Aboriginal and Torres Strait Islander Community Consultation:

Engaging Elders and community members
to improve services for
Aboriginal and Torres Strait Islanders
with long term severe mental health needs

June 2014

"We strongly commend

Greater Metro South Brisbane Medicare Local

for taking this initiative to bring us together

and for giving us a voice...'

(Elders and community members participating in community consultation workshops, April 2014)

This Project was undertaken by Australian BlackCard supported by Gallang Place In March - June 2014





The research was commissioned and funded for the Greater Metro South Brisbane Medicare Locals through Partners in Recovery program through Innovative funding.





Greater Metro South Brisbane Medicare Local is the lead agency for the Partners in Recovery program supported by the Australian Government.

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EXECUTIVE SUMMARY

In April 2014 Australian BlackCard and Gallang Place, two Aboriginal and Torres Strait Islander managed organisations, undertook a community consultation to explore ways to improve the Partners in Recovery (PIR) program for Aboriginal and Torres Strait Islander people with severe and persistent mental illness. This project was sponsored by Greater Metro South Brisbane Medicare Local (GMSBML), who are funded by the Australian Government.

Using culturally appropriate protocols a total of 22 Aboriginal and Torres Strait Islander Elders and community members representing communities from across the South Brisbane region were invited to sit in one of two consultation workshops.

After the PIR program was explained participants were invited to share their experiences of any interactions with mental health support services, and to offer suggestions to improve the services or systems that support them. Only one participant was aware of the PIR program prior to the consultations and every participant had a direct personal or family experience of dealing with severe mental health issues, many had experienced both.

The Elders and community members enthusiastically engaged in the conversations and vigorously expressed a strong desire to improve mental health for their communities. The core themes that emerged from the sessions were:

- Mental Health and Aboriginal and Torres Strait Islander People Beyond the general causes
 of mental health problems the compounding impacts of racism, the Stolen Generations, loss of
 identity and colonialism placed heavy burdens that exacerbate mental health and healing. An
 effective mental health service will not only acknowledge the causes but seek to understand
 Aboriginal and Torres Strait Islander health and wellbeing Terms of References, to be better
 placed to address the impact of discrimination, exclusion and appropriate service delivery and
 support.
- The Role of Family and Community in Healing Unlike conventional Western medical models, Aboriginal and Torres Strait Islander healing and support systems are based on the concept of 'family' rather than focusing on the individual. 'Family' in an Aboriginal and Torres Strait Islander Frame of Reference is much broader than blood-lines and includes community connections and a sense of belonging to generations past and present. The pivotal role of the family should be integrated into the design and implementation of mental health intervention strategies.
- We Need Confidence in the Systems and People If mental health services are to be effective
 clients must be able to engage and continue with the services. Aboriginal and Torres Strait
 Islander people need to have confidence that the people they are working with have a deep
 understanding and respect for their cultural ways and be able to communicate effectively with
 them. This means employing health workers from the community or providing education and
 training to gain competency in cultural awareness and the Aboriginal and Torres Strait Islander
 'Terms of Reference'.
- Design and Accountability for Services Delivery Services that are funded to provide services
 to Aboriginal and Torres Strait Islander communities need to be accountable for the design and
 performance of their programs to those communities. Employing 'black staff' is not sufficient
 to provide this accountability. It was proposed to establish an independent Aboriginal and
 Torres Strait Islander 'Cultural Advisory Council' consisting of community Elders and other
 respected members with cultural knowledge to fulfill this role.
- Awareness and Promotion of the PIR Program it was agreed that the GMSBML PIR program
 provided a sound basis for Murri (see Appendix E for a glossary of terms) and Torres Strait
 Islander support services for mental health, but more needs to be done to promote these
 services.

Once participants became aware of the PIR program, and that Medicare Local was open to listening to their input, there was a general feeling of confidence in the future at GMSBML. A series of practical recommendations were offered to improve the services.

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WHY WE UNDERTOOK THIS PROJECT

With the recent introduction of the Medicare Local Partners in Recovery Program it was an opportune time to examine how these services meet the needs of Aboriginal and Torres Strait Islander people who have severe and persistent mental health problems.

BlackCard and Gallang Place are both Aboriginal and Torres Strait Islander organisations with extensive experience and knowledge of Murri culture and communities (see Appendix C). We recognised that our Elders and community members can provide invaluable insights into how mental health services are operating in Brisbane South.

Using culturally appropriate protocols of selection and engagement, we were able to bring together an impressive gathering of knowledge and information. What set these consultations apart was that not only were the participants independent they were also highly motivated to seek out improvements for their people while at the same time provide guidance to mental health administrators and service providers.

As a secondary benefit the Elders and community members are now armed with more information about the services that are available and can use their influence and respect to promote the services.

HOW WE GATHERED OUR INFORMATION

People

Using the team's knowledge and networks we identified Elders and community members in the Aboriginal and Torres Strait Island communities from around Brisbane, with an emphasis on regions covered by the Medicare Local Greater Metro Brisbane South region. We also sought out people with a personal experience or an experience through their family in dealing with severe and long-term mental health challenges.

The participants all identified as Aboriginal and Torres Strait Islander people and followed proper cultural protocols throughout the gathering; and at the commencement of each session participants told us of their heritage and family connections. For some people with a history of Stolen Generations there were gaps in their cultural connections. A total of 22 Elders and community members participated in two groups. The list of names appears in Appendix B at the end of this report.

The participants all reside in the Brisbane area, but have kinship and country connections across Australia and the Torres Strait Islands, identifying cultural connections to many Nations and Clans.

Many of the participants have worked in their Aboriginal and Torres Strait Islander communities as professionals, mentors, support workers, Elders or volunteers at some time, and many are still actively employed today. Many have or still do work in mental health related fields.

Every participant has had first hand experience with family or friends with severe and persistent mental issues. A large proportion of the participants divulged that they have current or have previously had mental illness issues that required treatment. At least one person is a current *Partners in Recovery* client.

Process

Participants attended one of two workshops conducted at the Aboriginal and Torres Strait Islander Community Health Service and Gallang Place meeting rooms in April 2014. Each workshop was led by Aunty Lilla Watson and Aunty Mary Graham with ten Elders and community members forming the workshop groups.

The workshops ran for about five hours with a short lunch break. Gallang Place staff explained the *Partners in Recovery* program and how it worked for Aboriginal and Torres Strait Islanders with severe and persistent mental health issues.

After introductions participants shared their stories and experiences relating to mental health problems for themselves, their families and their communities. They also discussed their experiences with existing services and systems.

While the conversations flowed naturally the facilitators guided conversation to ensure each group addressed the following list of conversation topics:

- How do our communities find out about services for our people with severe mental health problems?
- What experiences have you had with these services?
- Are the services meeting our needs?
- Do the service providers deliver culturally aware services?
- What support services are there in our community to help people with severe mental problems?
- How should the system be changed to improve these services?

Note takers recorded the conversations capturing the key points, issues discussed, and ideas and recommendations made by participants. Participants were encouraged to speak freely and were assured they would not be identified if they were directly quoted in the report.

Participants completed an evaluation form at the end of both sessions.

HOW WE EXAMINED OUR FINDINGS

The discussion points from both sessions were grouped into common themes. The ideas, discussions and recommendations were gathered under each theme. Some discussions and ideas were outside the scope of this project.

After the report was drafted it was passed back to all the participants to reaffirm and validate the information presented before this final version could be released.

The BlackCard approach is based on the principle that Western analysis of thought and ideas is not always capable of recognising the depth of meaning and understanding that has grown from over 60,000 years of Aboriginal and Torres Strait Islander knowledge, experience and spirituality. To understand the impact of complex human conditions such as mental health problems and how they impact on our people we must view the experiences and knowledge of our people through 'Aboriginal Terms of Reference' (see Appendix F). This means we must consider the Aboriginal and Torres Strait Islander ways of 'knowing, being and relating' when considering how mental health is discussed and how to establish effective services and systems.

"We operate on Murri terms of reference: based on the accumulated knowledge of our ancestors - how we speak and communicate with one another, how we respect each other..."

As we examine the wealth of information collected through this project the data has been examined and interpreted by culturally competent Elders using Aboriginal Terms of Reference to guide the report. As appropriate, comments and explanations have been added to clarify where such interpretations are needed.

Direct quotations are presented to emphasise the depth of feeling and insights provided by the Elders and community members.

WHAT WE HEARD

During the ten hours of conversations a number of core themes were identified. Also emerging were a number of recommendations that were remarkably similar across both groups. These have been grouped together below.

Mental Health and Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people are subject to the same range of influences and conditions that impact on other Australians, but there are further negative influences that cause mental health issues that compound the problems for our people.

"We are all suffering from depression and stress and trauma from the fighting against racism and the effects of colonialism..."

"Myths and stereotypes about us are still being made up today, demonising us, and continue to cause pain..."

"These women... talk about mental health! The anger and aguish that is still there they are passing onto another generation and another generation to the children... That's where your mental health [issues] start from..."

"And now I notice that how I react to things and how I get panic attacks and anxiety, my children now do the same things I do because they picked it up from me."

"Discrimination and racism are a part of daily life for our people and these wear us all down. Even the strongest of us feel the frustration, anguish and exhaustion.

In Murri culture the 'family' is central to a sense of being and wellbeing, which is the core support system. Family not only refers to direct relatives, but also to those people who are connected to the Murri and Torres Strait Islander community and their family connections. Also essential is the sense of self, connections to heritage, family, ancestors, language, stories and knowledge.

"I am 'located' therefore I am!"

Many of the *Stolen Generation* have lost this connection with their history and culture, which impacts on how they understand themselves. They are unable to trace their family and re-establish their connections. Many children are still being taken from their parents today.

"The anguish of the Stolen Generation never goes away"

As a result of social, economic and racial discrimination many of our people have restricted access to employment, education and health services on an equal footing. This can result in substance abuse, domestic violence, gambling and other addictions, imprisonment, and the ensuing depression and anxiety. Far too often, this state of affairs leads to poor mental health, and in too many circumstances - suicide.

Recommendation 1

All Mental Health workers engaging with Aboriginal and Torres Strait Islander people in the mental health field, must be educated to understand Aboriginal Terms of Reference, which includes a greater understanding of Human Psychology, which has been developed over millennia

"We don't want to be assimilated or mainstreamed, we want them to respect our knowledge and our way of being..."

"What we know about psychology, we have different logic, that support Aboriginal notions of human psychology" Western psychology all too often 'pathologise' Aboriginal Torres Strait Island peoples natural behaviours and attributes." [For example culturally appropriate shy or reserved behaviour might be interpreted as anxiety using a western frame of reference]

The Role of Family and Community in Healing

"If our people have [mental health] issues they look for help from someone within the community, an aunty or uncle or someone in the family rather than the mainstream... go and talk to Aunty so-and-so, they can help..."

"In each and every suburb you can find an individual, whether it be an Elder or a strong working person [supporting] the Murri community... we just know who to go to... it's relationships that count."

Since time began Aboriginal and Torres Strait Islander people turn towards their family and community to get knowledge, guidance and the resolution of any problems or issues. This is still true now, including help for our people with mental health problems and their families. In particular the role of Elders in Murri communities is without parallel in western cultures, the influence and respect they have is significant. A network of Mums, Aunties, Uncles, brothers and sisters and cousins who may or may not be related through blood-lines constitute our cultural 'family'.

"The [Western] system isolates family, which is not our way"

"Family involvement is necessary with assessment admissions and discharge."

Recommendation 2

Aboriginal and Torres Strait Islander Healing can be strengthened by harnessing family support systems and cultural ties for Murri people and Torres Strait Islanders with mental health problems.

When designing services and systems, including mental health strategies, the input and insight of local Elders will result in a more culturally appropriate design, but also a greater acceptance of the services by the community

"Elders are the 'keepers of the flame'..."

Recommendation 3

Mental health service administrators should consult with local Elders and community based Aboriginal and Torres Strait Islander mental health workers when designing or promoting services for their communities.

To be effective, mental health services should leverage off these positive community connections and resources. The first and most obvious benefit would be to find ways to use these existing resources as part of an intervention plan. Use the knowledge of Elders and community members as part of a therapy team. This may involve providing training or education.

"They[spouse / family members] need to be educated too about how their partners are effected by the illness..."

"Maybe we can have [Murri] mental health educators like we have diabetes educators."

Recommendation 4

When designing and implementing mental health support services the 'family' should be acknowledged as the centre of therapy, support and healing. They are a crucial, invaluable and effective resource in intervention plans.

Recommendation 5

For families to be effective in supporting mental health support they may need some training and access to resources themselves so they are not isolated, but more confident and less stressed and are therefore better equipped to help.

We should use the community support model to frame service design, so that clients have a definite and positive sense that they are being supported by their family and extended community. This could mean developing services that employ skilled and respected Aboriginal and Torres Strait Islander staff in advisory, support and mentoring roles that can wrap around clients with mental health issues. The GMSBML *Partners in Recovery* program currently uses Gallang Place to perform a similar role, however almost all consultation participants were not familiar with this service. Their comments reinforce the value of more similar services.

In addition to education and training it was agreed that access to a telephone support line operated by a community organisation and staffed by culturally competent Murri and Torres Strait Islander staff would be of great value to mental health workers and family support teams.

"We need a telephone service like LifeLine where a Murri [or Torres Strait Islander] talks to another Murri."

"Mental health also happens out of business hours... we need a 24 hour Murri help line to get us through... like DVConnect."

Recommendation 6

Investigate the feasibility of establishing a 24/7 Murri mental health support telephone service that is available to clients, families and support workers and mental health workers including general practitions (GPs), as GP's are often the first point of contact for mentally ill people. This must be staffed by appropriately trained Aboriginal and Torres Strait Islander staff. This service may be more cost effective if it services more than one Medicare Local Region?

We Need Confidence in the Systems and People

Consultation participants were in unanimous agreement that for a mental health intervention to be successful both the client and their family must have confidence in the systems and people delivering the services. This confidence is created through a sense of being accepted and understood, and by being able to understand what is being communicated.

"When you're not right, you know something is wrong with you and you want to talk with someone, you need to have the confidence... you are wounded and you need to know you are in safe hands."

"I had to stop going to my GP because he was a very intimidating man... if only there was a number they could call if they knew I was Indigenous, for someone to help me."

"People who work with Aboriginal [and Torres Strait Islander] families must understand Aboriginal [and Torres Strait Islander] culture very well, so there is a very important educational process required..."

Confidence exists when the doctors, counsellors, therapists and front line staff have an understanding and respect for Murri and Torres Strait Islander culture and ways. Without such sensitivity there is a real risk that the client will become confused, frustrated or afraid, and drop from the service.

"When I went into a mainstream mental health service it frightened me, they almost flipped me back into (the) mental hospital that I just came out of a week before because of this doctor's response to me..."

"I had to come back to our Murri [and Torres Strait Islander] services because that's the only safe spot I could find..."

"We need to provide guidance and support to white professionals to stop information getting lost in translation." (It is vitally important to understand Aboriginal English).

Recommendation 7

All staff and workers who engage with Aboriginal and Torres Strait Islander mental health clients should be required to undertake a meaningful cultural educational program. Such a program should not just focus on the impact of past 200 years of colonisation but also on the knowledge and insight acquired over millennia.

In many cases Murri and Torres Strait Islander people become overwhelmed by 'white' medical models and terminology. They often feel misunderstood or misinterpreted, or struggle to understand the information and instructions they receive. This confusion or frustration may exacerbate presenting symptoms or even cause the client to discontinue with the service.

"We speak Aboriginal English and we are giving a different meaning to the words they are using... We need a cultural interpreter..."

Recommendation 8

Make appropriately skilled cultural interpreter services available for Murri clients when they engage with mental health service providers, and ensure those providers are aware of how to engage with these support services. Aboriginal English needs to be understood and given due recognition, as an integral and important component of any cultural interpreter service.

Recommendation 8 in some ways mirrors how the Partners in Recovery program operates in GMSBML although such a service needs to be more clearly defined and its availability promoted more effectively. Such as Aboriginal English, protocols, sensibilities, manners and empathy.

"Mental Health [hospital] wards need to know about PIR and Murri help services. Our people should not just be sent to the service – they need a proper introduction, that's the Murri way."

Design and Accountability for Services Delivery

Both consultation workshops expressed their strong concerns about how funding for mental health (and other) services for Aboriginal and Torres Strait Islanders is being dominated by a number of large non-government organisations (NGO). While these organisations were specifically identified by participants, this report will discuss the principles rather than the specific organisations named.

Some of the concerns regarded the perception that these NGOs had taken 'black money' but were not consulting with the communities about the services they offer. While they employ Murri staff these staff members are often isolated and "gagged" from criticising the services they provide and the organisations they work for. Our professional Murri workers are an important part of our recovery helping us to 'close the gap'.

"[A large NGO] has many Aboriginal people working for them, but no one would talk against them..."

"That's what they do, they get Aboriginal workers into their organisations and they individualise them..."

"Who determines accountability [of service providers]? Obviously it can't be the Murri employees..."

This was viewed as tokenism and an exercise in 'ticking the boxes' rather than genuine engagement.

"We've seen the example of other agencies taking the money away from Aboriginal Australians for our services... where are the Aboriginal Institutes for training Aborigines?"

"We need more transparency around the recording of Aboriginal deaths [and how they relate to mental health]... for example how are Deaths in Custody recorded?"

Both consultation workshops asserted the importance of an independent advisory group that operated at both the policy level and service accountability levels to ensure the funds allocated for our people are being deployed effectively and the services are delivering the expected outcomes.

A strong recommendation was to establish an independent Aboriginal and Torres Strait Islander Cultural Advisory Council to provide advice and input into policy and planning decisions, to offer support in determining which services should be funded, and to review reporting of performance against agreed accountability standards. This group could also act as an invaluable communication channel back to their communities, increasing the uptake and effectiveness of the services.

Recommendation 9

Establish an Independent Aboriginal and Torres Strait Islander 'Cultural Advisory Council' (CAC) to offer policy, planning and service accountability support for mental health administration. Consisting of Aboriginal and Torres Strait Islander Elders - the 'Keepers of the Knowledge.'

Recommendation 10

All providers of mental health services for Aboriginal and Torres Strait Islander people should be required to submit reports of the outcomes of their programs and these be made available to the CAC in a timely manner for review and feedback for cultural sensitivity and suitability.

Recommendation 11

Government Funding for Aboriginal and Torres Strait Islander Mental Health needs, should be directed to well-known and competent Aboriginal and Torres Strait Islanders Health Organisations, to achieve the best outcomes and the best results.

Awareness and Promotion of the PIR Program

Almost all of the consultation participants were unaware of the existence of the PIR program. Once they were informed they were impressed with the implementation of the Greater Metro Brisbane South Medicare Local (although there were concerns expressed about the lack of Aboriginal and Torres Strait Islander input in other regions.

"Medicare Local South has a Murri organisation that we trust and we know, how many other places is that going to happen?"

It was agreed that the potential client base for this PIR service would be very large once the community became aware of it and had confidence in the service. A wide range of suggestions were put forward to bridge this awareness gap, including:

- Murri Radio 4AAA interviews and talk back these are regarded as very popular and effective
- Use mainstream radio outside Brisbane reach
- Create videos on topics such as depression, anxiety and suicide and make these available on the Internet and Indigenous (NITV) television programming
- Social Media especially FaceBook is very popular with community
- Koori Mail
- Articles in newsletters
- Pamphlets and posters distributed widely in high visibility areas such as clinics, hostels, prisons, youth centres.
- Some suggestions to improve these communications included:
- Use stories to inform and heal
- Don't just use sporting stars but achievable role models "what do I want to be?"
- · Use images of 'real people' you can identify with
- Show images of positive messages and successful outcomes.

Concerns were raised about labels and stigma associated with being diagnosed as having mental health problems. Medical language may instil fear or denial in people who could benefit from the programs. We need to develop language to describe the services that has clearer meaning and do not cause confusion.

"Do our people recognise the mental health [problems]? We don't mention it if we have one in our family and I just say to the kids 'He's got bipolar' and that goes down better..."

"Our people need to be able to talk about mental health"

Recommendation 12

Establish a culturally appropriate communication plan to develop and distribute resources within the Aboriginal and Torres Strait Islander communities that promote awareness of mental health and the availability of the PIR program. The design and deployment of these resources should be managed by a Murri and Torres Strait Islander led team.

When promoting the availability of PIR clients need to be given accurate and accessible information about their privacy and what may happen to them once they 'enter the system' and give over their confidential information.

"There is fear, especially if you have children and they may take them away..."

Recommendation 13

All promotional information about the PIR program should include clear statements regarding client privacy and how their medical information will be shared with other agencies. In particular it should indicate any implications of information that 'labels' them as having a mental health condition. These statements will need to be in 'Aboriginal English' so that it is understandable and does not cause confusion or fear.

CONCLUSION

Consulting with Elders and community members demonstrated Greater Metro South Brisbane Medicare Local's respect and value for the insights and opinions of Aboriginal and Torres Strait Islander people — and this was appreciated by the project participants. There was a feeling of confidence that their input and recommendations would be acted upon and that their communities would benefit from improved mental health care services as a result.

The overwhelming message coming from this consultation is that Aboriginal and Torres Strait Islander communities have extensive and significant mental health challenges. These arise from experiences of racism, discrimination and forced disconnection with their culture and heritage. It is only through addressing these issues that mental health services can effect meaningful change and help to close the gap.

A recognition of the Aboriginal and Torres Strait Islander 'Terms of Reference' is essential if services and systems are to be improved. This then leads to better design, governance, training and implementation of services based on these principles.

APPENDIX A. ACKNOWLEDGEMENTS

Project Funders:

Greater Brisbane South Medicare Local Partners in Recovery Program

Artwork:

Aunty Lilla Watson

Project Team:

BlackCard: Mundanara Bayles, Aunty Lilla Watson, Aunty Mary Graham

Gallang Place: Noeleen Lopes, Madeline Mitchell, Len Bytheway

APPENDIX B. PROJECT PARTICIPANTS

The project team greatfully aknowledge the wisdom and insight of the following Elders and community members for their generous contributions:

Both Sessions:	Session 1	Session 2
Aunty Mary Graham	Aunty Ruth Hegarty	Aunty Del Hill
Aunty Lilla Watson	Uncle Bob Weatherall	Aunty April Wilson
	Aunty Valda Coolwell	Aunty Dawn Daylight
	Aunty Christine Barney	Aunty Mary Martin
	Karen Hall	Renee Brown
	Aunty Mischa Fisher	Janette Evans
	Uncle Charlie Watson	Dorothy Buchmann
	Uncle Ralph Rigby	Leonora Yusia
	Noritta Morseu-Diop	Michelle Ballesteros
	Darren Brady	Alimah Davis

APPENDIX C. ORGANISATIONAL PROFILES





BlackCard is an Aboriginal organisation that delivers insights and knowledge drawn from a 60,000 year old culture. Highly skilled and respected local Aboriginal Elders draw on this heritage to create programs which were taught at the University of Queensland. These programs inform both Indigenous and other Australians of the richness, values, history, culture and protocols that have sustained the oldest living culture on earth.

www.theblackcard.com.au

Gallang Place blends professional social work and counselling practices with a deep knowledge of Aboriginal and Torres Strait Islander culture and community to deliver Queensland's only Indigenous controlled and operated mental health and well-being counselling service. We have supported our people and their families in South-East Queensland (including Brisbane North) for almost 20 years. Our Board, management and staff are Indigenous people. Our counsellors are professionally accredited to national standards.

www.gallangplace.org.au

APPENDIX D. SUMMARY OF RECOMMENDATIONS

Recommendation 1

All Mental Health workers engaging with Aboriginal and Torres Strait Islander people in the mental health field, must be educated to understand Aboriginal Terms of Reference, which includes a greater understanding of Human Psychology, which has been developed over millennia.

Recommendation 2

Aboriginal and Torres Strait Islander Healing can be strengthened by harnessing family support systems and cultural ties for Murri people and Torres Strait Islanders with mental health problems.

Recommendation 3

Mental health service administrators should consult with local Elders and community based Aboriginal and Torres Strait Islander mental health workers when designing or promoting services for their communities.

Recommendation 4

When designing and implementing mental health support services the 'family' should be acknowledged as the centre of therapy, support and healing. They are a crucial, invaluable and effective resource in intervention plans.

Recommendation 5

For families to be effective in supporting mental health support they may need some training and access to resources themselves so they are not isolated, but more confident and less stressed and are therefore better equipped to help.

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Recommendation 7

All staff and workers who engage with Aboriginal and Torres Strait Islander mental health clients should be required to undertake a meaningful cultural educational program. Such a program should not just focus on the impact of past 200 years of colonisation but also on the knowledge and insight acquired over millennia.

Recommendation 8

Make appropriately skilled cultural interpreter services available for Murri clients when they engage with mental health service providers, and ensure those providers are aware of how to engage with these support services. Aboriginal English needs to be understood and given due recognition, as an integral and important component of any cultural interpreter service.

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Establish an Independent Aboriginal and Torres Strait Islander Cultural Advisory Council (CAC) to offer policy, planning and service accountability support for mental health administration. Consisting of Aboriginal and Torres Strait Islander Elders - the 'Keepers of the Knowledge.'

Recommendation 10

All providers of mental health services for Aboriginal and Torres Strait Islander people should be required to submit reports of the outcomes of their programs and these be made available to the CAC in a timely manner for review and feedback for cultural sensitivity and suitability.

Recommendation 11

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Establish a culturally appropriate communication plan to develop and distribute resources within the Aboriginal and Torres Strait Islander communities that promote awareness of mental health and the availability of the PIR program. The design and deployment of these resources should be managed by a Murri and Torres Strait Islander led team.

Recommendation 13

All promotional information about the PIR program should include clear statements regarding client privacy and how their medical information will be shared with other agencies. In particular it should indicate any implications of information that 'labels' them as having a mental health condition. These statements will need to be in 'Aboriginal English' so that it is understandable and does not cause confusion or fear.

APPENDIX E. GLOSSARY OF TERMS

When meeting Aboriginal people, if the people are older than you, than the formal 'Mr and Mrs' might be appreciated, or 'Uncle and Aunt', however do not hesitate to ask people how they wish to be addressed.

Aboriginal English:

Aboriginal people have made the English Language into an Aboriginal Language in the added Aboriginal meaning they have given to the English word, e.g. 'land' for Aboriginal people has great spiritual significance and is not seen as a piece of 'real estate', 'family' does not just refer to immediate family or blood relatives.

Aboriginal:

Aboriginal should always be spell with a capital A, many Aboriginal people prefer to be known as 'First Nations People', or Aboriginal people, not Indigenous people.

Aunt / Aunty:

Aunt is the more formal address, and Aunty the more familiar. Female Elders in the Community are usually addressed as Aunt/Aunty, if people are unsure of how to address Elders or older people, than it is best to ask.

Assimilation:

An introduced Government(s) policy, with the stated intention that Aboriginal people should take on the same values and the same life style as white Australians.

Clans:

A number of clans are part of the major language groups, each with their own lands and responsibilities.

Colonialism:

For Aboriginal people 'colonialism' is not part of the past, but is still part of the present, and is a continuing process.

Elders:

Are older male or female Aboriginal people who are recognised as 'Elders', by their Community, as knowledgeable people who hold a deal of respect.

Family:

Most people understand, that Aboriginal people belong to an extended family (blood relatives), but this has to be extended again to include non-blood relatives as well and again this needs to be extended to include the whole Aboriginal Community.

The 'Individual':

When talking to an Aboriginal person in regards to health matters it's important to understand that you are speaking to a whole Family. Aboriginal People think of themselves as part of a Family, they are never alone.

Koori:

Is the word, that Aboriginal people, in New South Wales and Victoria use to identify themselves.

Land:

Land is not something that is bought and sold, it is not a piece of 'real estate'. Land is a sacred entity, and is the well of our Spiritual, Human and Cultural beginnings, and is key to our physical, mental, emotional, Spiritual well-being and health.

Murri:

An Aboriginal word used in the Brisbane and South - East area of Queensland to refer to ourselves (Aboriginal people). 'Gurri' is another word used in the same manner.

Myths:

- In the first colonial contact Aboriginal people were defined as the 'natives', which dehumanised them and made them 'inferior' to white people, still today Aboriginal people are being treated as being inferior by the majority of the Australian population, based on this myth.
- Aboriginal people receive 'free cars', 'free houses', 'extra money' in their pensions and dole.
- Only Aboriginal people have been affected by colonialism, the majority of white Australians do not realise to what extent they have, and are still being affected by colonialism.
- It's a myth that colonialism is part of the past, it is continuing in the present, and Aboriginal people feel this is demonstrated and perpetrated by Government Policies based on the underlying premise of 'assimilation'.

Myth-making is one of the continuing patterns of colonialism, still present in Australian society today, and in the present myths are still keep being created, e.g. free houses and frees cars. Many of the myths about Aboriginal people from the past have become the 'stereotypes' that label Aboriginal people today.

Nations:

Before the event of Colonialism, this country had over 300 different Countries, and over 700 different languages, with just as many dialects. Each of these Countries, are now becoming known as Nations. Refer to map of Aboriginal Australia, by Norman B. Tindale.

Stolen Generations:

The Stolen Generations (also known as Stolen children) were the children of Australian Aboriginal and Torres Strait Islander descent who were removed from their families by the Australian Federal and State government agencies and church missions, under acts of their respective parliaments. The removals occurred in the period between approximately 1909 and 1969, although in some places children were still being taken until the 1970s.

Uncle:

Older Aboriginal men are usually addressed as 'Uncle' to show respect for that person, and for some to give recognition for their 'Elder' status. If unsure how to address people always ask what they prefer to be called.

Lilla Watson

APPENDIX F. ABORIGINAL TERMS OF REFERENCE

Summary of Aboriginal Ethical Principles

The whole Aboriginal culture itself is highly ethical. An ethic of looking after, of stewardship, firstly towards the Land and then throughout the society gave rise to a unique civilisational culture, which has its own logic, philosophy, values and notions of social development. This has been in operation for millennia.

A summarised view of Aboriginal ethics encompasses not only appropriate social conduct, social and political structure of society, all knowledge (sacred and otherwise), spiritual obligations, but also includes systems of logic, time and space. Below is a list (by no means exhaustive) of collective values or Terms of Reference:

- The Custodial Ethic looking after Country, looking after Kin
- Primacy of family especially children and young people
- Age and Gender formal recognition and respect
- Non-hierarchical structures with men and women equal, with Elders as the authority
- Positive group dynamics
- Consensus decision making
- Ego Management systems
- Positive conflict management
- Non-competitiveness and maintenance of harmonious relations
- Formal protocols
- Land as a moral entity
- Spiritual integrity
- Primacy of Place, identity and autonomy as an organising principle
- Sharp observational skills (reading the signs and patterns)
- Aboriginal system of *logic, time and space (different to Western and Asian systems)

These terms/qualities underpin the Aboriginal social praxis and form the ontological and epistemological basis of existence.

(Taken from BlackCard Course Notes 2013)



