

You're not listening to me! Aboriginal mental health is different – don't you understand?

Jenine Bailey, Rural Health Research Unit, James Cook University

INTRODUCTION

What's not working in Aboriginal mental health? How do we identify it?

This paper will briefly discuss concepts involved in understanding community based service delivery and practice within Aboriginal Mental Health. As well as, it will clarify conceptions and visions of culturally appropriate practice – What's not working in Aboriginal and Islander mental health? How do we know?

Aboriginal mental health, it is not necessarily defined as a sickness or disease by Aboriginal people, although it is sometimes mis-diagnosed as such, by medical professionals. This is largely due to poor understanding of aspects pertaining to the culture of Aboriginal people. The question concerning Aboriginal mental health is embedded in a larger set of questions relating to culture and cultural differences, historical events, social and cultural change and coping mechanisms.

While primary health care services and health authorities provide extensive services, the Aboriginal Mental Health work force lags far behind in both quantity and quality. This is one of the major factors, which contribute to the poor health status among the Aboriginal population currently. This paper identifies the relevant framework required to redress the balance, which would enable the implementation of strategies for Aboriginal people to take on a more pro-active role and control of their own health, as well as their community's health and well-being.

When considering any form of program development and delivery intended for Aboriginal workers to use within the community, it is vital that the program embraces the Aboriginal definition of health:

Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities. (NACCHO 1982)

The concept of health and its meaning to Aboriginal people, is multi-dimensional and embraces all aspects of life and living. It is a holistic health perspective underpinned by a sense of community that forms a sense of identity. These concepts are essential to health and well-being. Likewise, another approach to health promotion is the Ottawa Charter for Health Promotion. The Ottawa Charter was deciphered from the first International Conference on Health Promotion. It presented a CHARTER for action to achieve Health for 'all' by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, and individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore,

seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

The fundamental pre-requisites and resources for health are:

- peace
- shelter
- education
- food
- income
- a stable eco-system
- sustainable resources
- social justice and equity.

Improvement in health requires a secure foundation in these basic prerequisites

Mainstream Mental Health Services have failed to provide adequate services for Aboriginal people. There are still problems in relation to understanding Aboriginal concepts of health: Aboriginal History, failure to understand culture, incarceration and Western-dominated models of care, resulting in further disempowerment these are listed as contributing factors to health problems such as:

CONTRIBUTING FACTORS TO HEALTH PROBLEMS

- Aboriginal people have a significantly lower life expectancy than the Australian average.
- Aboriginal children suffer higher rates of infant mortality than the Australian average.
- Aboriginal youth face the hopelessness of far higher unemployment rates than the Australian average.
- Aboriginal people, particularly young men, face arrest and imprisonment at such a high rate compared to the Australian average as to have no rational justification.
- Aboriginal families are more likely to live in below standard housing and environment health circumstances that would be acceptable in the wider Australian community.
- Alcohol and other substance abuse levels have had dramatic adverse impacts on Aboriginal people and their communities.
- Aboriginal people now have to come to terms with the psychological and emotional turmoil of those involved in the 'stolen generations'.

Within Aboriginal Primary Health Care Couzos and Murray discuss that the provision Aboriginal health services model and delivery are primarily focused on a disease-control or public health framework. Due to high level of disease being associated and linked with poverty, Aboriginal populations are identified to suffer the worst health of any identifiable group in Australia. (Couzos and Murray 2000:xxi) Therefore, the concept of Aboriginal health is at the forefront within the national focus on health and service delivery, where it is essential

to identify and quantify health status in order to implement appropriate services to adequately address the community's needs.

Needed, are appropriate health services to deliver preventative measures and strategies of population behaviour change. Currently, mainstream health care services and health authorities provide extensive services, compared to Aboriginal health which lags far behind the rest of Australia in both quantity and quality. This is one of the major factors, which contribute to the ongoing poor health status among the Aboriginal population. Aboriginal Primary Health Care needs culturally appropriate action to identify and develop current, as well as future gaps within Aboriginal mental health care and service delivery. The need for an improved Aboriginal Mental Health service will provide the much needed practices and understanding, as well as provide culturally appropriate methodology, ethics and protocols to ensure the provision of highest quality services are provided for the Aboriginal community.

AIMS

Aboriginal populations are at high risk of continued mental health problems and misdiagnosis. It is important to have well-balanced planning of social and emotional well-being services to support the Aboriginal community. This can be achieved through implementing culturally appropriate practice for positive change, which does not wholly concentrate on the physical well-being, as does the Western view, but refers to the broad conceptual framework of social, emotional and cultural well-being of the whole community. This framework enables Aboriginal and non-Aboriginal workers to understand the relationship between health, health care and the broader social processes. It challenges questions like, who are Aboriginal people, and what constitutes an Aboriginal health problem?

As an Aboriginal Mental Health worker I have experienced first hand the frustrations to access and/or deliver culturally appropriate mental health services to the community, when continually confronted by obstacles, gaps or lack of capacity in service delivery that hindered my work practice. These obstacles ranged from and included:

- lack of funding and/or appropriate recognition for Aboriginal Mental Health
- inadequate support from mainstream Mental Health Workers and services
- stigmas associated with Aboriginal Mental Health
- misunderstanding that Aboriginal Mental Health and the concept of health is different to western concept of health – therefore, needs are different
- no recognition for cultural Mental Health differences between different Aboriginal communities.

METHODS

A critical approach to Aboriginal mental health delivery, which consists of positive insights into the broad concept of Aboriginal health and well-being, will assist workers to identify and explore innovative ways to develop and implement effective mental health service delivery models. Approaches should encompass holistic health, promotion, research strategies, and preventative strategies in addition to the delivery of primary medical models of care. If Mental Health care providers moved from a 'welfare/disadvantage' to a 'rights/entitlements' approach in Aboriginal health and well-being, this would demonstrate a greater understanding

of, and respect for, the cultural differences in Aboriginal Mental Health. It is important for a well-balanced planning of social and emotional well-being services to support the Aboriginal mental health holistic framework.

The needs, interests and priorities of individuals, families, communities and services are at the heart of education for Aboriginal mental health and support programs. Involvement and choice by the Aboriginal community are fundamental to effective services. Listening to, talking with and learning from others is essential. A criteria for embracing a holistic and spiritual well-being for each individual, albeit the whole community requires implementing a mental health holistic framework incorporated with capacity building strategies for change, the criteria would include:

The criteria are:

- 1 community engagement
- 2 benefit
- 3 sustainability and transferability
- 4 building capability
- 5 priority
- 6 significance.

Community engagement

Demonstrates how the Mental Health Program has had and will have relevant community engagement by individuals, communities and/or organisations in conceptualisation, development and approval, data collection and management, analysis, report writing and dissemination of results.

Benefit

The benefit of knowledge and experience gained through 'talking the talk and walkin the walk' identifies a proactive response and greater awareness to the potential health benefits of mental health programs co-ordinated and delivered by community for the community.

Sustainability and transferability

Demonstrates how the results of Mental Health Programs and services have the potential to lead to achievable and effective contributions to health gain for Aboriginal services. This may be through sustainability in the program setting and/or transferability to other settings. In considering this issue Mental Health Programs should address the relationship between costs and benefits.

Building capability

Demonstrates how Aboriginal community's, and mental health workers are encouraged to develop and promote a greater awareness within the Aboriginal mental health field, as well as enhance relevant capabilities through implementation and participation in culturally appropriate service provision.

Priority

The provision of recognised research strategies, practice and outcomes are a priority for Aboriginal communities and services at a community, regional or national level.

Significance

Identifies, important mental health issues for Aboriginal services, workers and patients, for identified program development and commitment.

The central role in delivering any Aboriginal Mental Health program is to extensively evaluate and analyse the needs/gaps within service delivery. This is to define, implement and market an appropriate framework, which enables the needs of Aboriginal community to be met through culturally appropriate service delivery. Four aspects of a culturally appropriate framework:

- 1 examine current curriculum within Aboriginal Health Service Programs
 - guiding strategy and principles;
 - pedagogical approaches;
 - program content
- 2 identify existing gaps identified by Aboriginal community and services
- 3 develop recommendations to increase Aboriginal Mental Health Capacity
- 4 implement into service delivery.

RESULTS

Identified best practice and guiding principles for policy and delivery of mental health services for Aboriginal people are drawn from the voices of Aboriginal people, who have articulated their concerns about the status of current services available for Aboriginal mental health, in retrospect to the need and delivery of culturally appropriate services. These guiding principles are:

- needs based service
- self-determination
- culturally appropriate services
- community based services
- history and the underlying causes of mental illness
- appropriate diagnosis
- targeted and accessible services.

In conjunction with the guiding principles, an effective Aboriginal Mental Health framework which incorporates a holistic health focus, intends to:

- develop a holistic service delivery culture within Aboriginal services as well as mainstream, which promotes and enhances culturally appropriate service provision
- increase and develop a greater awareness in Aboriginal Mental Health for workers in mainstream mental health services
- provide leadership in the development and promotion of high quality culturally appropriate Mental Health service delivery and the implementation for continuous improvement in current best practice
- promote ongoing collaboration with Aboriginal Mental Health services as well as mainstream services for the delivery of culturally appropriate current best practice.

Thus, through evidence based practice, using culturally appropriate service delivery in program development and provision, endeavours to continue strengthening the focus on Aboriginal Mental Health services, monitoring and evaluation.

Within Aboriginal culture one person's dysfunctions has far reaching effects to the extended families and ripples out across whole communities. However, Aboriginal Australian communities are no different in the basis of family values and beliefs, even though there is disconnectedness through dysfunctions; cultural ties are still strong and bind family groups together.

It can be said that the majority of mental health problems Aboriginal communities face today stem from colonisation, but it could be argued that, that was a long time ago and Aboriginal communities should just 'get on with it'. The importance of dealing with past experiences before grief or 'unfinished business' can be resolved when Moreno says "incomplete terminations interfere with new beginnings". Middleton-Moz says "Individuals grieve not only the actual experiences which they have had, but also the developmental experiences of which they have been deprived."

Therefore, in the case of Aboriginal Australians, one could imply that we are still grieving for the past traumas. The fact that past experiences of growing up within a safe family environment, totally protected and nurtured within a familiar culture where everything had its place and relationships were clear and spiritually connected to all things, are still ardent. However in spite of this, today, there is confusion about roles within family groups, breaking down of cultural values and beliefs, alcohol and drugs abuses, family violence, high rates of chronic diseases, suicides and high rates of morbidity and mortality. All have had a negative impact on the spirit that is family, albeit, our culture.

CONCLUSION

So, what's not working in Aboriginal mental health? We have discussed and identified that the lack of current service provision is a contributing factor or us workers within the Aboriginal Mental Health sector. Currently, within mainstream services and within the national focus to address Aboriginal mental health practice, there is still a high level of ignorance and misunderstanding pertaining to the culture and the intergenerational impacts on Aboriginal people's health, albeit culturally inappropriate and poor service provision. This misunderstanding and ignorance affects not only the individual, but the community as a whole. Therefore, it is recommended that identified proposals are taken into serious consideration. It is proposed that:

- greater recognition of Aboriginal Mental meaning and diagnosis is acknowledged

- national awareness of identified culturally appropriate strategies and methodologies in Mental Health practice
- greater funding opportunities and strategies to enable access to the provision of culturally appropriate services to the community
- implement a mental health training and learning culture within Aboriginal services which promotes and enhances the skills and knowledge of Aboriginal workers, which achieves equitable training outcomes, therefore providing leadership and direction in culturally appropriate learning
- provide leadership in the development and promotion of high quality mental health service delivery and the implementation of continuous improvement processors.

In summary, it is envisaged that the objective of the recommendations within the proposal are to provide a greater collaborative Aboriginal Mental Health partnership across community services, together within the National focus, which is to enhance Aboriginal Mental Health capacity within primary health care delivery. Therefore, it is vital that these services are to be delivered by Aboriginal workers for the Aboriginal community. However, while there is 'blinkers on', that hinders or impinges the attitude to the impact of past histories **have** resulted in, there will be a continuing and lack of culturally appropriate service provision and delivery.

BIBLIOGRAPHY

Couzos, S, and Murray, R. (2000) *Aboriginal Primary Health Care – An Evidence-based Approach*. Oxford University Press, Victoria

Middleton-Moz, J, and Dwinell, J, 1986, p.3 *After the Tears*, Health Communications Inc, Deerfield Beach, FL 33442.

Moreno, 1972 in Middleton-Moz, J, and Dwinell, L, *After the Tears*, Chapter 6, pp. 111–112. Health Communication, Inc. Deerfield Beach, FL 33442.

PRESENTER

Jenine Bailey is an Indigenous Research Officer at the School of Medicine, James Cook University. Jenine has a Master Social Policy, has worked within the Aboriginal and Torres Strait Islander Health Service, specifically as a Mental Health Worker, for several years, and has a great interest in implementing programs, strategies, policies and development, for the delivery of culturally appropriate services for the community.