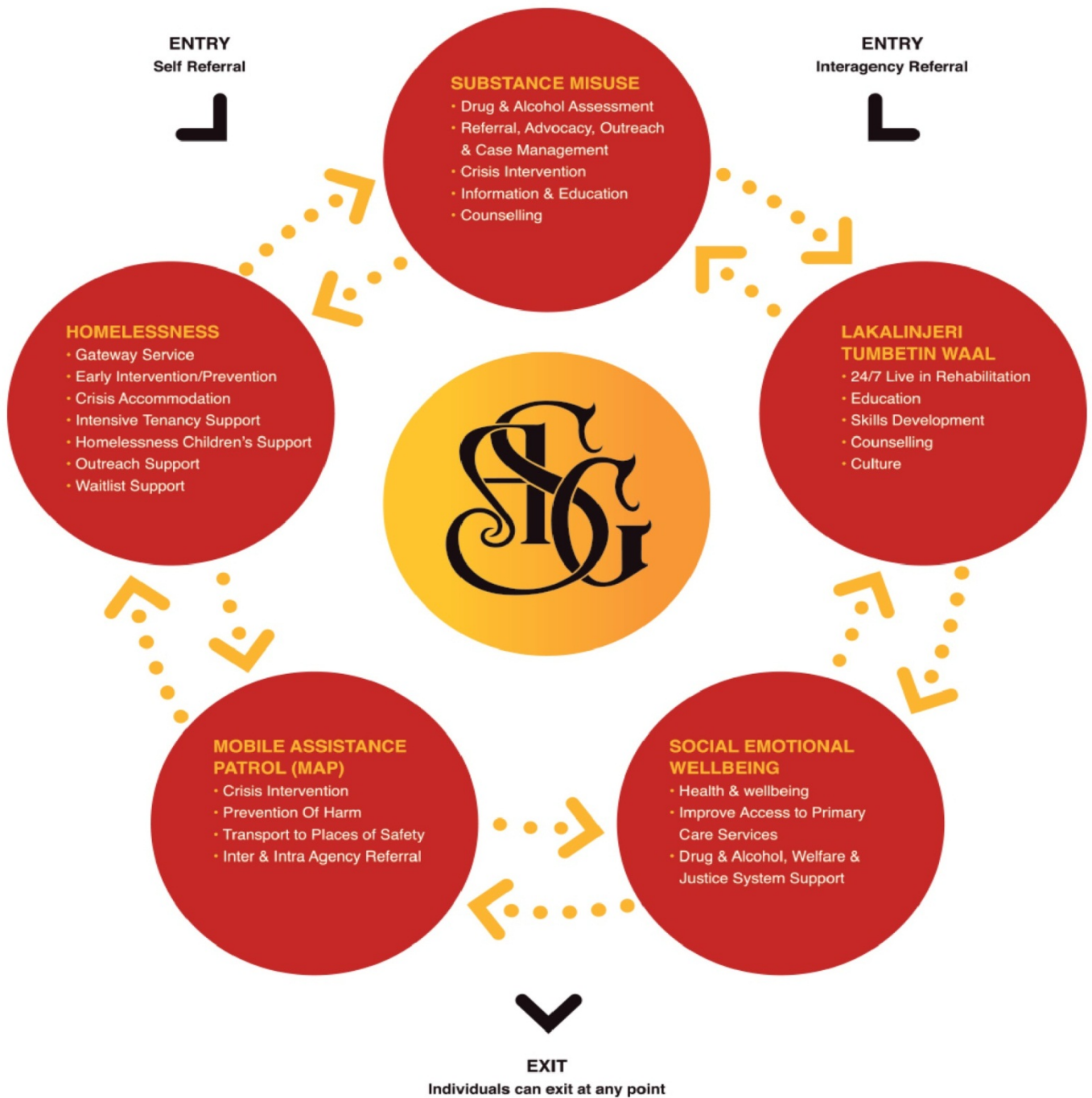
Aboriginal Sobriety Group (ASG) is a South Australian non-government organisation that supports Aboriginal people with sobriety and healing. ASG head office is located in Wakefield Street in Adelaide and operates from 8.30am – 5pm Monday to Friday. ASG can be contacted on 8223 4204. ASG encounter a lot of Aboriginal consumers who have co-morbid substance use and mental health issues.

The head office provides a referral pathway for all ASG programs. When a consumer is referred into an ASG program they will be assessed and referred to the appropriate program. This will occur regardless of the point of entry, initial contact via administration or directly to staff or directly to programs. When referrals are received they are initially referred to the program's director who either contacts the consumer or worker directly for further information or allocates to the correct team for follow up. Within ASG there is a large amount of flexibility so the consumer does not have to wait long periods to receive support and assessment.

ASG can make referrals to mental health services through the Integrated Community Team or Mental Health Triage. Commonly there is cross over between mental health issues and substance use issues. These can be hard to distinguish between and therefore the building of partnerships between services is important to assist in identifying the most important first health need of the consumer. Open communication between the services allows for smooth transition between services when the consumer is well enough.

ASG has a number of services that consumers can access at any stage. Please see below for service flow chart. Contact numbers for ASG programs are in Appendix 7.

Services Flow Chart - Aboriginal Sobriety Group



Country Health SA Local Health Network

The Country Health SA Local Health Network (CHSALHN) Mental Health teams cover a large area. There are 15 mental health teams within country areas that provide services from 9.00am – 5.00pm, Monday to Friday. After hours services are through the Triage and Liaison Service (ETLS) on 13 14 65. Within CHSALHN, there are visiting psychiatrists and consumers can utilise telemedicine facilities. This enables the consumer to receive treatment while still staying close to home and country, which is of great importance to Aboriginal people. Locations and contact numbers of CHSA mental health services can be found in Appendix 8.

Rural and Remote Inpatient Service

The Rural and Remote Inpatient Service is based at Glenside Health Services. Referrals are accepted through ETLS. They provide inpatient care and distance support for country people and mental health service providers, making it a priority and supporting consumers to access the Rural and Remote acute ward. Aboriginal consumers admitted to the Rural and Remote inpatient services have access to two Aboriginal identified positions, an Aboriginal Mental Health Liaison Coordinator and an Aboriginal Inpatient Liaison Worker. These positions act as supports and cultural advisors to the consumer, their carer and key family members. These positions are crucial and significant in helping the consumer to work toward their recovery and enhancing engagement with mental health services. They also provide cultural support and advice to staff of the inpatient service.

Rural and Remote Distance Consultation and Emergency Triage and Liaison Service (ETLS)

The Rural and Remote Distance Consultation and Emergency Triage and Liaison Service (ETLS) is available 24 hours a day, seven days a week on 13 14 65 to:

- > community members
- > primary care providers (such as community health, pharmacists)
- > acute inpatient units
- > non-government organisations
- > general practitioners
- > regional hospitals
- > other agencies that provide services to local communities especially after hours eg SAAS, SAPOL.

The Rural and Remote Mental Health Service also incorporates a tele psychiatry service which uses video conferencing to enable a person to remain in or close to their own community while receiving psychiatric consultations for initial assessment, discharge planning and ongoing treatment.

Country Mental Health Teams primarily provide care coordination services. They work closely with local networks which may include Aboriginal Services and GPs. The process for referring existing consumers to CHSA Mental Health teams is to contact the mental health team directly to initiate a discussion of current concerns. Referrals of new consumers are made by contacting the Country Referral Unit on 1800 771 211 for non-urgent referrals or ETLS on 13 14 65 for urgent referrals.

When transferring care, the Care Coordinator will identify appropriate community priority services and facilitate the referral until the consumer is accepted into the new service. Country Mental Health Teams hold the duty of care for the consumer and provide follow up.

Further information on Country Health SA can be found at SA Health website

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public/content/sa+health+intranet/our+lhns/country+health+sa+lhns>

Aboriginal and Torres Strait Islander Unit, CALHN

The Aboriginal and Torres Strait Islander Unit for CALHN is based at the Royal Adelaide Hospital (RAH). It employs a number of Aboriginal Liaison Officers (ALO) who oversee Aboriginal consumers on the wards at the RAH, The Queen Elizabeth Hospital (TQEH) and St Margaret's Rehabilitation Hospital. The Aboriginal and Torres Strait Islander Unit is located at the Royal Adelaide Hospital, Port Road, Adelaide. The Aboriginal and Torres Strait Islander Unit assist and support Aboriginal and Torres Strait Islander consumers, their escort and family during their stay. Importantly, the ALOs act as cultural brokers between Aboriginal consumers and clinical staff to ensure a two-way understanding of their needs to balance cultural needs and health care.



See Appendix 3 - The Royal Adelaide Hospital Aboriginal and Torres Strait Islander Unit brochure.

Further information on the Aboriginal and Torres Strait Islander Unit can be found in Section 2 under services within CALHN.

Central Adelaide Mental Health Directorate

CALHN Mental Health Directorate consists of the Eastern and Western Mental Health Services. Each area has two Integrated Community Mental Health Teams which work with consumers aged 16 - 64 years. Teams operate 8.00am - 10.30pm over seven days.

Eastern Mental Health Service – 172 Glynburn Road, Tranmere, telephone 7425 5555

- > Glynburn Team.
- > Hallett Team.

Western Mental Health Service – 57 Woodville Road, Woodville, telephone 7425 3800

- > West Team.
- > Port Team.

Integrated Community Mental Health Teams offer a period of care coordination to consumers assessed as requiring specialist mental health care to stabilise their mental health and psychosocial life domains that support sustained community tenure.

When making or taking referrals it is important in the beginning stages of referral to ask the question of Aboriginality and inform the consumer of Aboriginal services available to them, whether it be through inpatient referral or direct to a community team. ALOs are employed within the Aboriginal and Torres Strait Islander Unit can assist by providing consultancy and direct cultural services to Aboriginal consumers across all of CALHN hospitals.

As outlined in the CALHN Clinical Business Rules Community Mental Health Teams work by the philosophy that “any door is the right door” regardless of where the consumer accesses community mental health. Staff should ensure access to the right support, make referrals and follow up with the consumer until they receive a service.

The preferred referral pathway into all mental health teams during business hours is through the Clinical Coordinator of the Integrated Community Mental Health Team who will oversee referrals and work flow. After hours the Shift Coordinator will assume this responsibility.

Referrals can be made through:

- > self-referral
- > family and friends

- > non-government organisations
- > other government organisations.

Referrals may also be made over 24 hours by contacting Mental Health Triage on 13 14 65. Consumers presenting to local emergency departments may also be assessed and referred to a community team for a period of care (See referral pathway flowchart Appendix 5).

Acute inpatient services are offered at the RAH, TQEH and Glenside Health Services. Psychiatric Intensive Care services are offered at the RAH, TQEH and Glenside Health Services. Inpatient referrals to community teams are completed during discharge planning, which involves the inpatient unit contacting the mental health team and the mental health team establishing contact with the consumer. Contact with the consumer and their key family members are undertaken prior to the consumer's transfer to the community. This is organised during the discharge planning period and involves the consumer, family and other relevant stakeholders involved in the consumer's care post discharge. Shared care is the ideal option during the transfer of care period. When working with Aboriginal consumers the notion of trust and building relationships is important (as noted in section 2). An initial introduction between the consumer and new referring agency will positively impact on the consumer engaging and building the relationship with the new service: this is called "vouching" for the service.

The Intermediate Care Centre (ICC) is a sub-acute bedded service. The referral pathway into ICC is through inpatient or community teams, or from the emergency departments. The ICC is located at 94 - 102 Portland Road, Queenstown, telephone 7425 7730.

Central Contact Person with Aboriginal Mental Health Portfolio

Having a mental health central contact person who holds the portfolio in Aboriginal Mental Health in local mental health teams was highlighted throughout the consultation process as an ideal model. This model would identify a person who could lead their team to build on partnerships between CALHN teams and Aboriginal services and enable strong engagement, rapport and trust building with Aboriginal consumers and the wider Aboriginal community. The central contact person would be in a position to facilitate open communication, consistent with information sharing and confidentiality standards. They would have an important role to assist Aboriginal services to navigate mental health service pathways and with specialist clinical mental health terminology, language and processes. This would allow for smooth entry pathways into and out of mental health services. Ideally within the Aboriginal services a reciprocal, mirrored version of this would be established.

For further information on the Central Contact Person with portfolio in Aboriginal Mental Health see Section 3.

Appendices

Appendix 1

A South Australian Aboriginal Languages Interpreters and Translators Guide

Policy Summary and Information Booklet

Policy Summary and Information Booklet

SOUTH AUSTRALIAN ABORIGINAL LANGUAGES

INTERPRETERS AND TRANSLATORS GUIDE

How to obtain an interpreter or translator
State Government agencies should, where possible, at all times use professionally accredited Aboriginal languages interpreters and translators. The following organisations are being used by a number of state government agencies:

Northern Territory Aboriginal Interpreter Service (Interpreting only)
Phone (08) 8999 2062 (24 hours)
Email ais@nt.gov.au
Services Pitjantjatjara, Yankunytjatjara and other Central Australian languages - 2013/14 trial of the service in the APY Lands, Port Augusta and Adelaide

Multilingua Pty Ltd
Phone (08) 8232 6696 (Business Hours)
Email mtg@optusnet.com.au
Services Pitjantjatjara, Yankunytjatjara and other languages - focus on the justice area

ABC International Pty Ltd
Phone (08) 8364 5255 (Business Hours)
Email bookings@abcinternational.com.au
Services Pitjantjatjara language

Interpreting and Translating Centre (ITC)
Phone 1800 280 203 (Business Hours)
Email itc@sa.gov.au
Services Pitjantjatjara language

WHERE TO GO FOR FURTHER ASSISTANCE OR INFORMATION
Department of the Premier and Cabinet, Aboriginal Affairs and Reconciliation Division
Postal address: GPO Box 2343 Adelaide SA 5001
FREECALL: 1800 127 001
Website: www.aboriginalaffairs.sa.gov.au

Policy overview
South Australian Government agencies are required to use Aboriginal languages interpreters and translators where communication in the English language will be a barrier to understanding, accessing and contributing to government services.

When should an interpreter or translator be used?
An interpreter or translator should be used when it is apparent that the English language is a barrier for an Aboriginal person or group in communicating with government. This includes both where a person or group is unable to understand a communication and where a person is unable to express themselves or respond to a communication. Broadly speaking:

- **Translation services** are used for the provision of written documentation.
- **Interpreter services** are used for assistance with oral communications.

It is particularly important that interpreter and/or translation services are provided where informed consent is required or where there is the potential for a decision or action to have a critical impact upon a person's life. This would include, for example, decisions around a person's health, issues of child protection, discussion of legal matters, or participation in government consultation processes. If in doubt, it is always best to ask a customer or client directly if they require the provision of interpreting or translating services.

What are the benefits of using interpreting and translating services

- Ensures that Aboriginal people have equal access to information about government processes and services.
- Supports informed decision-making on critical matters which will have a significant impact on a person's life.
- Builds better relationships between governments and Aboriginal people and communities.
- Improves government service delivery and programme development.
- Demonstrates the Government's respect for Aboriginal languages and culture.

Assessing the need for an interpreter or translator

- Make sure the client is aware of the availability of Aboriginal languages interpreters and translation services.
- Assess the client's ability to communicate in English. While a client may be able to participate in everyday conversations, this does not always mean a client can understand complex information in English.
- Consider what else might impact upon the client's capacity to participate meaningfully in a communication that is conducted entirely in English. For example, is the client in pain, particularly stressed or frustrated?
- If in doubt, ask the client if they require the provision of interpreting or translating services.

Preparing

- Identify whether you require an interpreter or a translator or both.
- Agree payment of service in advance, including any additional expenses associated with travel and accommodation.
- Provide a brief with any relevant background information, the reason for the communication, explanation of any technical words or phrases and the purpose of the communication.
- Support all parties to understand and respect individual cultural values and relationships.
- Consider whether the gender, status or family relationships of a particular interpreter or translator will impact upon how comfortable the client is to participate.
- Be sensitive to the subject matter and any potential impacts this may have for interpreters or translators.
- Check any internal agency guidelines on the use of interpreters and translators.

The meeting

- Ensure the venue is easy to access and is not intimidating or threatening.
- Set up the meeting place in a way so that all parties feel as relaxed as possible.
- Ensure all parties understand that the interpreter can only interpret what is said; they cannot provide cultural advice, offer their personal opinion or talk about the meeting with others.
- Always speak directly to the client, do not direct your questions to the interpreter.
- Use clear language, short sentences, and as far as possible, avoid using jargon.
- Pause regularly to allow for interpretation.
- Provide summaries of the discussion at regular intervals to ensure all parties agree on what is being communicated.
- Provide parties with the opportunity for regular breaks.
- At the end of the communication, summarise the key points and decisions for agreement.

* For translations, provide all relevant material and clear instructions to the translator

Follow-up

- Debrief with the interpreter or translator following the assignment; and provide any necessary support services.
- If you have any concerns or complaints about the interpreter or translator, report them to the service provider.

checklists

Fact sheet: 'Are you of Aboriginal or Torres Strait Islander Origin?'



Fact Sheet: 'Are you of Aboriginal or Torres Strait Islander Origin?'

Why am I being asked this question?

Because we ask everybody...

The question 'Are you of Aboriginal or Torres Strait Islander origin?' is one of the routine questions that we ask of everybody using this service. Whether you are a non-Indigenous person, an Aboriginal person, a Torres Strait Islander person, or both Aboriginal and Torres Strait Islander, your response is equally important.

Because information is important...

We have a responsibility to collect data from all our patients, so we can better understand the health of all Australians. This helps us to deliver the best health services, by helping governments use data to plan services that meet the needs of different groups of Australians. Good decision-making depends on good quality information.

To make good decisions for the health of Indigenous Australians, it is important to properly collect data on non-Indigenous patients as well as on Aboriginal and Torres Strait Islander patients. This allows us to better understand how health issues for Indigenous Australians might be the same as, or different to, other Australians.

Because it's the right thing to do...

The best way to get this information right is for us to ask you the standard Indigenous status question and let you answer for yourself. It isn't right for us to guess or make assumptions about who you are, or how you should be counted – we need you to tell us.

Because we care about our patients...

From the evidence we have, we know that many Aboriginal and Torres Strait Islander people are at greater risk of some health problems. We want to make sure Aboriginal and Torres Strait Islander patients have the option to access some of the specific services that can help to reduce these risks - such as health checks, immunisations or contact with an Aboriginal health worker.

To make sure that no Indigenous Australian misses out on these opportunities to reduce their risks and improve their health, we ask every patient whether they are Aboriginal or Torres Strait Islander.

Will I be treated differently depending on my answer?

Different choices for different needs...

Every patient in this service receives the same high standard of care, delivered in a way to best meet your needs. Some patients with more complex needs or at higher risk of certain health conditions - such as older patients, pregnant women, or Aboriginal and Torres Strait Islander patients - might be offered some different choices or provided with specific information.

Support for any that need it...

To allow us to the best possible care for all our patients, we encourage you to ask questions, request information, and to talk with staff about any issues and concerns you may have. Some patients may require some additional support to do this, such as Aboriginal and Torres Strait Islander patients, or patients from different cultural backgrounds and language groups. Support services are available for all patients to use if they need to - please do not hesitate to tell us if you are in need of some additional support.

Different needs, same rights...

All our patients have the right to be treated fairly and with respect. This service works within anti-discrimination laws, which are in place to protect all people from discrimination or harassment on the basis of age, sex, race, disability and other characteristics. Please advise us if you feel you have been treated unfairly, or if you are unhappy with the quality of service you have received.

All your personal information is protected by a strict Privacy Act. The information we collect from patients can only be used to provide the best possible service, and to improve government planning and service delivery. Your personal information cannot be used for any other purpose without your free and informed consent.

Appendix 3

The Royal Adelaide Hospital Aboriginal and Torres Strait Islander Liaison Unit brochure

What do patients and escorts from rural and remote areas need to bring to hospital?

- > Medicare card and/or Medicare number
- > identification
- > pension or concession card
- > any relevant test results and/or X-rays
- > all medications/tablets (including herbal) you are taking (including dosages and times)
- > names and address of your general practitioner (local doctor)
- > name and telephone numbers of a next of kin or carer
- > contact lenses or eye glasses and/or hearing aid (including batteries and case)
- > personal wheelchair or walking frame
- > key card or bank book
- > bank account details
- > BASICS card (income management)
- > money for transport, television and personal items
- > Patient Assisted Travel Scheme (PATS) or Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) form and travel paperwork
- > warm clothing.

Please note: clearly label personal items (glasses, hearing aids, wheelchair or walking frame) with your name, address and a contact telephone number.

For more information

If you have any worries, please contact the Aboriginal Health Team to help you or your family during your stay at the Royal Adelaide Hospital.

Administrative Support Officer

Telephone: 08 8222 2653

Fax: 08 8222 2656

Aboriginal Hospital Liaison Worker

Male

Telephone: 08 8222 4000

Pager: 1308

Office: 08 8222 5733

Aboriginal Hospital Liaison Worker

Female

Telephone: 08 8222 4000

Pager: 22775

Office: 08 8222 5314

Aboriginal Health Nurse

Telephone: 08 8222 4000

Pager: 22636

Office: 08 8222 2054

Manager

Telephone: 08 8222 4000

Pager: 1677

Office: 08 8222 2652

Non-English speaking: for information in languages other than English, call the interpreting and Translating Centre and ask them to call The Department of Health. This service is available at no cost to you, contact (08) 8226 1990.

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Government
of South Australia
SA Health



Government
of South Australia
SA Health

Welcome to the Aboriginal and Torres Strait Islander Unit

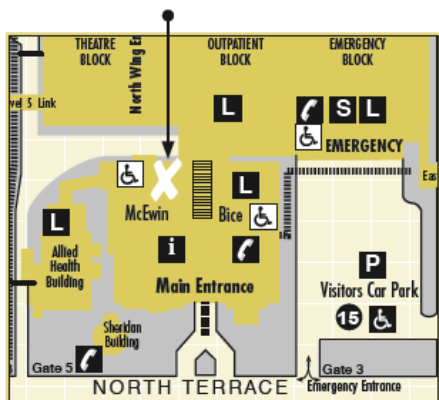
Royal Adelaide Hospital

Being in hospital or having someone you know in hospital can be a frightening experience. Feelings of loneliness, fear, grief, sadness, confusion and home sickness can occur.

The Aboriginal Health Team at the Royal Adelaide Hospital can help and support you and your family.

Location

Aboriginal and Torres Strait Islander Liaison Unit
Level 5, McEwin Building
Royal Adelaide Hospital
North Terrace, Adelaide



We are here to:

- > provide emotional, social and cultural support to Aboriginal and Torres Strait Islander patients and their families who use the Royal Adelaide Hospital Services.
- > assist Aboriginal and Torres Strait Islander patients and their families understand medical procedures and hospital routines.
- > liaise with community health care providers to ensure that necessary health care continues when Aboriginal and Torres Strait Islander patients are discharged from the hospital.
- > assist with transport, and accommodation arrangements for patients and escorts from rural and remote areas.

Interpreters are available for Aboriginal languages. Please feel free to ask about this service.

Nyuntu tjukutjuku English kulilpai munu wangkapai Doctorla muna Sisterla tjapila Anangu Pitjantjatjara interpreterku.



We also:

- > raise awareness within the hospital to assist in providing culturally sensitive services.
- > advocate and liaise on behalf of Aboriginal and Torres Strait Islander patients to achieve good health.

Remember, it is okay to ask questions.

If you have any concerns, please talk to the Aboriginal and Torres Strait Islander Liaison Unit first, or you may contact the Consumer Advisor on (08) 8222 4088.

Appendix 4

The SA Health Traditional Healer Brokerage Program

The Traditional Healer Brokerage Program is an initiative to support the South Australian health system to be responsive to the needs of Aboriginal people in South Australia, through the provision of culturally respectful and inclusive services.

SA Health recognises that Traditional Healers have an important role in contributing towards improved health outcomes for Aboriginal South Australians.

Traditional Healers have been practising for thousands of years and are a core component of the healing process for Aboriginal people. They significantly influence and support the positive management and nurturing of the physical, social, emotional and cultural health and well-being of Aboriginal people.

The SA Health Traditional Healer Brokerage Program provides funding support to SA Health sites including Hospitals, Health Services and Clinics for Aboriginal clients to access the services of recognised Traditional Healers.

Accessing Services

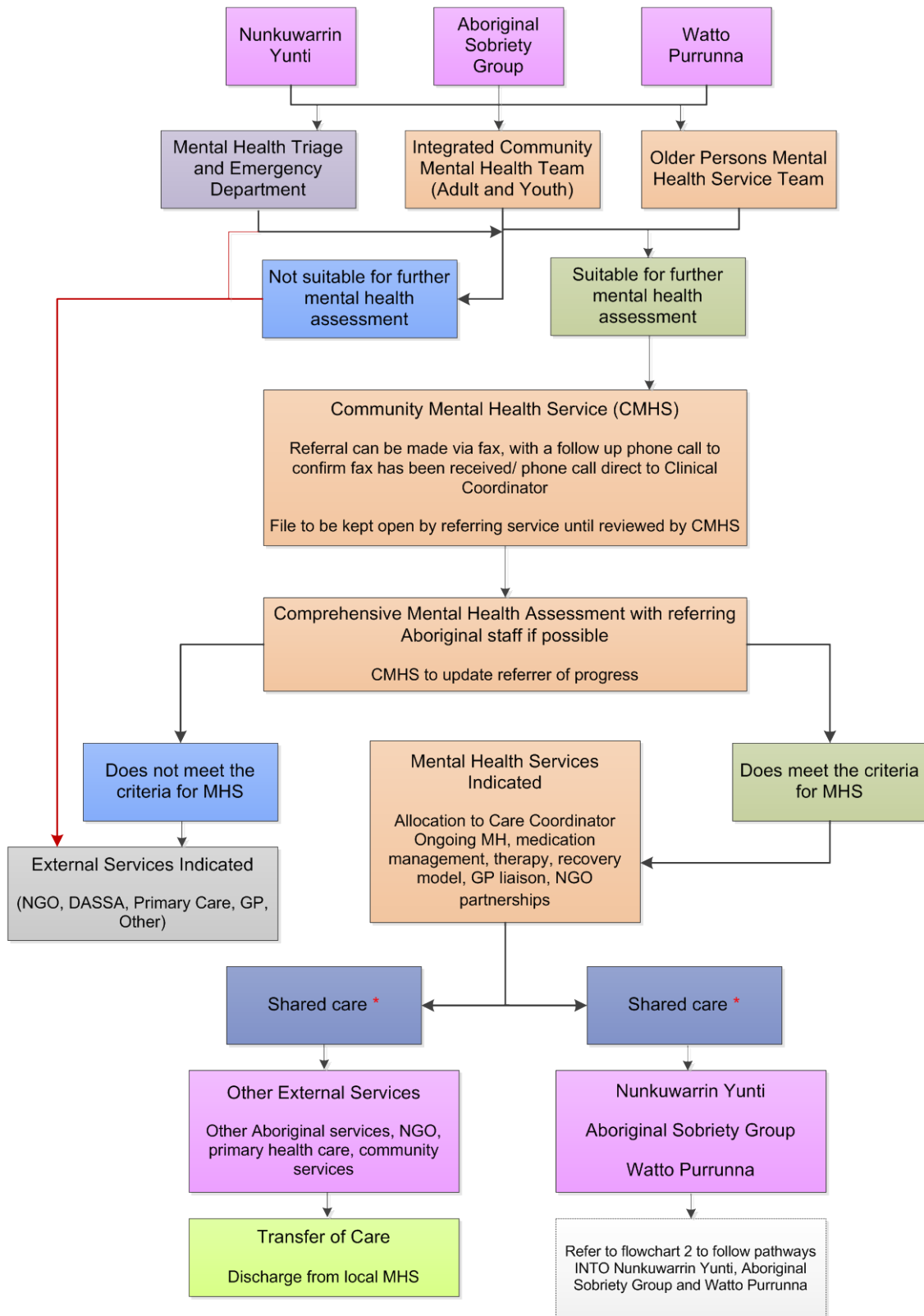
The [Traditional Healers Brokerage Program – Staff Guidelines \(PDF 548KB\)](#) provides information to staff about the role and range of services provided by healers to our clients. A Health Professional or health worker can refer a client by completing a [Form 1 – Request for Traditional Healer Services \(DOCX 162KB\)](#) and send it to the Community Organisation who support the provision of recognised Traditional Healers in line with the [Traditional Healers Brokerage Program – Service Provider Information/Guidelines \(PDF 537KB\)](#).

Once a treatment has been confirmed a [Form 2 - Client Information Form - Traditional Healer Services \(DOCX 164KB\)](#) is completed by the Referring Officer and the client and a record of the service is placed in the client's medical record and noted on the client's electronic patient record system (EPAS).

Once a treatment has been provided clients are requested to complete a [Form 3 – Feedback From Traditional Healers Service \(DOCX 162KB\)](#) to enable SA Health to record and monitor the provision of services.

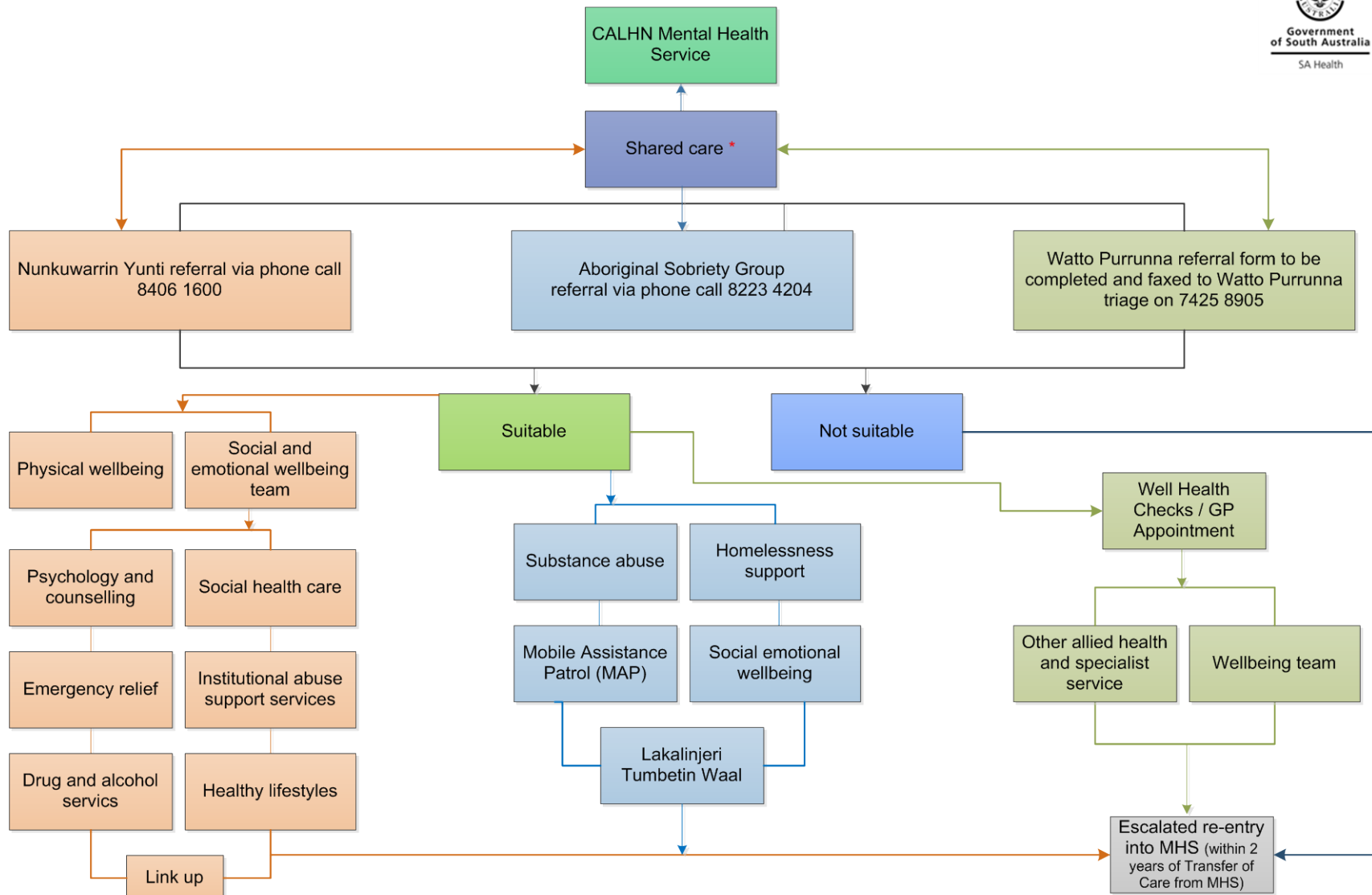
This program is coordinated and managed by the Aboriginal Health Branch, System Performance and Service Delivery, Department for Health and Ageing.

Referral pathways into CALHN Mental Health Services for Aboriginal Consumers



* Shared care with Aboriginal services until consumer has engaged and service is ready to assume responsibility.

Referral pathways into Aboriginal services from CALHN Mental Health



* Shared care with Aboriginal services until consumer has engaged and service is ready to assume responsibility.

Appendix 7

Aboriginal Sobriety Group Programs - Contact Details

Substance Misuse	08 8223 4204
Rehabilitation Lakalinjeri Tumbetin Waal	08 8223 4204
Homelessness	08 8243 1698 (out of hours: 0448 565 484)
Riverland	08 8580 8700
Mobile Assistance Patrol (Map)	0411 474 368

Hours of operation: Monday to Saturday 4.00pm – 3:30am
Sunday 7.00pm – 3:30am

Appendix 8

Country Health SA – Mental Health Teams

Lower North , Clare	08 8841 3500
Inner North , Gawler Barossa	08 8521 2080
Kangaroo Island , Kingscote	08 8553 4231
Adelaide Hills , Mount Barker	08 8393 1833
Murray Mallee , Murray Bridge	08 8535 6800
North West , Port Augusta	08 8668 7800
Eyre , Port Lincoln	08 8683 2083
Eyre , Ceduna	08 8626 2108
Mid North , Port Pirie, Peterborough	08 8638 1100
Riverland	08 8580 2525 (Berri Community Health) 08 8580 2445 (Berri Triage)
South East , Mount Gambier, Bordertown, Narracourt, Millicent	08 8721 1507 (Mount Gambier)
Southern Fleurieu , Victor Harbour	08 8552 0600
North West , Whyalla	08 8644 5130
Yorke Peninsula , Kadina, Minlaton, Maitland	08 8828 1350 (Kadina)

Appendix 9

Watto Purrinna Aboriginal Primary Health Care Service Teams

Maringga Turtpandi

1 Gilles Cres

Hillcrest SA 5086

7425 8900

Wonggangga Turtpandi

Cnr of Church and Dale Streets

Port Adelaide SA 5015

8240 9611

Muna Paiendi

Cnr of Mark and Oldham Roads

Elizabeth Vale SA 5112

8182 9206

Consultation list

The Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers was developed through wide consultations with Aboriginal community, carers, consumers, Aboriginal and non-Aboriginal service providers and organisations.

Significant contributors to this document were:

- > Belinda Wilson, Team Leader and Chris Howland, Manager, Nunkuwarrin Yunti of SA Inc.
- > CALHN Carers and Consumers Group
- > CALHN Mental Health Workers Interest Group
- > Gawler Aboriginal Community Group
- > Ian James, Principal Aboriginal Mental Health Advisor, Office of the Chief Psychiatrist, SA Health
- > Jill Millburn, The Learning Centre, Mental Health Directorate, CALHN
- > Mental Health Services for Aboriginal and Torres Strait Islander Peoples' Advisory Committee
- > Michelle Merrick, Program Director, Aboriginal Sobriety Group Inc.
- > Robert Dann, Workforce Development Officer, Aboriginal Health Council of SA Inc.
- > Sandra Matta, Principal Social Worker, Mental Health Directorate, CALHN
- > Wendy Scott, Nursing Director, Mental Health Directorate, CALHN

References

- Aboriginal & Torres Strait Islander Peoples Engagement Tool, 2012
- Aboriginal and Torres Strait Islander Mental Health Performance Framework 2012 Report, Australian Government, Australian Institute of Health and Welfare, 2013
- Aboriginal and Torres Strait Islander Patient Care guideline, Queensland Health May 2014
- Australian Indigenous HealthInfonet
- Central Adelaide Local Health Network, Aboriginal Health Resources
- Information Sharing Guidelines for Promoting Safety and Wellbeing, Ombudsman SA 2013
- Mental Health Guidelines, Australian Integrated Mental Health Initiative, Indigenous Stream, Northern Queensland 2009
- Mental Health Services Pathways to Care Policy Guidelines, Government of South Australia, 2014.
- Menzies School of Health Research
- Metropolitan Adelaide Adult Integrated Community Mental Health Teams, Clinical Business Rules, November 2013.
- MHPOD Mental Health Care for Indigenous Australians website
- NACCHO's Constitution as amended 9 March 2006 also from the National Aboriginal Health Strategy (NAHS) 1989
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Mental Health Commission, (NMHC) 2012
- Our healing ways: putting wisdom into practice, working with co-existing mental health and drug and alcohol issues, Aboriginal way 2012
- Protocols for the Delivery of Social and Emotional Wellbeing and Mental Health Services in Indigenous Communities: Guidelines for health workers, clinicians, consumers and carers 2009
- Referral Procedure for Mental Health Services and Watto Purrinna Central Adelaide Local Health Network, June 2016.
- SA Health Aboriginal Culture and History Handbook (Department for Health and Ageing, October 2013)
- SA Health Guide for Engaging with Aboriginal People
- Social and Emotional Wellbeing Framework, A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009
- South Australian Aboriginal History Timeline
- Statewide Aboriginal Mental Health Consultation July 2010
- Strong Spirit Strong Mind, Aboriginal Alcohol and Other Drugs Worker Resource: A guide to working with our people, families and communities
- The Framework for Recovery, Oriented Rehabilitation in Mental Health Care, Government of South Australia, 2012

The Glenside Integrated Model of Care 2011-2014

The SA Adult Community Mental Health Services Model of Care

Ways Forward, Swan and Raphael, 1995

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 1st & 2nd Edition

Working with Aboriginal People and Communities, A Practice Resource – NSW Department of Community Services 2009

Further reading and resources

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report South Australia

Aboriginal Health Council of SA Inc. <http://ahcsa.org.au/>

Aboriginal Sobriety Group Inc. <http://asg.org.au/>

Australian Indigenous HealthInfonet <http://www.healthinfonet.ecu.edu.au/>

Central Adelaide Local Health Network, Aboriginal Health Resources (available on the intranet)

Information on Closing the Gap: www.adelaidephn.com.au and www.healthinfonet.ecu.edu.au/closing-the-gap

Menzies School of Health research www.menzies.edu.au

National Aboriginal and Torres Strait Islander Social Survey, 2014-15

Ngangkari Books, how to access: <http://www.npywc.org.au/2013/03/the-new-ngangkari-book-traditional-healers-of-central-australia-ngangkari-is-out-now/>, <https://www.magabala.com/traditional-healers-of-the-central-desert-ngangkari.html>

Ngangkari DVD, how to access: <http://www.roninfilms.com.au/feature/778/ngangkari-nidf-series.html>

Northern Territory government's Aboriginal Interpreter Service that offers "Free practical training for organisations working with Aboriginal Territorians" (some of the languages covered are from SA):

http://dlgcs.nt.gov.au/__data/assets/pdf_file/0008/152468/AIS_fact_TrainingServices_Sept2012.pdf

Nunukwarrin Yunti of SA Inc, www.nunku.org.au

Our healing ways: putting wisdom into practice, working with co-existing mental health and drug and alcohol issues, Aboriginal way

SA Health Guide for Engaging with Aboriginal People:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/b9a2f58042371fd89d6ffdef0dac2aff/SA+Health+Guide+to+Engaging+with+Aboriginal+People.pdf?MOD=AJPERES&CACHEID=b9a2f58042371fd89d6ffdef0dac2aff>

SA Health Traditional Healer information: <http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public/content/sa+health+intranet/business+units/health+system+development/aboriginal+health/sa+health+traditional+healer+brokerage+program>

South Australian Aboriginal History Timeline (available on the SA Health intranet)

South Australian ombudsman www.ombudsman.sa.gov.au

South Australian Reconciliation website www.reconciliationsa.org.au/

Strong Spirit Strong Mind, Aboriginal Alcohol and Other Drugs Worker Resource: A guide to working with our people, families and communities

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 1st & 2nd Edition

This version of *Aboriginal Mental Health Clinical Practice Guideline and Pathways – A culturally appropriate guide for working with Aboriginal mental health consumers* was released in February 2017

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www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons

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SA Health Statement of Reconciliation

SA Health recognises Aboriginal and Torres Strait Islander peoples as the first Australians and we seek to engage Aboriginal people in decision making processes for matters that affect their lived experiences in the community and through the health system.

Together we will develop services and practices to be non-discriminatory and inclusive of Aboriginal people, respectful of Aboriginal beliefs and culture, fostering Aboriginal self-determination and producing equitable health outcomes for Aboriginal people of South Australia.

26 November 2014



.....
Hon. Jack Snelling M.P.
Minister for Health



.....
David Swan
Chief Executive, SA Health



.....
Mr Francis Lovegrove
Chairperson, Council of Aboriginal
Elders of South Australia Inc



.....
Dr Lewis Yerloburka O'Brien OA
Kaurna Elder

